# Appendix C: Finalized Goal & Implementation Plan Form

The form that follows may be used in documenting the candidate’s finalized professional practice goal and the agreed upon implementation plan. This form is optional; Sponsoring Organizations and assessors may adopt or adapt.

##### Candidate Professional Practice Goal(s) & Implementation Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

**Goal(s)**: Based on the candidate’s self-assessment and the baseline ratings determined by the Program Supervisor and Supervising Practitioner, the candidate has set the following S.M.A.R.T goal(s):

|  |  |  |
| --- | --- | --- |
| **CAP Professional Practice Goal(s)** |  | Essential Element |
|  |

**Implementation Plan**: In support of attaining the goal(s), the candidate, Program Supervisor and Supervising Practitioner agree on the following actions *(add more rows as needed)*:

|  |  |  |
| --- | --- | --- |
| Action | Supports/Resources from  | Timeline/Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Measure of Student Learning**: In addition to attaining the professional practice goal, the candidate will also be assessed based in part on their impact on student learning. The Supervising Practitioner, in coordination with the Program Supervisor, has set the following measures of student learning.

|  |  |  |
| --- | --- | --- |
| Measure of Student Learning | Impact Rating | Parameters |
|  | High |  |
| Moderate |  |
| Low |  |