



Registrant Information

Name

Registration Number

Learning Goal 1

Start Date

Proposed Finish Date

Learning Goal — *What do you want to learn?*

Rationale — *Why do you want to meet this learning goal?*

Objectives — *What activities are you going to do to achieve this learning goal?*

Client Outcomes — *How may this information help you improve your massage practice and client outcomes?*

Fill in this section when you have finished your learning activities

New Knowledge

Identify something specific you learned by meeting this learning goal

Reflective Evaluation of Learning Goal

Describe how you use this new knowledge to improve your practice and positively impact client outcomes

Proof of completed activities provided with learning plan

Registrant Information

Name

Registration Number

Learning Goal 2

Start Date

Proposed Finish Date

Learning Goal — *What do you want to learn?*

Rationale — *Why do you want to meet this learning goal?*

Objectives — *What activities are you going to do to achieve this learning goal?*

Client Outcomes — *How may this information help you improve your massage practice and client outcomes?*

Fill in this section when you have finished your learning activities

New Knowledge

Identify something specific you learned by meeting this learning goal

Reflective Evaluation of Learning Goal

Describe how you use this new knowledge to improve your practice and positively impact client outcomes

Proof of completed activities provided with learning plan