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| **ANNUAL SELF-ASSESSMENT** **PLAN–** retain for your records | | | | | |
| Name: | | ACCT Designation: | | Time Period:  (Renewal month: e.g.: 03/18 to 03/19) | |
| **Strengths**  (What am I doing well) | **Peer Feedback**  (What would others say about my practice, if applicable) | | **Learning Needs and Interests**  (Where can I benefit from further learning/professional development) | | **Learning Goal** |
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| **ANNUAL GOALS & COMPETENCY DEVELOPMENT PLAN** – retain for your records | | | | | | |
| Name: | | ACCT Designation: | | Time Period:  (Renewal month: e.g.: 03/18 to 03/19) | | |
| Goal/s | How will I attain my goal? | | How will this goal impact my practice/readiness to practice? | | Evidence of completion | Area/Hours  Supervision/Professional Development/Self-care |
|  |  | |  | |  |  |