

Individual Learning Plan

Learner's name **Willomena** Trainer/Facilitator's name: **Roger**

Start date **TBA** Finish date **TBA**

Goal: To provide **Willomena with the support required to enable her to complete all workplace tasks.**

Possible Obstacles

Willomena's low numeracy skills

Plan to Overcome Possible Obstacles (e.g. referral to LLN Practitioner) referral to LLN Specialist and support from workplace supervisor

Preferred Learning Style **kinaesthetic**

Learning Environment Requirements (e.g. special needs etc.) **Support and assistance from LLN Specialist**

Period of learning relationship (frequency of meetings/length of sessions/type of session)

Three months

Location of the learning: **Willomena's workplace**

Activities to be undertaken **A series of work-related activities**

Resources required by learner: **support from LLN Specialist**