

Individual Learning Plan



Name:		Date:	
Date of Birth:		Review Date:	
Year Group:		School on Roll:	

Overview

Information about the student / PPI (*Pupil Perspective Interview*)

Likes	Dislikes
Strengths	Areas for Improvement

Diagnosis / EHCP Information

Diagnosis / Outcome	Strategies	Additional Notes

Assessment & Results

Assessment	Assessor	Results	Next Assessment Date

Academic Results

Subject	Start of Intervention	Intervention Delivered	End of Intervention
Reading Level			
Spelling Level			
Maths Level			

SMART Goals

(Specific, Measurable, Achievable, Relevant, Timely)



SMART Goal	Strategies	Resources	Evidence and Evaluation

Any other relevant information

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Student Name:		Date of Meeting:	
Parent/Carer Name:		Parent/Carer Signature:	
Tutor/Teacher Name:		Tutor/Teacher Signature:	