



## Moss Side Targeted Learning Plan

Name:	DOB:	Year:	Date of plan:
SEN status: EHCP/SEN Support	Learning plan number:	Area of need:	Teacher and TA:
	<b>My strengths and interests:</b>		
	<b>My areas to develop or improve:</b>		
<b>How I like to learn...</b>			
<b>What are my long term outcomes?</b>			

**My Targets**

Date:	Assessment: What can I do?	Targets: What is my next step?	Strategies and Resources How will I be helped to do that? Who and when?	RAG	Evaluation of Progress What have I achieved? <i>Date target achieved?</i>
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<b><u>Review</u></b>	
<u>Child view</u>	
Signature:	Date
<u>Parental view</u>	
Signature:	Date
<u>Teacher view</u>	
Signature:	Date: