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**Individual Learning Plan, Progress & Achievement Record 2020/21**

**BwD Adult Learning – Positive Minds**

**UK Provider Registration Number: 10000748**

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| **Learner Name:**  | **Tutor:**  |
| **Course Title:**  | **Course Code:**  |
| **Venue:**  | **Start Date:**  | **End Date:**  |

 **Course aim(s):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SP1)

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| **Starting Point / Initial Assessment**Which of these statements most closely describes your level of skill and knowledge in relation to the aim(s) of the course? When you have decided please write the statement number in the box below.1. Very little or no skill/knowledge about the aim(s) of the course.
2. Some skill/knowledge about the aim(s) of the course.
3. A reasonably high level of skill/knowledge but I need to refresh and improve the level of my learning.
4. I have studied this or a similar subject before but I need to gain a unit, Award or renew an accreditation.

Your tutor will explain the aim(s) of the course and record results from a subject based initial assessment to establish your existing skills and knowledge. It will help us to recognise your progress, achievement and next steps if you give some further information:**How would you rate your level of confidence in this subject area? Please circle one number on the scale:****Low confidence level** 0 1 2 3 4 5 6 7 8 9 10 **Higher confidence level***(We will ask you to rate your own confidence level again at the end of the course).*What is your long-term career aim or learning goal (eg to improve my wellbeing, to find ways to cope better)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Do you think you will need any help or support in order to complete your course?**

Yes [ ]  No [ ]

 If ‘Yes’, please outline the type of support needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Support to be provided by tutor [ ]  Support already in place [ ]  Referral required [ ]

**Tutor - *If support is required please contact your Skills Development Officer***

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| **Learning Objectives – What do you want to learn?****We want you to talk to your tutor and record the main things that you want to learn.****Your tutor will assess and record your progress and achievement with you throughout the course.**

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| **Subject Objectives****At the end of this course I would like to be able to:** | **Did you achieve each** **objective? Yes/No** |
| 1.  |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

**Personal/Wellbeing Objectives***What do you hope to get out of the course to help with your wellbeing?*

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| **At the end of this course I would like to be able to:** | **Did you achieve each** **objective? Yes/No** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

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| --- | --- | --- | --- |
|  **Please sign and date when the learning objective objectives have been agreed.**  **This forms part of the Learning Agreement.** | **Tutor signature:** | **Date:** | **(SP3) & (SP4)** |
| **Learner signature:** | **Date:** |

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| **Record of Learning and Achievement**

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|  | **Learner Review:** | **Tutor Review:****Developmental Feedback and****Next Steps.** |
| Week 1 | How am I feeling at the end of the session today compared to when I started? |  |
| Week 2 | What have I learnt today? How will I use it to help my wellbeing? |  |
| Week 3 | What have I learnt today? How will I use it to help my wellbeing? How am I feeling? |  |
| Week 4 | What have I learnt today? What do I want to know more about?  |  |
| Week 5  | What have I learnt today? How am I progressing? |  |
| Week 6 | What have I learnt on this course? What can I use to help me to develop? What am I planning to do next? |  |

Use a continuation sheet if necessary (SP4) |

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| **How would you rate your level of confidence in this subject area? Please circle one number on the scale:****Low confidence level** 0 1 2 3 4 5 6 7 8 9 10 **Higher confidence level****Did you feel your confidence in this subject has increased as a result of this course?****Yes – my confidence has moved up by \_\_\_\_\_\_ points****No – my confidence has moved down by \_\_\_\_\_\_ points**(SP5) |
| **Learner comments on overall progress and achievement** |
| **Consider**: What do you know now that you didn’t know before? What can you can do now that you couldn’t do before? Have you improved the level of your skills and knowledge? Would you like to do another course/get help to look for a job or a better job? (SP5) |
| **Tutor comments on overall progress and achievement** |
| Consider what work the learner has produced and what progress & achievement you have observed/recorded:(SP5) |
| **Learning Objectives Achieved** How many learning objectives were selected? *Tutor and Learner to discuss* ***achievement*** *of learning objectives:*How many learning objectives were achieved at the end of the course (group and individual)?  |
| **Tutor – please ensure that the learner receives a copy of this completed document** |
| **What I plan to do next….** (SP6) |
| At any time during this course we will be happy to arrange an appointment for you to see an Information, Advice and Guidance (IAG) Officer. You can discuss **your long-term career aims and learning goals** and find out about other courses, voluntary work and jobs. Please speak to your tutor or learning support worker. |
| **Please sign and date at the end of the course. This document forms part of the Learning Agreement** |
| **Tutor signature:**  | **Date:** |
| **Learner signature:**  | **Date:** |