

## Termly individual learning plan (ILP)

Learner's name:	DOB:	EHCP	Date of ILP	ILP No.
Click or tap here to enter text.	Click or tap here to enter text.	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
<b>My strengths and interests:</b>  Click or tap here to enter text.		<b>Agreed priority areas for development</b> ( <i>Long term outcomes, max three</i> )  Click or tap here to enter text.		
<b>What can I do now?</b>  Click or tap here to enter text.	<b>Short term targets</b> ( <i>max three per outcome, focusing on skills, knowledge, understanding or attitude</i> )  Click or tap here to enter text.	<b>Strategies, resources and activities</b> <i>(What, how, when, why, who)</i>  Click or tap here to enter text.	<b>How far have I got in achieving my targets?</b> ( <i>How far has the child got in achieving the targets?</i> )  Click or tap here to enter text.	
<b>Any additional steps to focus on when planning for my future?</b> e.g. Independence skills and preparing for adulthood  • Social inclusion and relationships • Health and wellbeing • Employability • Daily living skills/independence		<b>Notes</b>  Click or tap here to enter text.		



<b>Ideas to try at home</b>	
Click or tap here to enter text.	
<b>Any comments from me about my individual learning plan (ILP)</b>	
Click or tap here to enter text.	
<b>Any additional ideas from parents/carers to support this individual learning plan (ILP)</b>	
Click or tap here to enter text.	
<b>Date of next termly review</b>	
Click or tap here to enter text.	



**I agree this plan and accompanying reports can be shared with other professionals working in support of me/my child/young person:**

Signatures

<b>Learner</b>	<b>Practitioner/SENCo</b>	<b>Parent/carer</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.