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