**End of Course Review**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **How would you rate your level of confidence in your English skills? Please circle a number on the scale:**

|  |  |  |
| --- | --- | --- |
|  | **Low confidence level** | **High confidence level** |
| **Speaking:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Listening:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Reading:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Writing:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Do you feel your confidence in English has increased as a result of this course? Yes /No** (SP5) |
| **Learner comments on overall progress and achievement (SP5)** |
| **Think about your English skills. What can you do now that you couldn’t do before?** |
| **What else have you gained from this course?** |
| **What do you want to do next?** You could start another course, become a volunteer or look for work.  **(SP6)**You can meet with an Information, Advice and Guidance (IAG) Officer to discuss your long term career aims and learning goals. |
| **Tutor comments on overall progress and achievement** |
| Consider what work the learner has produced and what progress & achievement you have observed/recorded:**(SP5)** |
| **Learning Objectives Achieved** How many learning objectives were selected? *Tutor and learner to discuss* ***achievement*** *of learning objectives:*How many learning objectives were achieved at the end of the course (group and individual)?  |
| **Please sign and date at the end of the course. This document forms part of the Learning Agreement** |
| **Tutor signature:**  | **Date:** |
| **Learner signature:**  | **Date:** |

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**ESOL Individual Learning Plan, Progress & Achievement Record 2020/21**

**UK Provider Registration Number: 10000748**

|  |  |
| --- | --- |
| **Learner Name:**  | **Tutor:**  |
| **Course Title:** **Accredited** [ ] **Non-accredited** □ | **Course Code:**  |
| **Venue:**  | **Start Date:**  | **End Date:** |

**Course aim(s):**

Learners will be able to improve and practise their skills in English speaking, listening, reading and writing.

 Learners will be able to improve their skills to support them towards employment.

 Learners will be able to achieve an accredited qualification. (SP1)

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| **Starting Point/Initial Assessment** **Why do you want to learn English?**

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**How would you rate your confidence in your English skills? Please circle a number on the scale:**

|  |  |  |
| --- | --- | --- |
|  | **Low confidence level** | **High confidence level** |
| **Speaking:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Listening:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Reading:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Writing:** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

We will ask you to rate your confidence level in your English skills again at the end of the course.**What is your long-term career aim or learning goal, eg: get a job; get a better job; get some qualifications?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Tutor – please enter the result(s) of the ESOL initial assessment here:**  (SP2) |

**Do you think you will need any help or support in order to complete your course?**

Yes [ ]  No [ ]

 If ‘Yes’, please outline the type of support needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Support to be provided by tutor [ ]  Support already in place [ ]  Referral required [ ]

**Tutor - *If support is required please contact your Skills Development Officer***

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| **Learning objectives – what do you want to learn?****If your course is accredited your tutor will give you a separate document listing the things that you will learn for your qualification.****For both accredited and non-accredited courses we want you to talk to your tutor and record the main things that you want to learn.****Your tutor will assess and record your progress and achievement with you throughout the course.**

|  |  |
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| **Course/group objectives****At the end of this course I would like to be able to:** | **Did you achieve each objective? Yes/No** |
|  |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Individual Learning Objectives***When you joined the course was there anything you wanted to learn that is not covered in the course/group objectives,**eg to join in a group discussion, to participate in group activities?*

|  |  |
| --- | --- |
| **At the end of this course I would like to be able to:** | **Did you achieve each objective? Yes/No** |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please sign and date when the learning objectives have been agreed. This forms part of the Learning Agreement.** | **Tutor signature:** | **Date:** | **(SP3) & (SP4)** |
| **Learner signature:** | **Date:** |

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| **Record of Learning and Achievement**

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| --- | --- | --- |
| **Date / Topic** | **For every session think about these questions when you review the things you have learnt:****What did you learn that was new?****What part of the session did you enjoy?****What did you find difficult?****Has your learning improved? Please give details:** | **Tutor Review:****Developmental Feedback** **and Next Steps.** |
|  | What did I learn in class today? |  |
| At home this week I plan to practise my English skills by: |
|  | What did I learn in class today? |  |
| At home this week I plan to practise my English skills by: |

(SP4) |