

## Individual Learning Plan

Name:	Date:
Student Number:	Semester:
Program:	Year:
Preferred Email:	Phone:
SMART Goals: (Specific and understandable, Measurable for status and completion, Assignable and can be broken down into multiple steps, Realistic for you, Time bound so it can be given dates.)	
Goal by the end of this semester:	
Current Competence:	
Specific Objectives for this semester:	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
Timeline:	<ol style="list-style-type: none"> <li>1. Date:</li> <li>2. Date:</li> <li>3. Date:</li> </ol>
My Time Available:	
Location:	
Learning Resources:	
Student signature:	Date:
Learning Strategist:	Date:

