

# SLPA Individual Learning Plan

SLPA:

Supervising SLP:

Date of Plan:

For Period Extending to:

Annual Required Training (includes CEU, licensure, or other regulatory requirements)

Course/Topic	Expected Date	Estimated Hours

Recommended Training Subsequent to Performance Appraisal

Course/Topic	Expected Date	Estimated Hours

Personal Learning Objectives

Course/Topic	Expected Date	Estimated Hours

\_\_\_\_\_  
SLPA Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervising SLP Signature

Date: \_\_\_\_\_