



INDIVIDUAL LEARNER PROGRESS REVIEW (ILPR)

Apprenticeship Standard:			
Employing Organisation and Specific Work Base:			
University of Worcester Academic Representative:			
Employer Representative: (Please tick your role)	Line Manager	Practice Assessor	Practice Facilitator/ Educator
Apprentice Name:			
Start Date:		Planned End Date:	

INDIVIDUAL LEARNER PROGRESS REVIEW						
Date of last review:	Date of review:		Planned da of next rev			
Is the Apprentice on target to achieve by planned end date?		YES/NO	If NO, what is the revised end date?			





Part 1 –Apprentice comments – to be completed prior to meeting by apprentice.				
When and what were the qualification?	ne latest skills or proficiencies you have learnt while undertaking your programme/			
	gress against their Initial Needs Assessment and Individual Learner Plan and their last ew learning against specific KSB's.			
Knowledge				
Skills				
Behaviours				
How do you feel you are developing/ progressing overall?				
Part 2 – Employer Repr	resentative (Line Manager, Practice Assessor or Facilitator) comments			
gained or developed, s	ve to comment about new knowledge, skills and behaviours the apprentice has ince their last review. g Apprentices behaviours, attitudes and attendance?			
Prompt: use e-PAD docu	umentation to support this section			





Part 3 – University of Worcester – University Representative comments

Discuss personal and career development.

Celebrate successes and achievements.

Identify improvements/changes that could be made – consider how learning could be further stretched and challenged.

How has alternative placement impacted wider learning /personal development?

Part 4: Supernumerary practice learning hours and placements							
Is the apprentice on track with required supernumerary practice learning hours (as per course planner)?							
Please tick yes or no	Please tick yes or no						
YES		NO					
Please ensure your POW timesheets are up to date and signed by appropriate employer University representative to escalate with Practice Facilitator/Educator team as required and update							
representative/practice as	sessor.	progress tracker.					





Details of current placeme	ent (name of setting, organisa	tion and type of p	provision)
•	prentice completed during	their supernume	erary practice learning hours?
Please comment below.			
If not on treat with a mon			
_	numerary nours (as per cou hievement of required hours		ase provide information below and
action plan to support act	nevenient of required nours	•	
If this section requires co	mpletion, please ensure this	s is captured as	a target in section 7 below. Please
inform course leader of a	ny apprentice that has not a	chieved superni	umerary practice learning hours
Review and discuss Simu	llated Practice Learning Wee	eks here.	
Identify skills and knowledg	re acquired here that can be tr	ansferred to your	current placement
raditary draws and rate model	o dogunou noto that can bo th	anoromed to year	carron placement
Is your mandatory training (Please tick - Y/N)	g (BLS and Manual Handling	g) in date? Comp	pleted Face to face?
Yes		No	
NB: this may impact alternation possible.	tive placement. If it is due to e	expire, please ens	sure you plan to update this as soon as
•			
If NO – please inform app	renticeship leads within the	trust.	





Part 5 – Off the Job hours for The	ory	
Which modules are you currently completing?		
Delete any modules that aren't applicable		
How are you spending your Independent Study time for these modules? What have you achieved so far? How are you linking this learning to your practice?		
What feedback have you received from these modules?		
Have you accessed any further support for your academic work?		
Part 6 – English and Maths		
		made since the last ILPR regarding development of literacy this last quarter that you have put into practice?
How has your knowledge improved	since startin	g your programme?
Literacy skills – how are you stret challenging these skills in theory practice? Provide examples.		
Maths skills – how are you stretch challenging these skills in theory practice? Provide examples. <i>I.e.</i> s medicate.	and	
Part 1 - ILPR1 ONLY — discuss b English and Maths assessment.	aseline	
Did this indicate any further supp in relation to English and maths?		
Yes or No: If Yes, provide add information	litional	





Part 7 - Goals

Apprentice, Employer Representative and Academic to agree specific goals to be achieved – to be in relation to theory and practice.

Provide goals which stretch and challenge your learning and development

If issues have occurred or targets have not been met, please discuss what will be/ has been put in place in order to rectify these barriers

Specific Goal (set in relation to KSB's listed within INA/ILP)	Options: how is this going to be achieved?	How will you evidence this has been achieved?	By when

Have your goals set in last ILPR been achieved?

Yes – where is the evidence?

No – what plans are in place to achieve these set goals?

Examples of evidence: e-PAD proficiencies signed off, personal learning log





Part 8 – Awareness and U	Part 8 – Awareness and Understanding of Key Topics –to be complete by the apprentice prior to meeting				
	nce of understanding of each topic and provide an example of this within tevents in the wider community. orm your practice?				
Equality and Diversity					
Health and Safety					
Data Protection					
Safeguarding/Prevent le: from a wider community perspective (university/ workplace/community) and its impact.					
British Values/How does this relate in practice? Understanding of fundamental British values					
Part 9 – Additional Apprei	ntice Support / Welfare				
	fied any support needs in relation to health and wellbeing? red concerns over safety in the workplace?				
Is the Apprentice aware of involved?	f how to access support at the university and the workplace and the process				
Do you feel safe in the wo	rkplace?				
If no – does this trigger cause process.	se for concern				
Please see raising concerns	s algorithm				





Do you as an employer the Apprentice?	representat	tive require any	/ further supp	ort to help yo	u in your	role whil	st supporting
Part 11 – Identified actio	ns to be no	oted below and	escalate thro	uah due proc	ess.		
i.e., cause for concern o						f cohort.	
Action					By who	m?	
Date of next review: (To be booked during this	meeting)						
Signatures							
Apprentice Name:			Signature:			Date:	
University Representative Name:			Signature:			Date:	
Employer Representative Name:			Signature:			Date:	