**My Learning Plan- ACL**



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| **Learner Name:** |  | **ULN** | | |
| **Tutor:** | **Course Code:** | **Start Date:** | |  |
| **End Date:** | |  |
| **Course name:** | | **Level:** | | |
| **Accredited**  **Awarding body** | | **Non accredited** | | |
| My goals | | | | |
| **What I want to do in the future (Short Term goals)** | | | | |
| **What I want to do in the future (Long Term goals)** | | | | |
| **Previous experience in this subject (none, some, a lot)** | | | | |
| **Induction -Learner’s handbook, course info, terms and conditions, H&S, Safeguarding, Prevent, Equal opportunities, Equality and Diversity, Complaints procedure, Progression and destination, Employability Support, IAG, Data and consent, Punctuality and Attendance etc)** | | | | |
| **Initial assessment result** | | | | |
| **Diagnostic assessment result** | | | | |
| **What helps me learn:**  Working in a group  Using pictures/diagrams  Working on my own  Listening  Reading  Using computers  Working with another person  Other: *Please say how…………………………* | | | | |
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| **Disability/learning difficulty: (details or N/A)** | | | | |
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