



OSY Learning Plan - Student Version

Student Name:

Service Provider(s) Name(s):

State:

Goal Timeline:

MY GOAL:

Step 1:

| | | |
|----------------------|----------------------------------|-----------------|
| What do I know/have? | What do I need to know/have? | |
| What should I do? | Who do I need help from and why? | |
| Start date: | Target Date: | Date Completed: |

Step 2:

| | | |
|----------------------|----------------------------------|-----------------|
| What do I know/have? | What do I need to know/have? | |
| What should I do? | Who do I need help from and why? | |
| Start date: | Target Date: | Date Completed: |



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Step 3:

| | | |
|----------------------|----------------------------------|-----------------|
| What do I know/have? | What do I need to know/have? | |
| What should I do? | Who do I need help from and why? | |
| Start date: | Target Date: | Date Completed: |

Step 4:

| | | |
|----------------------|----------------------------------|-----------------|
| What do I know/have? | What do I need to know/have? | |
| What should I do? | Who do I need help from and why? | |
| Start date: | Target Date: | Date Completed: |



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Step 5:

| | | |
|----------------------|----------------------------------|-----------------|
| What do I know/have? | What do I need to know/have? | |
| What should I do? | Who do I need help from and why? | |
| Start date: | Target Date: | Date Completed: |

Step 6:

| | | |
|----------------------|----------------------------------|-----------------|
| What do I know/have? | What do I need to know/have? | |
| What should I do? | Who do I need help from and why? | |
| Start date: | Target Date: | Date Completed: |