

School logo (optional)

Individual Learning Plan

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	<ul style="list-style-type: none"> • • • • •
	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)

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:
1.	1a 1b			
2.	2a 2b			
3.	3a 3b			
4.	4a 4b			
5.	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) Y/N
	c) Y/N
	d) Y/N

Child/young person signature:		Date:		Parent/Carer signature:		Date:	
Teacher/SENCO signature:		Date:					