

LA6 Community Grant 2021-2023

Individual Learning Plan



Learner Name:

Organisation Name:

Tutor Name:

Training Venue Name:

Training Venue Address including Postcode:

Project Name:

Please ensure these dates match the dates given in section 7 on the assessment and enrolment form.

Start of Learning date:

Planned end of learning date:

Number of Hours completed:
(this should match the timesheet total number of hours)

Date of Exit review:

Gateshead Council learningSkills

Community Learning Family Learning School Workforce Development Skills for Jobs Skills for Life Vocational Learning Youth Skills

Excellent Education for Everyone

For Accredited Learning: **LA6 Office use Only**

Accredited (please tick) Non-Accredited (please tick)

Main Qualification Title:

Level:

Awarding Body:

QCA Reference Number:

Registration Number and Date:

Target Achievement Date:

Actual Achievement Date:

Which units of the qualification are you doing?	Actual Achievement Date

Induction - have you been given information on: Please tick:

	Yes	No
Your course (<i>length of course, content, what is expected from you, materials, costs</i>)		
Health and Safety (<i>venue, subject</i>)		
Safeguarding (<i>contact details for the learningSkills Safeguarding Team</i>)		
Compliments, complaints and suggestions (<i>giving feedback</i>)		
Learner Agreement/Charter (<i>expectations</i>)		
Who funds this programme (<i>e.g. Education and Skills Funding Agency, European Social Fund</i>)		

How much do you already know about this course?

I know nothing I know a little I know a lot

As well as wishing to progress into further education or employment,

What else would you like to achieve by completing this course?

To learn something new	<input type="checkbox"/>	Meet new people	<input type="checkbox"/>
To gain confidence	<input type="checkbox"/>	To have fun	<input type="checkbox"/>
To share my knowledge with others	<input type="checkbox"/>	Other (Please state)	
To aid Progression into	<input type="checkbox"/>	Employment	
To aid Progression into	<input type="checkbox"/>	Further Education	
To aid Progression into	<input type="checkbox"/>	Volunteering	

Please tick those that apply to you.

How do you like to learn? Listening Watching Doing Reading

Are you currently:

Unemployed and seeking work

Retired

Economically Inactive-

Is there anything your tutor needs to know to help support you during your programme.

If YES please tell us what support you need

YES

NO

Details of Initial Assessment that you have completed – please use your Initial Assessment to set your SMART targets with your tutor.

Specific Measurable Achievable Realistic Timely

SMART targets (learning goals) – you and your tutor will plan to work towards the following learning goals during the course. Remember to write the date you achieved your learning goal in the last column and add a comment.

N.B. Non accredited programmes must have a minimum of 3 learning aims

What do you need to do?	How are you going to do it?	By when?	Achieved (Date and comments)

Social and Personal Progress:

Please rate your start, mid and end point for each of the following (5 being fully knowledgeable/ confident). Please also add your own.

	Start of Course	Mid-Course	End of Course

Learning Agreement

Funded by: LA6 Community Grant - European Social Fund (ESF)

I confirm that I have been assessed, that I have read, understood and am satisfied with my Individual Learning Plan. I began training on the date stated above. I agree that the LA6 Community Grant may enquire of other agencies (such as Jobcentre Plus) whether I have started work following my participation in the programme, gone into further training, or sign at the Jobcentre. This does not give authorisation for any other information about my claim or benefits to be disclosed. It has been explained to me that this provision is funded by the European Social Fund (ESF).

Signed (Learner) Date

I confirm that this Individual Learning Plan is acceptable and will be supported by the provider named below:

Signed (Tutor) Date

Name of Provider Date

What days/times will you attend?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					

Diary of Progress

Please use this diary to record:

What you have learned?

Have you met any learning goals?

What do you still need to do?

How your skills have improved?

Use your SMART targets to help you complete your diary.

Please ensure you complete a learner timesheet to record the attendance and the dates match your diary entries

Session 1 Date: (START OF LEARNING)	Participant's comments <i>During this session I have learned how to multiply 2 digit numbers. This has been something I have struggled with in the past and I now feel more confident.</i>
	Tutor's comments <i>You have demonstrated you can complete 2 digit multiplication. Next session we will look at multiplying 2 digits and 3 digits</i>
Session 2 Date	Participant's comments
	Tutor's comments
Session 3 Date	Participant's comments
	Tutor's comments

Session 4 Date	Participant's comments
	Tutor's comments
Session 5 Date	Participant's comments
	Tutor's comments
REMEMBER TO REVIEW YOUR LEARNER PROGRESS ON THE MID COURSE REVIEW PAGE 11	
Session 6 Date	Participant's comments
	Tutor's comments
Session 7 Date	Participant's comments
	Tutor's comments

<p>Session 8</p> <p>Date</p>	<p>Participant's comments</p>
<p>Session 9</p> <p>Date</p>	<p>Participant's comments</p>
<p>Session 10</p> <p>Date</p>	<p>Participant's comments</p>
<p>Session 11</p> <p>Date</p>	<p>Participant's comments</p>
	<p>Tutor's comments</p>
	<p>Tutor's comments</p>
	<p>Tutor's comments</p>
	<p>Tutor's comments</p>

Session 12 Date	Participant's comments
	Tutor's comments

Please use additional Diary of Progress page if you are completing more than 12 sessions.

Work Experience Record

Please use this to capture any work experience the learner engages in. This could be with our organization or with an external partner.

Start Date	Placement Venue (Including address)	Learner comments	Work Placement comments	End Date

IAG Record

Please use this space to record any additional support, Information, Advice and Guidance the learner engages in. This could be around mental health, Finances, Family situation and housing.

Date	Details of any Pastoral support given

Mid-Course Review

Please review the learners progress on the mid-Course review when the learner has completed 50% of their planned hours

Is this course what you expected?

What have you learned to date?

What would you still like to learn?

Can you give an example of an activity or something you have learned that has increased your awareness of equality, diversity or inclusion. *(i.e different cultures, beliefs, age, disabilities)*

How have you used Information Learning Technology, English and Maths to improve your learning inside and outside of your learning environment?

Have you thought about what you would like to do next and if so what?

Do you want further information, advice and guidance (IAG) on next steps?

If YES please see your tutor and record what IAG has been given:

YES

NO

Do you feel safe in your current working environment

YES

NO

If NO, please call our safeguarding officer On: **0191 4338646**

Learner Signature

Date

Tutor Signature

Date

Exit Interview

Have you achieved at least 85% of your SMART targets?

Yes No

N.B. You need to achieve at least 85% to pass the course.

Do you want further information, advice and guidance (IAG) on next steps?

Yes No

If yes, please see your tutor and record what IAG has been given:

What do I need to do to help with my Progression?

Who can help me?

When?

What do you feel you have achieved from this course?

Have your social or emotional skills improved? *(Please describe e.g I feel more confident/I can work with others better)*

Since starting the course has your situation changed/improved?

Yes No

(i.e. gained a job, gained experience, completed a qualification)

If NO and the learner does not have a progression route confirmed at this exit interview, please contact the LA6 team via Email

Your views and opinions are extremely important to us. Please ensure you have completed an end of course feedback/evaluation. Please ask your tutor for a copy, if you haven't already received one.

Is there anything else you would like to share with us about your learning experience?

Learner Signature

Date

Tutor Signature

Date