



Nuu-chah-nulth Tribal Council

AHOUSAHT
DITIDAHT
EHATTESAHT
HESQUIAHT
KA:YU:K'T'H'/CHE:K'TLES7ET'H'

MOWACHAHT/MUCHALAHT
NUCHATLAHT
HUPACASATH
HUU-AY-AHT

TLA-O-QUI-AHT
TOQUAHT
TSESHAHT
UCHUCKLESAHT
UCLUELET

P.O. BOX 1383
PORT ALBERNI, BC V9Y 7M2

TELEPHONE: 250-724-5757
FAX: 250-723-0463

Student Learning Plan

Basic Information

Student Name: _____ Date of PSC Session: _____
Institution: _____ NTC Staff: _____
Program: _____ Disability Status: _____

Education Goals*

**Record of degree completion/transcript is needed to complete this section. Please have it ready for your Post-Secondary Counselling session on the date noted above.*

Is there a long-term goal you are working towards achieving? If so, please write it down here: _____

What credential do you wish to obtain currently / what program are you currently enrolled in? _____

How many classes or credits have you completed toward your credential goal? _____

How many classes or credits do you need to complete to reach your credential goal? _____

How many classes or credits do you wish to complete this academic year? _____

Which classes do you want to complete this academic year? _____



Student Learning Plan

Education Goals Continued

Which classes are you currently registered in this semester, and what grade or GPA do you want to achieve in each?

What can you do, and what kinds of support and resources can you use in order to help you achieve the goals listed above?

Action Items



Student Learning Plan

Notes

Agreement

Next check-in date and time to discuss progress: _____

By signing below, you are stating that you participated in a post-secondary counselling session and identified your goals, ways to achieve those goals, and action items that you will work on between now and your next post-secondary counselling session at the above date and time.

Student Name: _____

NTC Staff: _____

Student Signature: _____

NTC Staff Signature: _____

Date: _____

Date: _____