

This Student Learning Support Plan (LSP) is developed between the student and Preceptor and or Facilitator and is relevant to the students overall Clinical Learning objectives.

Date:

Student Name:

Student Number:

Clinical Department:

Clinical Preceptor/Facilitator:

|  |  |
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| Identified Problem |  |
| Learning objective/s *(related elements of the Registered Nurse Standards of Practice)* |  |
| Action Plan |  |
| Criteria for achievement |  |
| Evaluation |  |

Signed: *(Student)*

*Signed: (Clinical Preceptor/Facilitator)*