

# LEARNING ACTIVITIES TRACKING SHEET

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Goal :

<b>Educational Experience/Activity</b>	<b>Name of Provider</b> <i>(facilitator, self-directed etc.)</i>	<b>Date/Location</b>
<b>Impact on my practice:</b>		
<b>Comments/Evaluation:</b>		

<b>Educational Experience/Activity</b>	<b>Name of Provider</b> <i>(facilitator, self-directed etc.)</i>	<b>Date/Location</b>
<b>Impact on my practice:</b>		
<b>Comments/Evaluation:</b>		

<b>Educational Experience/Activity</b>	<b>Name of Provider</b> <i>(facilitator, self-directed etc.)</i>	<b>Date/Location</b>
<b>Impact on my practice:</b>		
<b>Comments/Evaluation:</b>		

**Please complete and attach to your Professional Portfolio. The completed sheet will be requested when your Portfolio is audited.**