

**d i s c o v e r**

learning for yourself.

# Group Plan

[Reset Form](#)

**Name of Group:**

**Provider:**

**Venue:**

**Adult Learning  
Worker:**

**Day/Time of  
Meetings:**

## **LEARNING CONTENT TO BE ADDRESSED**

**Specify the key components of the learning**

In this group we will

## **GROUP GOAL**

At the end of the group we will have achieved

## **GROUP LEARNING STEPS**

**Breakdown into small learning steps**

Together we will

**Core Skills Areas Included:**

Communications	<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	Working with others	<input type="checkbox"/>
ICT	<input type="checkbox"/>		

**SCQF Level**

Level 1	<input type="checkbox"/>	Level 5	<input type="checkbox"/>
Level 2	<input type="checkbox"/>	Level 6	<input type="checkbox"/>
Level 3	<input type="checkbox"/>	Level 7	<input type="checkbox"/>
Level 4	<input type="checkbox"/>		

**Worker:**

**Date:**