

# GAP Self-Assessment Planner

## GAP Self-Assessment PLANNER for \_\_\_\_\_

The ***GAP Self-Assessment Planner*** is designed to address topics where you would benefit from learning more information based on your ***GAP Self-Assessment: Understanding and Using Hearing Access and Hearing Assistance Technology*** results.

Directions:

1. Transfer topics that were identified on your self-assessment as needing to learn more about. HINT: If you did not understand the terminology in the response options or if you answered that you did not know about the topic, these are topics to learn more about. Topics align with self-assessment question numbers as noted in the parenthesis.
2. Once you have identified your topics, determine what it is you want to learn for each one in the column labeled “Learning Objectives and Activities”. Include activities that you will do to learn about the topic (See example below for how you might write these up).
3. Determine how long you will need to complete the learning objective and enter the length of time and projected completion date under “Timeline”.
4. Identify the resources and materials or people that might assist you to learn more about the topic and enter in the column.
5. Finally, describe what you will do, or how you will know, that you have learned about the topic as prescribed in the learning objective. This is the evaluation of your learning. Enter in the last column.

### Example

Topic	Learning Objectives and Activities	Timeline/Completion Date	Resources or persons that will help you	Evaluation: Evidence of Learning
1. My Hearing Loss (from #3a,b,c,d)	Be able to explain my hearing test results.	1 month/ February 28	My audiologist	I will accurately explain my hearing test results to my audiologist.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Topic	Learning Objectives and Activities	Timeline/Completion Date	Resources or persons that will help you	Evaluation: Evidence of Learning
1. My hearing loss (from #3a,b,c,d)				
2. My communication needs and accommodations (from #3 e, f, #7)				
3. My educational history (#3)				
4. My hearing instruments (#3h,i,j)				
5. Using and managing hearing assistance technology (#3k, #6, #7)				

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Topic	Learning Objectives and Activities	Timeline	Resources or Person that will assist you	Evaluation: Evidence of Learning
6. Using other assistive technologies (#31)				
7. Requesting accommodations (#5)				
8. Awareness and use of resources (#9)				
9. Awareness of funding sources (#11)				
10. Awareness and Understanding of my legal rights (#10)				