COMMUNITY ADULT LEARNING PROGRAM

LEARNING PLAN

Name: _____

Date: _____

How I Learn Something New	Often	Sometimes	Never
By myself			
In a group			
When it is quiet			
With music playing			
By watching others			
By trying it myself			
By listening to instructions			
By reading about it			

Other ways I learn:

_____

_____

My goal is to learn:

_____

_____

There are some things about _____ that I already know, including:

_____

_____

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These are some things I would like help with:

This is what I want to work on first:

This is how I will know I have reached my goal: