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| **On-the-Job Learning Plan** | | |
| Name: | | |
| What do I want to do? | | |
| When will I do it? | | |
| Who else is involved? | | |
| Planning: | | |
| Activity: | | |
| Activity Steps | Timeframe | Completed outcome |
|  |  |  |
| Supervisor approval  Signed: .................................................................................... Date: .................................. | | |
| Next actions: | | |