

External Online Learning Development Plan

Learner Name, Title

Supervisor Name, Title

Learning Content Provider

What courses are to be viewed?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Hours

Minutes

Total Time

How do these courses relate to the Learner's development goals?

What method(s) will the Supervisor use to evaluate learning outcomes AND/OR how will the Learner be expected to demonstrate the new learning on the job?

When/how will the Learner view the courses?

Start Date

Expected Completion Date

Learner Signature and Date

Supervisor Signature and Date

SUPERVISOR COMPLETES THIS SECTION AFTER COURSES HAVE BEEN VIEWED

Did the Learner complete the courses by the expected completion date? ☐ Yes ☐ No

How has the Learner demonstrated the desired learning outcomes? ☐ Fully ☐ Mostly ☐ Somewhat ☐ Not at all

Overall, was this learning development plan successful? ☐ Yes ☐ No

Briefly elaborate on the responses checked above.

Initials

Date

External Online Learning Development Plan

Learner Name, Title

Supervisor Name, Title

Learning Content Provider

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When/how will the Learner view the courses?

Start Date

Expected Completion Date

Rachel Murray 4/5/19

Learner Signature and Date

Howard Parks 4-5-19

Supervisor Signature and Date

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Did the Learner complete the courses by the expected completion date? ☐ Yes ☐ No

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Overall, was this learning development plan successful? ☐ Yes ☐ No

Briefly elaborate on the responses checked above.

H.P. 6/8/19

Initials Date