**End of Course Review**

|  |
| --- |
| **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? Did you gain a unit, Award or qualification? 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:** |

****

****

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

**BwD Adult Learning**

**UK Provider Registration Number: 10000748**

|  |  |
| --- | --- |
| **Learner Name:**  | **Tutor:**  |
| **Course Title:** **Non-accredited** [ ]  | **Course Code:**  |
| **Venue:**  | **Start Date:**  | **End Date:** |

**Course aim(s):**

|  |
| --- |
| **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: get a job; get a better job; get some qualifications?).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Tutor – please enter the result(s) of the subject specific initial assessment (non-regulated):****Or regulated/ASB Initial assessment:** (SP2) |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Learning objectives – what do you want to learn?****If your course is accredited your tutor will give you a separate document listing the things that you will learn for your qualification.****For both accredited and non-accredited courses 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.**

|  |  |
| --- | --- |
| **Course/group 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. |  |

**Individual Learning Objectives***When you joined the course was there anything you wanted to learn that is not covered in the course/group objectives,**eg to join in a group discussion, to participate in group activities?*

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

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

  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Record of Learning and Achievement**

|  |  |  |
| --- | --- | --- |
| **Date / Topic** | **Learner Review:****What went well today?****What did not go so well?****What have I achieved?** | **Tutor Review:****Developmental Feedback and Next Steps.** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Use a continuation sheet if necessary (SP4) |