Lakehead University

Master of Nursing Program

**Learning Plan**

Course:

Student Name:

Student ID#:

Clinical Instructor Name:

Faculty Course Lead:

Commencement Date of Learning Plan:

Completion Date of Learning Plan:

**Terms of Learning Plan**

\_\_\_\_\_\_\_\_\_\_\_\_\_ is presently enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_. As the course instructor, I have identified certain clinical performance areas that the Student has not met at this time. \_\_\_\_\_\_\_\_\_\_\_\_\_must achieve a satisfactory level of performance in the areas outlined below by\_\_\_\_\_\_\_\_\_\_\_\_\_. Successful completion of the following is part of the requirements to achieve a passing grade in this clinical course.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Goals | Performance/ Behaviour(s) Student Must Demonstrate | Strategies for Success (Developed in Collaboration with the Student) | Evidence of Success | Date of Achievement |
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Failure to meet the terms of the Learning Plan or unsatisfactory performance in relation to this Learning Plan will result in failure of the course. It is expressly understood that successful completion of this Learning Plan does not automatically result in a successful completion of the course. All related course requirements, learner outcomes, and objectives must be met by the end of the course.

The signature of the Student indicates that he/ she has had the opportunity to review and discuss his/ her clinical performance with his/ her instructor, it does not imply agreement.

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Student Signature Clinical Instructor Signature Course Lead/ Faculty Signature

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Date Signed Date Signed Date Signed

**Student Progress Report**

**☐** Student is progressing, but has not yet met the learner outcomes identified in the Learning Plan. Learning Plan will be extended to \_\_\_\_\_\_\_\_\_\_\_ [date].

**☐** Successfullycompleted

**☐** Unsuccessful

Clinical Instructor Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Lead/Faculty Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_