

## Learning Activity Notes

Program Title: \_\_\_\_\_

Speaker/Author: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Learning Objectives: (what did you hope to achieve/learn in this activity?) – attach if provided by presenter**

**Take Home Messages**

**Evaluation**

- If you felt this program was applicable to your practice, indicate how you will incorporate the learnings in your current practice.
- If you did not feel this program was applicable to your practice, please share any benefit you may have gained from the activity.

**PLEASE NOTE:** This form does not replace documentation of the learning activity in your online Learning Portfolio. It is simply a tool to assist you with making notes while participating in a program.