



SIVULIQTIKSAT PROGRAM LEARNING PLAN

EMPLOYEE (INTERN) INFORMATION

YEAR 1 : **From** _____ **to** _____

Employee Name: _____ Position Title: _____ Department: _____ Community: _____

COMPETENCY	LEARNING OBJECTIVE	LEARNING METHOD	TIMELINE	COST	MEASURE OF SUCCESS	EVALUATOR	COMPLETION DATE	COMMENTS

Employee Signature: _____ Date: _____

Designated Trainer Signature: _____ Date: _____



Government of Nunavut

SIVULIQTIKSAT PROGRAM LEARNING PLAN

EMPLOYEE (INTERN) INFORMATION

YEAR 1 : **From** _____ **to** _____

Employee Name: _____ Position Title: _____ Department: _____ Community: _____

COMPETENCY	LEARNING OBJECTIVE	LEARNING METHOD	TIMELINE	COST	MEASURE OF SUCCESS	EVALUATOR	COMPLETION DATE	COMMENTS

Employee Signature: _____ Date: _____

Designated Trainer Signature: _____ Date: _____



Government of Nunavut

SIVULIQTIKSAT PROGRAM LEARNING PLAN

EMPLOYEE (INTERN) INFORMATION

YEAR 2 : **From** _____ **to** _____

Employee Name: _____ Position Title: _____ Department: _____ Community: _____

COMPETENCY	LEARNING OBJECTIVE	LEARNING METHOD	TIMELINE	COST	MEASURE OF SUCCESS	EVALUATOR	COMPLETION DATE	COMMENTS



Government of Nunavut

SIVULIQTIKSAT PROGRAM LEARNING PLAN

EMPLOYEE (INTERN) INFORMATION

YEAR 2 : **From** _____ **to** _____

Employee Name: _____ Position Title: _____ Department: _____ Community: _____

COMPETENCY	LEARNING OBJECTIVE	LEARNING METHOD	TIMELINE	COST	MEASURE OF SUCCESS	EVALUATOR	COMPLETION DATE	COMMENTS

Employee Signature: _____ Date: _____

Designated Trainer Signature: _____ Date: _____



SIVULIQTIKSAT PROGRAM LEARNING PLAN

EMPLOYEE (INTERN) INFORMATION
YEAR 3 : From _____ to _____

Employee Name: _____ Position Title: _____ Department: _____ Community: _____

COMPETENCY	LEARNING OBJECTIVE	LEARNING METHOD	TIMELINE	COST	MEASURE OF SUCCESS	EVALUATOR	COMPLETION DATE	COMMENTS



SIVULIQTIKSAT PROGRAM LEARNING PLAN

EMPLOYEE (INTERN) INFORMATION

YEAR 3 : **From** _____ **to** _____

Employee Name: _____ Position Title: _____ Department: _____ Community: _____

COMPETENCY	LEARNING OBJECTIVE	LEARNING METHOD	TIMELINE	COST	MEASURE OF SUCCESS	EVALUATOR	COMPLETION DATE	COMMENTS

Employee Signature: _____ Date: _____

Designated Trainer Signature: _____ Date: _____



SIVULIQTIKSAT PROGRAM LEARNING PLAN

EMPLOYEE (INTERN) INFORMATION

LONG TERM OBJECTIVES

Employee Name: _____ Position Title: _____ Department: _____ Community: _____

COMPETENCY	LEARNING OBJECTIVE	LEARNING METHOD	TIMELINE	COST	MEASURE OF SUCCESS	EVALUATOR	COMPLETION DATE	COMMENTS

Employee Signature: _____ Date: _____

Designated Trainer Signature: _____ Date: _____