



ISE

Monthly Individual Learning Plan

Student:	_____
Class:	_____
Teacher:	_____ Date: _____

Student: please comment on your strengths and problems:

Teacher: please insert test scores and **CEF grade**

CEF	Prof
C2	Prof
C1	Adv
B2	Upp
B1	Int
A2	Pre
A1	Elem
A*	Beg

	Student	Teacher
Reading skills: Current Level:		
Writing skills: Current Level:		
Speaking skills: Current Level:		
Listening skills: Current Level:		
Other: _____ Current Level:		



ISE Monthly Individual Learning Plan

CEF

C2 Prof

C1 Adv

B2 Upd

B1 Int

A2 Pre

A1 Elem

A* Beg

	Student	Teacher
How often do you do homework? Why?		
Monthly Attendance:	_____ / _____ - _____ %	
Welfare: Please tell me anything you are worried about and/or that we can help you with.		
Summary and action points		
Student name : _____ Teacher: _____		