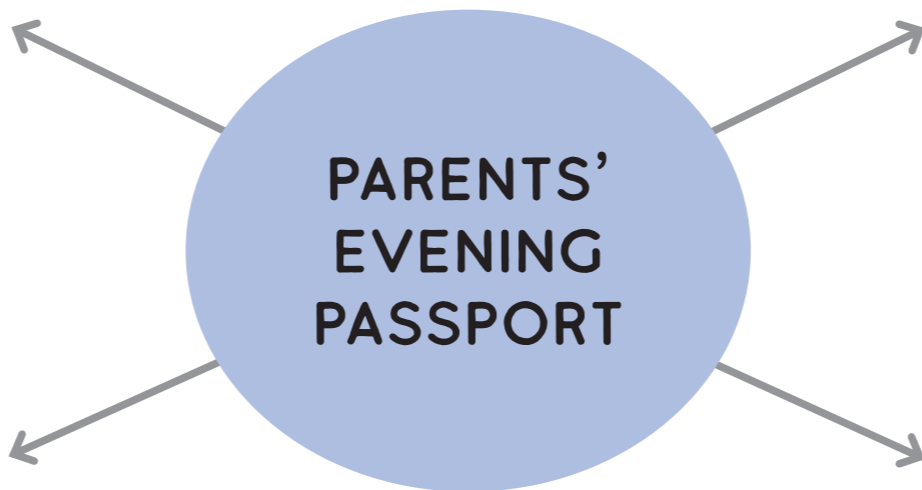
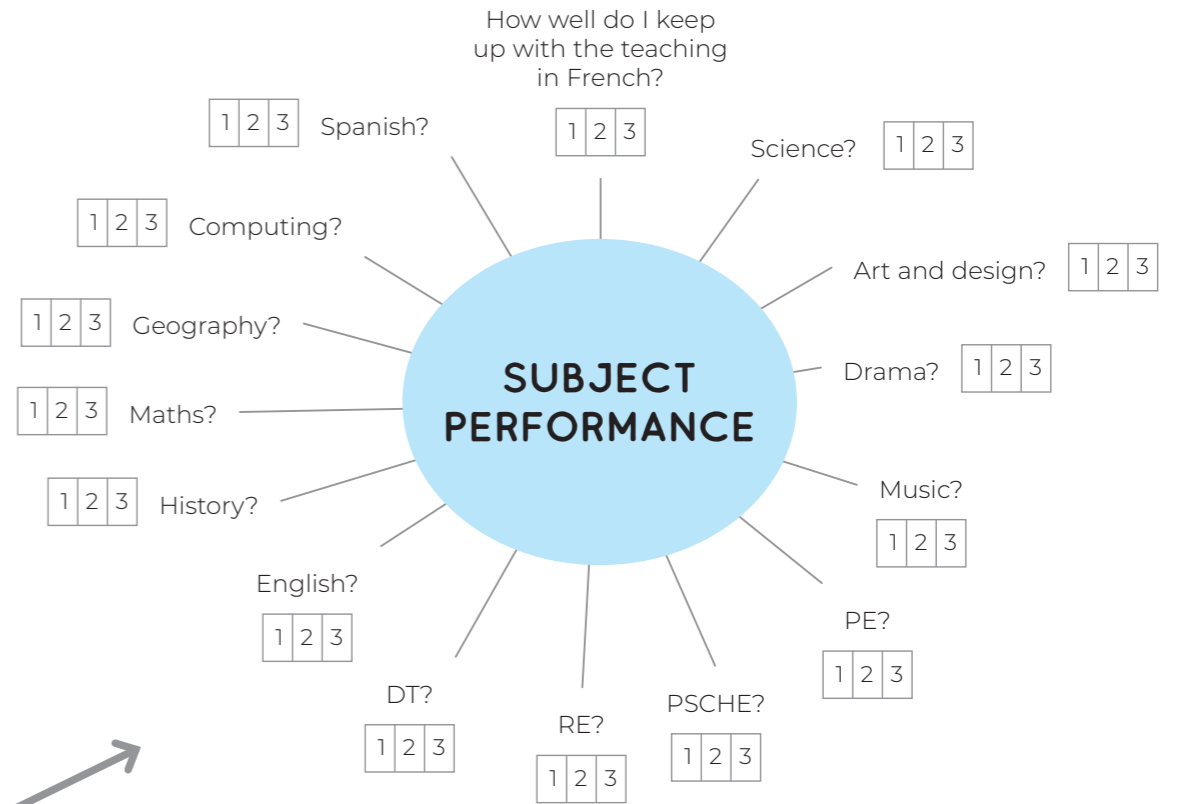
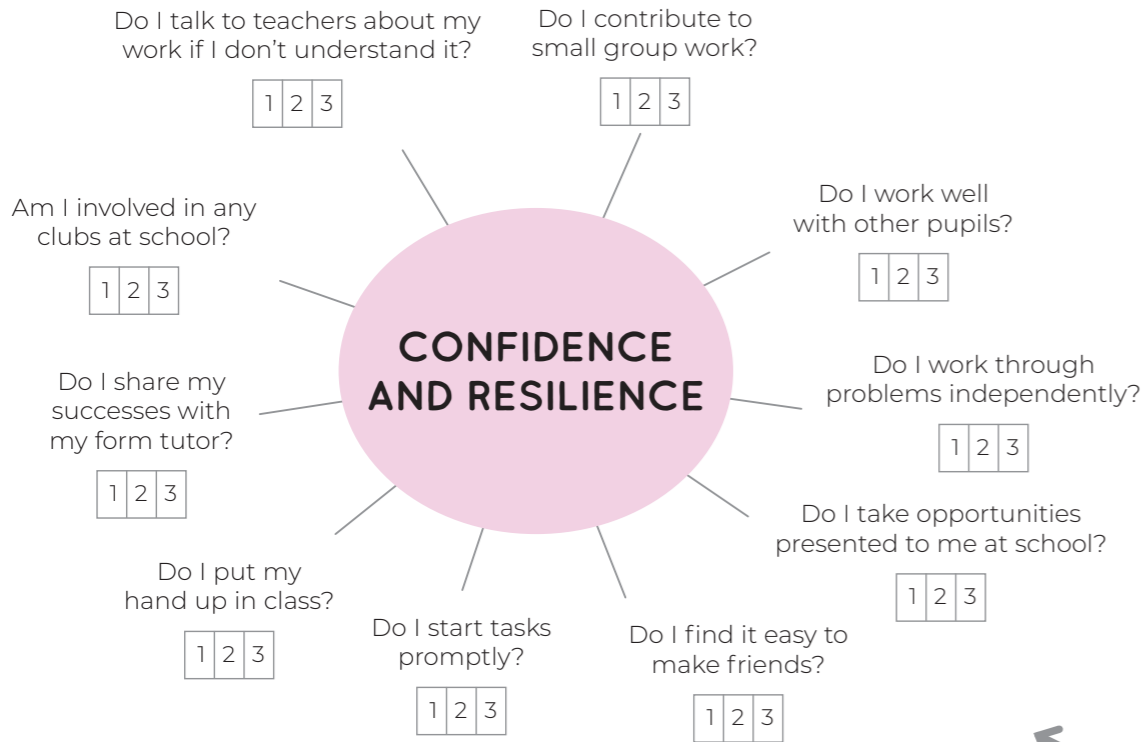


Name:

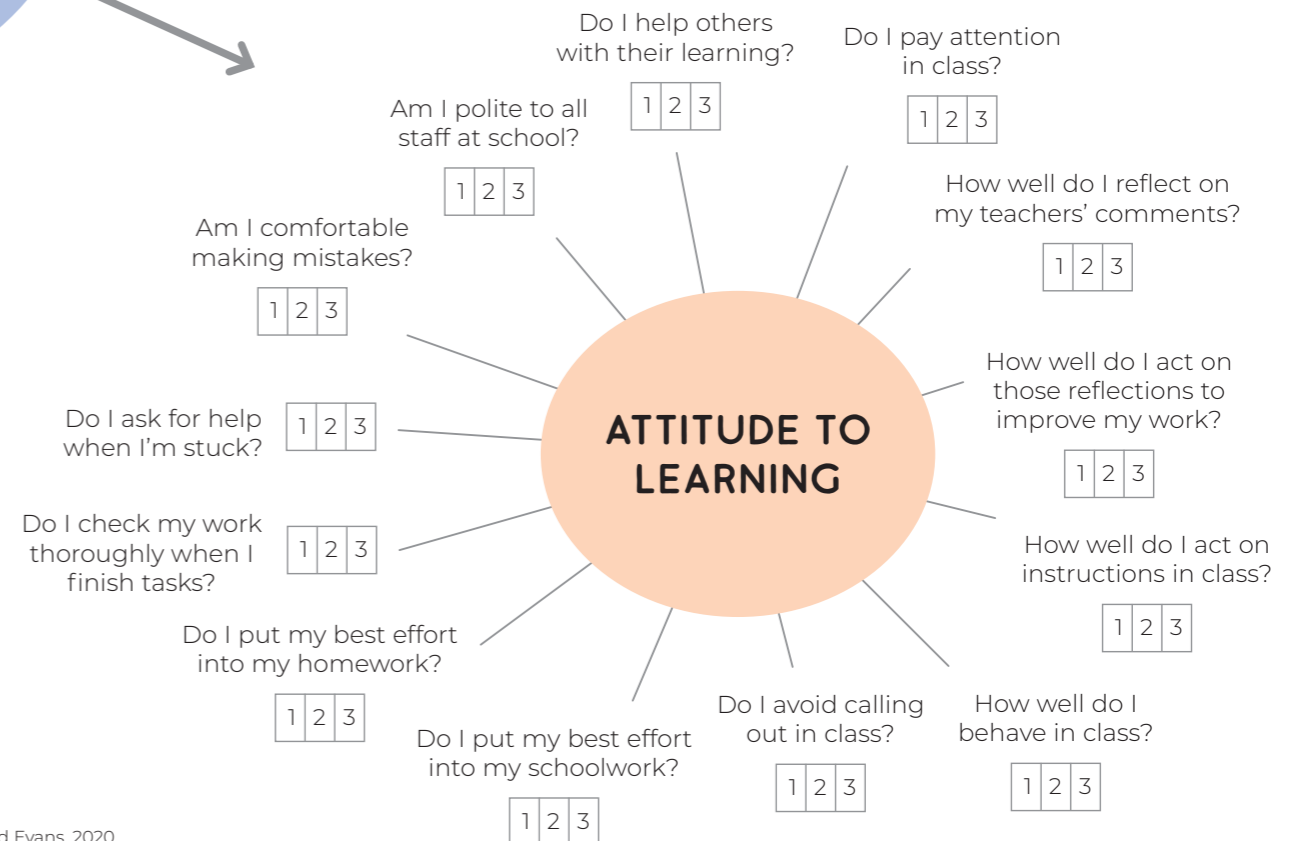
Date:

Form:



KEY TO MARKING

Leave blank if your answer is: never/not at all/badly
 Highlight 1: sometimes/a little/not very well
 Highlight 1 and 2: most of the time/quite a lot/quite well
 Highlight 1, 2 and 3: always/very much/very well



What is my need in **confidence and resilience**?

.....
What I can do to meet this need:
.....
.....
.....

My feelings about my efforts to meet my needs:
Week 1:
Week 2:
Week 3:
Week 4:

Needs not met Needs partly met Needs met

What is my need in **organisation and presentation**?

.....
What I can do to meet this need:
.....
.....
.....

My feelings about my efforts to meet my needs:
Week 1:
Week 2:
Week 3:
Week 4:

Needs not met Needs partly met Needs met

REVIEW DATES

PUPIL	TEACHER
Date:	Signed:
Date:	Signed:
Date:	Signed:
Date:	Signed:

MY NEXT NEEDS

1.
2.
3.
4.

What is my need in **subject performance**?

.....
What I can do to meet this need:
.....
.....
.....

My feelings about my efforts to meet my needs:
Week 1:
Week 2:
Week 3:
Week 4:

Needs not met Needs partly met Needs met

What is my need in **attitude to learning**?

.....
What I can do to meet this need:
.....
.....
.....

My feelings about my efforts to meet my needs:
Week 1:
Week 2:
Week 3:
Week 4:

Needs not met Needs partly met Needs met