

LEARNER PLAN

Name		Date	8/05/2013
Course			
Learn Local Organisation			
Teacher			

Part 1 – learning plan

Your goals

Why are you doing this course? (please select any options that apply to you)

- | | |
|---|---|
| <input type="checkbox"/> To learn a new skill | <input type="checkbox"/> To improve skills at work |
| <input type="checkbox"/> To help me find work | <input type="checkbox"/> To join community activities |

For something else

Some experience I have already for this course

Your future

What do you see yourself doing after this course?

- | | | |
|--|---|---|
| <input type="checkbox"/> Further study | <input type="checkbox"/> Paid work | <input type="checkbox"/> Community activities |
| <input type="checkbox"/> Further study towards a qualification | <input type="checkbox"/> Volunteer or unpaid work | <input type="checkbox"/> I don't know yet |

Your skills

In this course you will learn a range of skills. Some of them are general skills that help you with learning and study, and some are important for getting a job and doing well in it. These skills are also important for living well and being part of the community.

I would like to get better at: (please tick any options that apply to you)

- | | |
|--|--|
| <input type="checkbox"/> Speaking and listening | <input type="checkbox"/> Planning and organising (making decisions, organising things) |
| <input type="checkbox"/> Reading and writing | <input type="checkbox"/> Self-management (taking responsibility, organising myself) |
| <input type="checkbox"/> Numeracy | <input type="checkbox"/> Learning (learning new things) |
| <input type="checkbox"/> Teamwork (working in groups, giving feedback) | <input type="checkbox"/> Technology (using computers, machines, mobile phones) |
| <input type="checkbox"/> Problem solving (working out ways to do things) | |

- Initiative and enterprise (trying new things, being creative, following up ideas)

Your learning experiences

How do you think you learn best? (please select any options that apply to you)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Listening | <input type="checkbox"/> In groups |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Online |
| <input type="checkbox"/> Making or doing things | <input type="checkbox"/> I'm not sure |
| <input type="checkbox"/> Being shown how to do things | |

During the course

Do you want help to plan for further study or work?

Yes

No

Anything else you'd like to add?