

PATHWAYS TO PROGRESS

INITIAL ASSESSMENT SUMMARY

Name:	Life Coach:
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Areas:	Action and support required
<i>Achievements, prior experience / learning:</i>	
<i>Learning Experience:</i>	
<i>Language, Literacy, Numeracy, ESOL and key skills:</i>	
<i>Career Preferences and suitability:</i>	
<i>Interests and hobbies:</i>	
<i>Learning difficulties or other support needs:</i>	

<i>Learning style:</i>	
<i>Personal and social skills:</i>	
<i>Health:</i>	
<i>Personal circumstances:</i>	
<i>Other relevant information:</i>	

I confirm that I permit the information contained on this form to be shared with my Life Coach and the following organisations which may help me with my future goals:

Please highlight any information which the young person does not wish to be shared with other organisations specifically.

Young Persons Signature:

Name and signature of providers Life Coach:	Date Initial assessment programme completed:
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