**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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