

#### Learner Support Plan Guidance

At EF students are assessed regularly in classes both through projects, tasks, assignments, in-class participation and performance as well as through weekly quizzes and tests.

Students who are perceived to be falling behind or are asked to repeat a level for the <u>THIRD</u> time are put on a Learner Support Plan (LSP).

The purpose of the Learner Support Plan is to do the following:

- 1. Provide support to the learner
- 2. Address a student's needs and tailor the response to meet these
- 3. Provide clear direction focusing on the skills required to improve their performance
- 4. Provide the student with the necessary guidance and strategies to succeed
- 5. Give students a clear pathway to immediate support and feedback outside of regular class times

Students can also be put on a Learner Support Plan if it is deemed necessary by either the academic department or the teacher.

#### The LSP is:

- 1. Time Bound
- 2. Goal-oriented
- 3. Transparent
- 4. Skills-focused

#### The LSP is not:

1. Punitive

Please note: This cannot be used to replace an attendance warning.

Once an LSP is in place it will be shared with the student's Sales Office to provide an additional layer of support if needed.

#### Learner Support Plan Example (Blank)

# Learner Support Plan (LSP)

**Section 1: Learner Information** 

Name:

Assessment:

Date to be completed by:

# **Booking Number:** Date: Date for LSP: Justification for Implementation of the LSP: [Insert justification here] **Section 2: Diagnostic Scores** Last Diagnostic Score: Reading: 2. Writing: 3. Speaking: 4. Listening: Other: Date of Diagnostic: Section 3: Learning Goals and Plans Learning Goal 1: Plan/Modes of Support ex. Materials or Campus Learning: Assessment: Date to be completed by: Learning Goal 2: Plan/Modes of Support ex. Materials or Campus Learning:

## Section 4: Post-LSP Feedback & Assessment

### **Post-LSP Feedback:**

[Insert feedback here]

#### Post-LSP Diagnostic Score:

- 1. Reading:
- 2. Writing:
- 3. Speaking:
- 4. Listening:
- 5. Other:

Date of Diagnostic:

### **Section 5: Final Determination**

[Insert determination here]

## **Signatures**

EF Emp	loyee:
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Student:

Title: Date: