

[Instructions: Please use one review form per goal]

I.D. #:

**Professional Development Goal Statement:**

	YES	NO
1. The goal statement is specific.		
2. The goal statement relates to Physiotherapy Practice.		
<b>Comments:</b>		

**Proposed Learning Activities:**

	YES	NO
3. The Activities and Resources will facilitate meeting the goal.		
4. The Activities and Resources demonstrate a mixture of learning relevant to the goal, current or future practice.		
<b>Comments:</b>		

**Indicators of Success:**

OUTCOME/IMPACT ON PRACTICE	YES	NO
5. The proposed outcome is linked to the goal.		
6. The proposed outcome indicates reflection on practice.		
7. The proposed outcome indicates benefits to the service user(s).		
8. The proposed outcome enhances the quality of their existing PT practice or indicates new knowledge or skill(s) that will be implemented into practice.		
<b>Comments:</b>		
<b>Total:</b>		

**Scoring: Please circle one of the following:**

COMPLETE	INCOMPLETE
Yes :6-8	Yes: ≤5
No further action is required.	Member to resubmit within 30 days. Member is provided with feedback and suggestions for improvement.

Completed by:

Date: