



Continuing Competency Program • Professional Development Plan and Outcomes

Name: _____ Date form completed: _____

Goal __ of __ Registration Year:	Competency I want to improve upon as identified in my Self-Assessment Tool (Choose one)	Goal (What I want to learn) (Is specific and measurable)	Learning Strategies/Activities (What I need to do to achieve my goal)	Anticipated Completion Date (Attainable and time oriented)	Current Status
Mar. 1, 20__ __ to Feb. 28, 20__ __	<input type="checkbox"/> Domain A __. __ <input type="checkbox"/> Domain B __. __ <input type="checkbox"/> Domain C __. __ <input type="checkbox"/> Domain D __. __ <input type="checkbox"/> Domain E __. __ <input type="checkbox"/> Domain F __. __				<input type="checkbox"/> Completion Date: _____ <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason) _____ _____
<p align="center">Outcomes/ Impact On Practice (How this learning impacted my practice)</p>			<p align="center">Evidence Supporting Goal Completion/Progression (Certificates, course material, books, notes, dates, etc.)</p>		
<p>Check all that apply and provide reflection:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Validated my practice <input type="checkbox"/> Enhanced my practice <input type="checkbox"/> Expanded my knowledge <input type="checkbox"/> Increased my awareness of existing resources <input type="checkbox"/> Other _____ <p align="center">Please complete the attached reflection form</p>			<p>List evidence and location in portfolio:</p> <p align="center">If audited, evidence will be required to be submitted</p>		



SCOT

Saskatchewan College of
Occupational Therapists

Outcomes/ Impact on Practice Reflection Form

Name: _____

Goal ___ of ___

Check all that apply and provide reflection:

- Validated my practice
- Enhanced my practice
- Expanded my knowledge
- Increased my awareness of existing resources
- Other _____

Reflection: