

PERSONAL ACTION PLAN

NAME	
DATE OF PLAN	

My Long Term Goal	Short/Medium Term Goals to Achieving Long Term Goal	Actions Required (what will I do to achieve short term goals? What do I need to learn?)	Who or What can help me?	Constraints	Target date for action

Learner's Signature _____ Date _____

Tutor's / ~~Signature~~ Signature _____ Date _____

Goal Setting