

d i s c o v e r

learning for yourself.

Individual Plan

[Reset Form](#)

Name:

Address:

Postcode:

BACKGROUND INFORMATION

- Previous learning undertaken eg school, college, work?
- Are there any specific issues that affect learning that you need take account of eg, known learning difficulty, visual, auditory, concentration, memory?
- Any transport or childcare requirements?
- What is your preferred learning style?

LONG TERM GOALS

- What are your agreed learning goals?
- How long do you expect the learning to take?
- What do you want to achieve?

LEARNING STEPS - SMALL MEASURABLE GOALS

List the learning steps being put in place to achieve your goals.

LEARNING LEVELS

What core skills areas will be covered?

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"/>		

Tick the SCQF level of learning.

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"/>		

AGREED ACTION

- What support will the worker provide?
- What materials will you need to bring?
- What work will you need to do at home?
- When will this plan be reviewed?

Review Date:**Learner:****Tutor:****Date:**