**Learning & Development - Participant Action Plan**

**Professional Skills**

**\*Please note that this document is for your own personal use and does not need to be returned or shared.**

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| **Name:** | **Date:** |
| **Course Name:** | |
| **Specific areas to improve:**  Think about distinct goals or objectives to be achieved. What would you consider a success? | |
| **Challenges to overcome:**  Describe the barriers to be eliminated or reduced. | |
| **Detailed Specific Actions**  What is needed to succeed? | **Target Date**  Weekly/Monthly? |
| **Step 1.** |  |
| **Step 2.** |  |
| **Step 3.** |  |
| **Evaluation**  Think about how often you will evaluate your progress.  What has changed?  **You may wish to revisit this plan after 3 months to reflect on your progress.** |  |