



# Rhyddings High School

## Faculty of Student Support

  
Raising achievement

## Individual Programme

<b>NAME</b>		<b>D.O.B.</b>		<b>FORM</b>		<b>THIS REVIEW DATE</b>		<b>IP NO.</b>	
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<b>Targets</b> (What are we trying to achieve?)	<b>Achievement Criteria</b> (How do we know we've got there?)	<b>Strategies</b> (How are we going to do this?)	<b>Adults Responsible</b>

<b>Start Date</b>		<b>Next Review Date</b>		<b>Signed</b>	
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<b>Parent Signature:</b>		<b>Student Signature:</b>	
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## **Evaluation**

Targets and Strategies	Comments