

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.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Click or tap here to enter text.	Click or tap here to enter text.
My strengths and interests:		Agreed priority areas for development (<i>Long term outcomes, max three</i>)		
Click or tap here to enter text.		Click or tap here to enter text.		
What can I do now?	Short term targets (<i>max three per outcome, focusing on skills, knowledge, understanding or attitude</i>)	Strategies, resources and activities (<i>What, how, when, why, who</i>)	How far have I got in achieving my targets? (<i>How far has the child got in achieving the targets?</i>)	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Any additional steps to focus on when planning for my future? e.g. Independence skills and preparing for adulthood <ul style="list-style-type: none"> • Social inclusion and relationships • Health and wellbeing • Employability • Daily living skills/independence 		Notes		
		Click or tap here to enter text.		



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

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