

Individual Learning Plan

Study Skills Tutor:

Email address		Student name	CRN	
Course		University		Year of study
No hours Allocated		Frequency of hours agreed and location Example; 1hr per week at the Library support room		

Please sign to say that you understand that:

- Your work is your own responsibility and your Study Skills Tutors cannot advise you about the subject or content of your work
- You are expected to attend your 1:1 sessions on a regular basis
- If you miss booked appointments there may be a charge for the sessions
- I understand that my Study Skills Tutor cannot proofread my university/college work but can provide proofreading strategies

Student Name

Signed (Student)

Date:

Tutor Name

Signed (Support Tutor):

Date:

*To be scanned and emailed to the, Laura Trueman lauraT@learningsupportcentre.com after initial session every academic year. **All ILP's must be signed and dated for audit purposes.**

Please save document as: ILP- STUDENT NAME DATE

Individual Learning Plan

Study Skills Tutor:

Semester	Targets identified by student and tutor (SMART)	Work Covered/Strategies used, including technology	Future Recommendations	Date & Student Signature		
1 (3-month review point)						
2 (3-month review point)						
3 or Re-sit's (3-month review)						
Significant areas for support identified at referral:		Areas discussed:			Time Management & Self-organisation	Preparing presentation & Presenting skills
					Note taking Skills	Assignment writing skills
					Research methods	Proof reading strategies
					Reading Skills	Referencing tools
					Assignment planning	Exam revision
					Critical thinking skills	Group work skills