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| --- |
| **Individual Learning Plan** |

**School logo (optional)**

**Photo of child (optional)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of child/young person:**  |  | **Date of birth:**  |  | **Year group:**  |  |
| **Date this plan started:**  |  | **Date this plan to be reviewed:**  |  |

|  |
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| **Agreement of Individual Learning Plan** |
| **Child/YP signature:**  |  | **Date:**  |  | **Parent/carer signature:** |  | **Date:** |  |
| **Teacher/ SENCO signature:** |  | **Date:**  |  |

|  |  |  |
| --- | --- | --- |
| **Aspirations/strengths/interests:** |  | **Long term EHCP Outcome:** |
|  | **Cognition & Learning** | **[ ]**  | *
*
*
*
 |
| **Communication & Interaction**  |  |
| **Social, Emotional & Mental Health** |  |
| **Physical/Sensory**  |  |

**Education:** (Must be linked to the Long term outcomes & needs and the Preparing for Adulthood pathways, where appropriate)

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| **Short term targets over the next … months:** | **What?****(provision & resources)****Delete/add as needed** | **When?****(frequency, duration, group size)** | **By Whom?****(staffing requirements)** | **Has outcome been achieved?** **Yes/No - explain how:** |
|  | 1a1b |  |  |  |
|  | 2a2b |  |  |  |
|  | 3a3b |  |  |  |
|  | 4a4b |  |  |  |
|  | 5a5b |  |  |  |

**Health (delete if not appropriate): Does the child/young person have an Individual Health Care Plan? Yes/No**

**Social Care (delete if not appropriate): Does the child/young person have a Care Plan/PEP? Yes/No**

**Review**

|  |  |  |
| --- | --- | --- |
| **Summary of discussion:** (To include pupil and parent/carer voice)  | **Recommendations of review meeting:** |  |
| % Attendance: | **a)**  | **Y/N** |
| **b)** **c)**  | **Y/N****Y/N** |
| **d)**  | **Y/N** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child/young person signature:**  |  | **Date:**  |  | **Parent/Carer signature:** |  | **Date:** |  |
| **Teacher/SENCO signature:** |  | **Date:** |  |