

Individual Learning Plan and Outcomes for each student

Performance at Wheels

Student's Name:

Basic Skills Level : Entry Level 1 Level 2 (please circle)

Please rank the boxes, at the start of the course, according to each student's ILP with number 1 being your highest priority. Then circle your score at the end of the course in the Performance Table opposite.

- Improvement in engagement / school / FE attendance
- Qualifications: *please state either at Wheels or School/FE*
- Improvement in Behaviour
- Reduction in crime
- Greater awareness of Road Safety issues
- Improved social skills - *please highlight as appropriate below.*
listening teamwork following instructions
- Improved key skills - *please highlight as appropriate below.*
planning problem solving communication
- Improved vocational skills - *please state type:*
motor vehicle / other
- Link or place secured after this course with training agency, college or employer

Any qualifications gained during this course?

Details

Has this student been involved in a road traffic accident during this course?

If yes, please highlight whether it resulted in:
death serious injury slight injury (please circle)

Achieved —————> **Failed**

(Please circle as appropriate)

4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1
4	3	2	1

Yes No

Yes No

Yes No

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Yes No

Yes No

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Yes			No
Yes			No
Yes			No

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4	3	2	1

Yes No

Yes No

Yes No

DO YOU HAVE ANY SPECIFIC COMMENTS TO MAKE?

Structure

Content

Wheels Staff / Delivery

School/Club Attendance

Administration

Participants/Students

What were the main reasons for selecting students for this course?

What are your plans for each student following this course?

Signed

Date

Position

Thank you for taking the time to complete this form.

