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| **LEARNER PLAN** | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | **Date** | |  |
| **Course** | | |  | | | | | | | | | | |
| **Learn Local Organisation** | | |  | | | | | | | | | | |
| **Teacher** | | |  | | | | | | | | | | |
| **Part 1** – **learning plan** | | | | | | | | | | | | | |
| **Your goals** | | | | | | | | | | | | | |
|  | Why are you doing this course? (please select any options that apply to you) | | | | | | | | | | | | |
|  |  | To learn a new skill | |  | To improve skills at work | | | | | | | | |
|  |  | To help me find work | |  | To join community activities | | | | | | | | |
|  | For something else | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | Some experience I have already for this course | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **Your future** | | | | | | | | | | | | | |
|  | What do you see yourself doing after this course? | | | | | | | | | | | | |
|  |  | Further study | | | |  | Paid work | | |  | | Community activities | |
|  |  | Further study towards a qualification | | | |  | Volunteer or unpaid work | | |  | | I don’t know yet | |
| **Your skills** | | | | | | | | | | | | | |
|  | In this course you will learn a range of skills. Some of them are general skills that help you with learning and  study, and some are important for getting a job and doing well in it. These skills are also important for living  well and being part of the community.  I would like to get better at: (please tick any options that apply to you) | | | | | | | | | | | | |
|  |  | Speaking and listening | | | | | |  | Planning and organising  (making decisions, organising things) | | | | |
|  |  | Reading and writing | | | | | |  | Self-management  (taking responsibility, organising myself) | | | | |
|  |  | Numeracy | | | | | |  | Learning (learning new things) | | | | |
|  |  | Teamwork (working in groups, giving feedback) | | | | | |  | Technology (using computers, machines,  mobile phones) | | | | |
|  |  | Problem solving (working out ways to do things) | | | | | |  |  | | | | |
|  |  | Initiative and enterprise (trying new things, being creative, following up ideas) | | | | | |  |  | | | | |

|  |  |  |  |  |  |  |  |  |
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| **Your learning experiences** | | | | | | | | |
|  | How do you think you learn best? (please select any options that apply to you) | | | | | | | |
|  |  | Listening |  | In groups | | | | |
|  |  | Reading |  | Online | | | | |
|  |  | Making or doing things |  | I’m not sure | | | | |
|  |  | Being shown how to do things |  |  | | | | |
| **During the course** | | | | | | | | |
|  | Do you want help to plan for further study or work? | | | | Yes |  | No |  |
| **Anything else you’d like to add?** | | | | | | | | |
|  |  | | | | | | | |