**Individual Learning Plan**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A. WORK-SKILL LEARNING PROGRAM DETAILS** | | | | | | | | |
|  | | **Learner Details** | | | **Supervisor’s Details** | | | **Trainer Details** |
| Name | |  | | |  | | |  |
| Organisation | |  | | |  | | |  |
| Contact Details | |  | | |  | | |  |
| **Work Environment**   * Company name & what they do | |  | | | | | | |
| **New Team Member Role**   * Position title & general responsibilities | |  | | | | | | |
| **Learning Pathway Steps**  Is there a combination of training options that will support the responsibilities of this role? | | On-the-Job Training:  IE Supervisor Req’s |  | | | | | |
| In-house Skills Training:  IE Skills Demo Session \* |  | | | | | |
| External Trainer:  IE Visit Plan |  | | | | | |
| Group Based Training:  IE Is this needed? |  | | | | | |
| **Workplace Learning Topic\***   * Selected workplace skill to be taught | |  | | | | | | |
| **Objectives of the Session**   * What will the participant/s learn | |  | | | | | | |
| **Workplace Health & Safety**   * Any implications for consideration | |  | | | | | | |
| **Supervision Plan**   * Responsibilities post training | |  | | | | | | |
| **Closure Plan**   * How should the training program end | |  | | | | | | |
| **PART B. WORK-SKILL LEARNING PROGRAM EVALUATION** | | | | | | | | |
| **Feedback from learner** | | | | | | **Feedback from supervisor** | | |
| **Q1** |  | | | | | **Q1** |  | |
| **Response** |  | | | | | **Response** |  | |
| **Q2** |  | | | | | **Q2** |  | |
| **Response** |  | | | | | **Response** |  | |
| **Q3** |  | | | | | **Q3** |  | |
| **Response** |  | | | | | **Response** |  | |
| **Q4** |  | | | | | **Q4** |  | |
| **Response** |  | | | | | **Response** |  | |
| **Action plan for improvement** | | | | | | **Action plan for improvement** | | |
|  | | | | | |  | | |
| **Overall comments regarding program:** | | |  | | | | | |
| **LEARNING PROGRAM SELF-REFLECTION QUESTIONS** | | | | | | | | |
| **As the facilitator:**   * What did you do well throughout the learning process? * What would you change or do differently in the future? | | | |  | | | | |
| **What techniques did you employ to:**  a. maintain participant momentum and motivation?  b. encourage the participant to become take responsibility for their learning / reflect?  c. assist participant’s transfer of skills and knowledge? | | | |  | | | | |