Tool 13: Sample Action Plan for Transfer of Learning							
Leamer: Course:						Date:	
My Support	Supervisor:						
Team/ Partners:	Trainer:						
raithers.	Co-worker(s):						
Specific Areas to Improve: (Think about distinct accomplishments and activities to be achieved.)							
Issues to Address: (Describe the barriers that must be eliminated or reduced and how this will be done.)							
Detailed Specific Actions (in sequence)			Responsible	Resources	Date/	Changes to	
Be sure to include regular progress reviews with the support team as a part of the specific actions.				person(s)		Time*	look for
Step 1							
Step 2							
Step 3							
Step 4							
Step 5							
Chan C							
Step 6							
Step 7							
Step 8							
Step 9							
Step 10							
*establish set day and time for ongoing activities							
Commitment of Support Team/Partners:			Signature of learner:				
I support the action plan described above and will complete the actions assigned to me. If I am unable to complete an activity, I		Date:					
		tivity, I	Signature of supervisor:				
	rangements to modif	fy the	Signature of trainer:				
plan accordingly.			Signatures of co-workers:				