

Continuing Competency Program • Professional Development Plan and Outcomes Clinical Form

Name: Example OT Date form completed: February 1, 2018

Goal <u>_1_ of 2_</u>	Item No. From Clinical Self- Assessment Tool	Goal (What I want to learn, specific and measurable)	Learning Strategies/Activities (What I need to do to achieve my goal)	Anticipated Completion Date (Attainable and time oriented)	Current Status
Registration Year: Mar. 1, 2018 to Feb. 28, 2019	<input type="checkbox"/> Item 1 point: __ <input type="checkbox"/> Item 2 point: __ <input type="checkbox"/> Item 3 point: __ <input checked="" type="checkbox"/> Item 4 point: <u>2</u> <input type="checkbox"/> Item 5 point: __ <input type="checkbox"/> Item 6 point: __ <input type="checkbox"/> Item 7 point: __	Review literature regarding toilet training for children with developmental disabilities and develop a list of resources and strategies for parents of children on my caseload.	<ul style="list-style-type: none"> Review "Toilet Training for Individuals with Autism or Other Developmental Issues" book and write notes relevant to my practice by May 2018 Create a social story template for toileting by September 2018 Create a tip sheet to provide to parents by November 2018 	December 2018	<input checked="" type="checkbox"/> Completed Date: <u>December 1/18</u> <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason) _____ _____
Outcomes/ Impact On Practice (How this leaning impacted my practice)			Evidence Supporting Goal Completion (Certificates, course material, books, notes, dates, etc.)		
Check all that apply and provide reflection: <input type="checkbox"/> Validated my practice <input checked="" type="checkbox"/> Enhanced my practice <input type="checkbox"/> Expanded my knowledge <input checked="" type="checkbox"/> Increased my awareness of existing resources <input type="checkbox"/> Other _____ Please complete the attached reflection form			List evidence and location in portfolio: <ul style="list-style-type: none"> - Notes from resources reviewed –see section 3 of portfolio - Copy of social story template -see section 3 of portfolio - Toileting tip sheet- see section 3 of portfolio 		

If audited, evidence will be required to be submitted

Outcomes/ Impact on Practice Reflection Form

Name: _____ Example OT _____

Goal 1 of 2

Check all that apply and provide reflection:

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

Reflection:

Reflection located here