
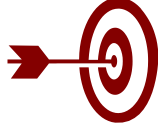




My Individual Learning Plan (no.)

Name:	D.O.B	Class:	Graduated Approach:		Date Started:	Review Date:
Nature of Pupil's Special Educational Needs/ Disability: 1. Communication and Interaction 2. Cognition & Learning 3. Social, Emotional & Mental Health 4. Sensory and/or Physical				Current attainment:		
				Top Up funding/Support Plan/EHC needs assessment/ EHCP:		
Contributors to my plan:						
What are my strengths? What subjects do I really enjoy?				What do I need support with?		

<u>What do I find difficult?</u> 	<u>My Outcomes</u> 	<u>What do I need to do?</u> 	<u>Who is going to help me and when?</u>	<u>How did I do?</u> 
				<ul style="list-style-type: none"> • Not met • Some progress • Expected progress • Exceeded
				<ul style="list-style-type: none"> • Not met • Some progress • Expected progress • Exceeded
				<ul style="list-style-type: none"> • Not met • Some progress • Expected progress • Exceeded •

What do I need to do:	What will my parents do?	What will my class teacher do?	What will the SENCo do?
<u>Signed:</u> <u>Pupil:</u>		<u>Class Teacher:</u>	
<u>Parent:</u>		<u>SENCo:</u>	

My Review

<u>Date:</u>	<u>Contributors to my review:</u>
<u>Decisions made at Review:</u>	