**Family Learning**

**Joint Learning Plan**

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



**Initial Assessment**

|  |
| --- |
| **Date:** |
| **My reasons for joining the course:** | |
| **Learner Comments: *(What I know already about this subject)***  **How I like to learn – Tick the ones that you prefer:**    Practical activities By reading  By listening By working in a group or with a friend  By watching & copying someone By taking notes to look at later  By thinking things through on my own By talking things through with others | |
| **Activities & Materials used for Initial Assessment & Tutor Comments:** | |

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

**Family Learning Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Outcomes** | **Evidence**  **Ref:** | **Activities (Adult or Joint)** | **Date Achieved**  **Tutor Comments & Signature** |
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**Family Learning Log**

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| --- | --- | --- | --- | --- |
| **Learning Outcomes** | **Evidence Ref:** | **Activities (Adult or Joint)** | | **Date Achieved**  **Tutor Comments & Signature** |
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|  |  |  | |  |
| **Individual/Personal/Family Goals** | | | **Learners Comments on progress made:** | |
| **Tutor Comments on progress made** | | | | |

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

 **WOW I really enjoyed……..**

 **How safe and secure did you feel on the course?**

**3 ways I can support my child’s learning:**

1.

2.

3.

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

|  |  |
| --- | --- |
| **Tick the following that relates to you:** |  |
| I will be progressing onto another family learning course |  |
| I will be progressing to other learning or training |  |
| I aim to become more involved in local voluntary and community activities |  |
| I will be progressing into new or improved employment |  |
| My self confidence has increased |  |

**Final Tutor Comments:**

**Date: Signature:**