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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 andstudy, and some are important for getting a job and doing well in it. These skills are also important for livingwell 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?** |
|  |       |