

Learning Activity Notes

Program Title: _____

Date of Completion: _____

Learning Objectives / Description of Activity – *what did you set out to learn with this activity?*

Key Learnings & Integration into Practice – *what were the key things you learned and how will you integrate them into your practice?*

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.