**INDIVIDUAL LEARNING PLAN**

**ESOL**

(Tutor to complete the IAG referral form)

|  |  |
| --- | --- |
| My full name |  |
| My tutor’s name |  |
| Course name |  |
| Course number |  | Learner number |  |
| Days and times |  |
| Place |  |
| End date |  |
| My other courses |  |
| Things that could affect my progress |  |
| MACLS canrecord my voice |  yes no |
| take my photograph |  yes no |
| film me |  yes no |

|  |  |
| --- | --- |
| Learner signature |  |
| Date |  |

**Diagnostic test: My starting point on this course**

***Est****ablished* ***Con****solidating* ***Em****erging*

|  |  |  |  |
| --- | --- | --- | --- |
| Speaking | Listening and understanding | Reading | Writing |
|  |  |  |  |

**Tutor comments**

|  |  |  |
| --- | --- | --- |
| *SPEAKING AND LISTENING* | Speak to communicate |  |
| Engage in discussion |  |
| Listen and respond |  |
| *READING*  | Text |  |
| Sentence |  |
| Word |  |
| *WRITING* | Text |  |
| Sentence |  |
| Word |  |

Learner’s signature: Date:

Tutor’s signature: Date:

My learning Term 1 (blue)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group learning goals | Dateset | AchievedYes /No | Date | Evidence |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| My personal learning goals | Dateset | AchievedYes /No | Date | Evidence |
|  |  |  |  |  |
|  |  |  |  |  |

Learner’s signature: Date:

Tutor’s signature: Date:

My learning Term 2 (pink)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group learning goals | Dateset | AchievedYes /No | Date | Evidence |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| My personal learning goals | Dateset | AchievedYes /No | Date | Evidence |
|  |  |  |  |  |
|  |  |  |  |  |

Learner’s signature: Date:

Tutor’s signature: Date:

My learning Term 3 (yellow)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Group learning goals | Dateset | AchievedYes /No | Date | Evidence |
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|  |  |  |  |  |
|  |  |  |  |  |
| My personal learning goals | Dateset | AchievedYes /No | Date | Evidence |
|  |  |  |  |  |
|  |  |  |  |  |

Learner’s signature: Date:

Tutor’s signature: Date:

Review: Term 1

|  |  |  |
| --- | --- | --- |
|  | Learner | Tutor |
| Attendanceand punctuality |  ☺ 😐 ☹ |  ☺ 😐 ☹ |
| Progress |  ☺ 😐 ☹ |  ☺ 😐 ☹ |
| Discussion notes: Progress |  |
| Other discussion notes:(e.g. Equality and Diversity, Safeguarding, Health and Safety) |  |

Learner’s signature: Date:

Tutor’s signature: Date:

Review: Term 2

|  |  |  |
| --- | --- | --- |
|  | Learner | Tutor |
| Attendanceand punctuality |  ☺ 😐 ☹ |  ☺ 😐 ☹ |
| Progress |  ☺ 😐 ☹ |  ☺ 😐 ☹ |
| Discussion notes: Progress |  |
| Other discussion notes:(e.g. Equality and Diversity, Safeguarding, Health and Safety) |  |

Learner’s signature: Date:

Tutor’s signature: Date:

Review: term 3

|  |  |  |
| --- | --- | --- |
|  | Learner | Tutor |
| Attendanceand punctuality |  ☺ 😐 ☹ |  ☺ 😐 ☹ |
| Progress |  ☺ 😐 ☹ |  ☺ 😐 ☹ |
| Discussion notes: Progress |  |
| Other discussion notes:(e.g. Equality and Diversity, Safeguarding, Health and Safety) |  |

Learner’s signature: Date:

Tutor’s signature: Date:

**80% achievement over group and individual targets Y/N**

**End of course/Learner**

What next?

|  |  |  |  |
| --- | --- | --- | --- |
| First names |  | Family name |  |
| Contact Tel. no |  | Email |  |

|  |  |
| --- | --- |
| What will you do next?*For example*Another ESOL courseA different courseWork/looking for work/ voluntary work |  |

Achievements 2014-2015 (external exams or ILP):

**Exams**

**Speaking and Listening Date taken ………..**

Level \_\_\_ Passed🗆 Waiting for results🗆

**Reading Date taken ………..**

Level \_\_\_ Passed🗆 Waiting for results🗆

**Writing Date taken ………...**

Level \_\_\_ Passed🗆 Waiting for results🗆

|  |  |
| --- | --- |
| Term 1 | ILP 🗆 |
|  Term 2 | ILP 🗆  |
| Term 3 | ILP 🗆 |

Learner’s signature: Date:

Tutor’s signature: Date:

**End of course/tutor/IAG**

Name of Learner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Destination \_\_\_\_\_\_Employment Destination \_\_\_\_\_\_\_

Information Advice and Guidance notes

Learner’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Tutor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

PAM’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Achievement: Y/N

|  |  |
| --- | --- |
| **Destination - education**  | **Destination - employment** |
| 01 Another course in the same subject |  | A1 Full time employment |  |
| 02 Another course in a different subject |  | A2 Part time employment |  |
| 03 Higher level course with Adult Education |  | A3 Self employed |  |
| 04 Higher level course with Further Education |  | A4 Economically inactive (of working age, not employed, not actively seeking work and not in full time education.) |  |
| 05 Higher level course with Higher Education |  |  |
| 06 Full time education or training |  |
|  |  | A5 Unemployed |  |
|  |  | A6 Volunteering or community work |  |
|  |  | A7 Other (including retired) |  |