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| 1. **Individual Learning Plan**
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| 1. Name of team
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| 1. Team member name
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| 1. Leader name
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| 1. Goals of the learning plan
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| 1. What is the team member’s preferred learning style
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| 1. How will this learning style be accommodated?
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|  | 1. **Learning needs**
 | 1. **Method of learning**
 | 1. **When**
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|  |  | 1. (For example, on-the-job coaching)
 | 1. (For example, 2pm–3pm, 30 July 20XX)
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| 1. Signature of team member
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| 1. Signature of role leader
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