

INDIVIDUAL LEARNING PLAN

Name: _____ Class teacher: _____
Date of birth: _____ Year group: _____
Areas of concern: _____ Chronological age: _____
Date of ILP: _____ Review date: _____
External agencies involved: _____
Class teacher: _____
Other staff involved in support for reaching the targets: _____
Long-term aims: _____

Current Level of Achievement	Targets	Success Criteria	Strategies/Resources (including named staff)	Evaluation
Pupil's contribution:			Signed:	Date:
Parental contribution:			Signed:	Date:

Figure 20.2 Example of a pro-forma for an ILP

