**Family Language**

**Joint Learning Plan**

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| --- | --- |
| **Learner Name:** | |
| **Course:** | **Code:** |
| **Tutor Name:** | **Venue:** |

**Course Learning Objectives**

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| --- | --- | --- | --- |
|  | **By the end of the course I will be able to:** | **These goals are most important to me** | **Achieved**  **(Date/Tutor Initials & Comments)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Initial Assessment**

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| --- |
| **Date:** |

|  |
| --- |
| **Please tick all that you would like to improve:**   * Listening * Speaking * Reading * Writing * Maths skills   **What skill do you need the most?**   * Making appointments * Helping my child at school * Talking to teachers at my child’s school * Getting a job * Dealing with money * Talking to other parents * Filling in a form |
| **Activities and materials used for Initial Assessment & tutor’s comments:** |

|  |  |
| --- | --- |
| **Signed:**  (Learner) | **Signed:** (Tutor) |

|  |  |
| --- | --- |
| **My Individual Learning Goals** | **Date Achieved** |
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**Family Learning Log**

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| --- | --- | --- | --- |
| **What I did today** | **What we did together** | **What did I learn?** | **Date & Tutor Comments** |
|  |  |  |  |
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**Family Learning Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I did today** | **What we did together** | **What did I learn today?** | **Date & Tutor Comments** |
|  |  |  |  |
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**Photos**

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**Mid Course Review**

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| --- |
| **Date:** |

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| --- |
| **Tutor’s comments on progress made so far:** |
|  |

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| --- |
| **What impact has this course had on you so far?**  E.g., what new skills have you learnt? How has this helped you and or your family? What will you be able to do now that you couldn’t do before? |
|  |

**What I Have Gained From This Course:**

 **I really enjoyed………**

 **I am better at ….**

 **I can now help my child with…**

**** **** ** What help and support did you receive during your course?**

**End of Course Tutor Comments:**

**Date: Signature:**