|  |
| --- |
| **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** |
|  |  |  |  |

|  |
| --- |
| **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/HoursSupervision/Professional Development/Self-care |
|  |  |  |  |  |