**Individual Learning Plan**

Name: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where do you use English?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C:\Program Files\Microsoft Office\MEDIA\CAGCAT10\j0185604.wmfHome |  |  | students_chatting.jpgFriends |  |
| j0398407Work |  |  | j0402124Doctor |  |
| j0397024Shops |  |  | And? |  |



1.) Do you study English at home?

Yes No

2.) What do you do?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.) How many hours a day do you study?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What can you do now?** | | Yes | A little | No |
| j0431644**Speak**  **ing** | Speak with friends and my teacher. |  |  |  |
| Speak with people in shops, at the doctor, at work. |  |  |  |
| **j0411777Reading** | Read my name and address. |  |  |  |
| Read a story. |  |  |  |
| Read a letter. |  |  |  |
| j0409009**Writing** | Write letters (a, b, c …). |  |  |  |
| Write my name and address. |  |  |  |
| Write about myself. |  |  |  |
| Write about my country. |  |  |  |
| See the source image**Listening** | Understand when people talk. |  |  |  |
| Listen to music or watch TV. |  |  |  |
| **Other** | See the source imageCount (1, 2, 3 …). |  |  |  |
| change.JPGUse money. |  |  |  |
| C:\Program Files\Microsoft Office\MEDIA\CAGCAT10\j0234131.wmfTell the time. |  |  |  |

|  |
| --- |
| **Learning Plan** |

1. **Long-term Goals**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **How long do you think this will take?** | **End of year: are you better at this now?** | **My teacher says ...** |
|  |  | No  a little  a lot |  |
|  |  | No  a little  a lot |  |
|  |  | No  a little  a lot |  |

**B. Short-term Goals**

|  |  |
| --- | --- |
| **Goal** | **How long do you think this will take?** |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **I practised ...** | **Did the**  **lessons help you?** | **My teacher**  **says …** |
| **1.** |  | No  a little  a lot |  |
| **2.** |  | No  a little  a lot |  |

**C.**

|  |  |
| --- | --- |
| Signed: | …………………………………………………… |
| Name: | …………………………………………………… |
| Date: | …………………………………………………… |
| Review: | …………………………………………………… |