**Individual Learning Plan (ILP)**

YourILP provides you with a planning tool to help you to get the most out of your learning.

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| --- | --- | --- | --- |
| Name |  | | |
| Username |  | Tutor / Assessor |  |
| Induction start date |  | | |

# Previous achievements and qualifications

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| --- |
| **Completing this section will help us agree the best course for you** |
| English qualification at Level 2 or above (GCSE A\*- C)  or equivalent? YES  NO |
| Maths qualification at Level 2 or above (GCSE A\*- C)  or equivalent? YES  NO |
| Highest qualification.Provide details of your highest qualification |
|  |

**Skills and Experience**

|  |  |
| --- | --- |
| **Your Computer skills:** Please tick one of the following options that best describes you | |
| I have never used a computer before |  |
| I have used a computer occasionally with help |  |
| I can use a computer independently for basic tasks without help (send and read emails, write and print letters) |  |
| I regularly carry out general tasks using a variety of applications (word processing, spreadsheets, email) |  |
| I can confidently use a variety of applications (word processing, spreadsheets, databases, email, internet) |  |
| **Skills, interest and experience:** let us know of any previous skills, interests and experience you have | |
|  | |
| **Additional Information:** Is there anything that might cause you difficulty in completing your learning? (E.g. disability, caring responsibilities, access, opening times,). | |
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This section should be completed for alllearning aims other than Functional Skills.

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| **Units already evidenced** | **Recognition of Prior Learning (RPL), Exemption or Credit Transfer** | **Evidence provided** |
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| **Further justification:** | | |

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| |  | | --- | | **Initial Assessment in Literacy and Numeracy** |  |  |  |  | | --- | --- | --- | | Subject | Level | **For NVQ candidates** - How will any Functional Skills  needs be addressed? | | Numeracy |  | | Literacy |  | | | | |
| **Summary of diagnostic results** | | | |
| ***Maths*** | | ***English*** | |
| ***Whole Numbers*** |  | ***Reading*** |  |
| ***Fractions, decimals and percentages*** |  | ***Writing*** |  |
| ***Measure*** |  | ***Speaking and Listening*** |  |
| ***Shape and Space*** |  | ***Vocabulary, Spelling and Grammar*** |  |
| ***Handling Data*** |  |  |  |
| **Evidence for ‘Substantial programme’**  This section should be completed for **Functional Skills** learning aims only. It provides auditable evidence to justify your programme selection. | | | |
| ***Programme/qualification chosen, and justification*** | | | |
|  | | | |
| Tutor (if applicable) | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Signature - Tutor |  | Date |  | | | | |

**Your Plan of Learning**

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| **You will need to agree your learning aims with your tutor.** | | | | | | | | | | | | | | |
| Agreed completion date |  | | | | | Revised Agreed Completion Date (if needed) | | |  | | | | | |
| Qualification Title | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Candidate Number | |  | | Awarding Body | | |  | | | | Date Registered | | |  |
| Programme Code | |  | | | | | | | | | | | | |
| Achieving this qualification will enable me to… | | | | | | | | | | | | | | |
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| Courses to be completed in the Learning Support Environment (LSE) and supported by assessor and/or tutor | | | | | | | | | | | | | | |
| Course title | | | Course Code | | Agreed  start date | | | Expected End date | | Actual end date / last date of learning | | | Final status of course (completed or withdrawn) | |
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| **To be completed (if applicable)**  In addition to learning centre coursesother training to be received. Please indicate examples of on- or off- the- job training: | | | | | | | | | | | | | | |
| Where training takes place | | | When | | Delivered by | | | Support provided | | Method | | | How this is co-ordinated | |
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| Reason for temporary or permanent withdrawal from Programme | | | | |  | | | | | | | | | |
| *As applicable*  Confirmation of withdrawal sent to Learner/Employer | | | | |  | | | | | | | **Date** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature page** | | | |
| ‘I confirm that all of the personal information on this form is correct and I declare that I have correctly identified my prior qualifications. I have a contract of employment (where applicable) and I fulfil the residency regulations for the SFA in England. I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided’. | | | |
| Learner Signature |  | Date |  |
| Please tick box to confirm you will/have undertake(n) the learner induction at this centre, covering the Health and Safety, Equality and Diversity, and Complaints policies | | |  |
| **Employer Declaration (only for Employer Responsive funding)** | | | |
| ‘I confirm that, to the best of my knowledge, the information on this form is correct and that the learner is undertaking the appropriate qualification aim(s). If the above named learner is employed by me, I declare that they have a contract of employment. If the above named learner is a volunteer within my organisation, they are unpaid’. | | | |
| Employer Representative Signature |  | Date |  |
| Functional Skills tutor (only for Functional Skills programmes) | | | |
| ‘I confirm that I have carried out sampling to ensure that requirements for a funded Functional Skills programme are met’ | | | |
| Tutor - Signature |  | Date |  |
| **Training Provider Declaration** | | | |
| ‘I confirm that the information on this form is correct and I declare that I have supported the learner in the completion of this document.’ | | | |
| Provider Representative Signature |  | Date |  |
| **Amendments** | | | |
|  | | | |
| ‘I confirm that I agree to the suggested changes’ | | | |
| Learner Signature |  | Date |  |

# Progress Review

To support your learning experience a tutor will review your progress at least every three weeks. These reviews enable you to reflect on your progress, identify new skills you have learnt, and plan your next steps. It is also an opportunity to tell your tutor of any difficulties you may be experiencing with your learning. The suggested checklist will be completed by your tutor as you work through it together.

**Suggested Checklist**

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| --- | --- | --- | --- |
| **Name** |  | **Username** |  |
| **Programme** |  | **Tutor/Assessor** |  |
| **Progress review type (select one)** | |  |  | | --- | --- | | Standard review | | | First review since programme began | | | End of course | Pre-test | | Post-test | Other | | **Date** |  |
| **Progress review No.** |  | **Course/Unit reference(s) (if applicable)** |  |

**Part 1: Review of things you need to know**

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| **These are the things you need to know as you start your learning** | | | | |
|  | **Are you aware of these?** | | | **Action (if required)** |
| **Policies, guides and procedures** | Introduction to learning | Yes | No |  |
| Health and Safety | Yes | No |  |
| Complaints procedures | Yes | No |  |
| Equality and Diversity | Yes | No |  |
| **Access to learning** | That you should access your learning at least once a week | Yes | No |  |
| **Support** | Learner service helpline and support zone in the community | Yes | No |  |
| Online community | Yes | No |  |
| Messaging | Yes | No |  |
| What support your tutor/assessor can give you | Yes | No |  |
| Progress reviews – what and when | Yes | No |  |
| **Feedback** | Learner Satisfaction Survey | Yes | No |  |

**Part 2: Progress against your learning aim**

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| --- | --- | --- |
| In this section, record your progress towards your agreed goals, what’s going well and what the challenges are: | | |
| **Is your learning on track?** | **Yes** | What’s gone well? |
| What’s been challenging? |
| What new skills have you learned? |
| **No** | What are the reasons? |
| What help do you need? |
| Additional resources required? Yes/No |
| Will you meet the agreed end date? Yes/No |
| **Amended end date (if required)**  **Amendments to the Programme -** Courses added or removed and reasons why | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Your learning materials and access to them** | Are they | Hard? | Just right? | | | Easy? |
| Comments on learning materials (what’s good about them, any problems?) | | | | | |
| How often are you accessing your learning? | | | | | |
| Once a week | | Less often | | | More often |
|  | | | | | | |
| **Issues with your learning** | Have you had any problems with your learning and have these been sorted out? | | | | | |
| What it is/was | | | | Solution | |
|  | | | | | | |
| **Support you can get and feedback you can give** | Have you used or taken part in any of these? | | | | | |
| Online community (including Learner Services Support zone) | | Yes | | No | Do you need help to find or use any of them? |
| Learner Services helpline | | Yes | | No |
| Messaging | | Yes | | No |
| Learner Satisfaction Survey | | Yes | | No |
| Tutor Support in your centre | | Yes | | No |
|  | | | | | | |
| Tutor Support received | | | | Any feedback received (e.g. on assessments/ assignments) | | |

**Part 3: Learner Section**

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| A section for you to record any skills that you have gained through your learning (such as improving your confidence or communication skills) or any other comments you wish to make |
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**Part 4: Next Steps**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What next?** | Short term targets to be achieved by next review e.g. complete course X, post on community etc.   |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  | | |
| Learner’s actions | Tutor/Assessor’s actions |
| Date and time of next review |  |
| **Signatures** | Learner: |  |
| Tutor/Assessor: |  |
|  | | |