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| --- | --- | --- | --- |
| **Student Initials:** | Insert full name on submission | **Contact Number:** |  |
| **Email Address:** |  | **CRN:** |  |
| **Course and year of study:** |  | **University:** |  |
| **Number of Hours Allocated:** |  | **Frequency of Hours Agreed & Location:**  (e.g. 1 hour per week at the library support room) |  |
| **Placements:**  (skype?) |  | **Academic Year start and end date:** |  |
| **Please sign to say that you understand that:**   * Your work is your own responsibility and your Study Skills Tutor cannot advise you about the subject or content of your work, * You are expected to attend your 1:1 session 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: Signature:**  **Date:**  **Tutor Name: Signature:**  **Date:**   |  | | --- | | ***First session, targets identified by student and tutor (SMART)*** | |  |   Scan and submit via email to [admin@learningsupportcentre.com](mailto:admin@learningsupportcentre.com) however we ask that each document is named as follows: Student Initial and Surname Doc name and academic year **JSmithILP19.20** and please ensure the whole document is within one scan and the right way up. Deadline for submission is the 30th June or if support is provided over the summer due to the course type please submit by 31st August.  **ALL** Individual Learning Plans **MUST** be **SIGNED** and **DATED** for audit purposes.  **STUDENT SUPPORT MUST BE REVIEWED EVERY 3 MONTHS AS A MINIMUM** | | | |

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| **Review**  **Timeline** | **Review: work covered and strategies in use** | **Future recommendations and revised targets** | | **Date and student and staff signature** | |
| Within 3 months of first session | *1st review* | *1st review* | | *Date:*  *Student:*  *Tutor:* | |
| 6 months | *2nd review* | *2nd review* | | *Date:*  *Student:*  *Tutor:* | |
| 9 months | *3rd review* | *3rd review – for continuing students what to work on next year* | | *Date:*  *Student:*  *Tutor:* | |
| 12 months  Extended  Review | *4th review if required* | *4th review if required* | | *Date:*  *Student:*  *Tutor:* | |
| What’s gone well and any further notes: | | | | | |
| Time Management and Self-organisation | |  | Reading Skills | |  |
| Note taking Skills | |  | Assignment writing skills | |  |
| Research methods | |  | Proof reading strategies | |  |
| Preparing presentation and Presenting skills | |  | Referencing tools | |  |
| Assignment planning | |  | Exam revision | |  |
| Critical thinking skills | |  | Group work skills | |  |