



OSY Personal Learning Plan – Student Version

Student Name:	Service Provider(s):
MSIX #:	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:

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:



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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:	

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:	