

# Individual Learning Plan

Learner name:

Course:

Teacher:

Start date:

Anticipated end date:

## Initial assessment

	Score/level	Learner's comments
Literacy		
Language (ESOL)		
Numeracy		
ICT		
Other skills and experience		
Qualifications		

## Support needs

Support	Start date	Review date	Comments

### Course-related targets (including qualifications)

Target	Start date	Review date	Comments

### Personal targets (including future plans)

Target	Start date	Review date	Comments

### Learning preferences

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### Other information

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