Individual Learning Plan (ILP) Overview:
The ILP serves two functions for the trainee; to clarify their academic commitment to the MN LEND program, and to document their progress toward their completion of the program. Trainees are expected to be fully engaged throughout the duration of the program and will actively engage in the following (based on their training level):

- Didactic lectures and Mini Courses
- Noontime discussions
- Core coursework
- Clinical practicum
- Clinical observation
- Research projects
- Outside training TBD by the trainee

The ILP will be completed with your LEND core faculty advisor prior to your start in the LEND program.

LEND Trainee:

Discipline:

Primary area of interest in LEND:

Trainee Level
- Full Trainee 300 hour
- Intermediate Trainee
- Short Term Trainee

Funding Level
- Masters
- Doctoral
- Post Doc

Is the LEND program being done in conjunction with another program or clinical practicum? Y or N
If so, which program?

LEND Core Faculty Advisor:
<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Meeting days/times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Course Enrollment-Spring Semester (LEND related course work only)**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Meeting days/times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Course Enrollment-May/Summer Term (LEND related course work only)**

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Meeting days/times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Research Practicum**

Working title:

Purpose:

Methods
- Data set:
- Key variables:
- Analytic methods:

Is the research practicum/paper being done in conjunction with any other paper or practicum? Y or N
If so, please describe your other work:

**Clinical Practicum**

Desired location/provider: (if available)

Availability:

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
</table>

**Clinical Observation**

*Autism Spectrum Disorders Clinic-Division of Pediatric Clinical Neuroscience at the U of M*
Availability:

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
</table>

*The trainee is responsible for setting these hours up in advance with their core faculty and Dr. Michael Reiff

Additional/outside training opportunities

*Trainees are required to document and track all outside training. All training documentation will be reviewed and approved by the trainee’s core faculty. Training can also be documented online.

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Facilitator/Sponsor</th>
<th>Location</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LEND Trainee’s Signature ________________________ Date ______________

Core Faculty Advisor’s Signature ________________________ Date ______________