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**Primary Third Year Undergraduate and First Year Master of Teaching**

PROFESSIONAL LEARNING PLAN: COMPLETED BY THE PST

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| --- | --- | --- |
| **Pre-Service Teacher** |  |  **Student ID:** |
| **Mentor** |  | **Learning Area:** |
| **University Liaison** |  | **Date:** |

**A copy of this plan should be shown to your mentor, discussed and approved by day 16-18. Please scan and email a copy to your university liaison by day 20.**

*Please provide a list of your learning goals for the remaining weeks of this professional experience together with a brief explanation of how you plan to achieve them (hand written or typed)*:

Pre-service Teacher: Date:

***I have discussed and approve these learning plans:***

Mentor: …………………… Date:

***I have discussed and approve these learning plans:***

University Liaison: ………………………… Date: