|  |
| --- |
| **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:** |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |
|  | 1a  1b |  |  |  |
|  | 2a  2b |  |  |  |
|  | 3a  3b |  |  |  |
|  | 4a  4b |  |  |  |
|  | 5a  5b |  |  |  |

**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:** |  |