

.....  
School year

.....  
(name of the student)

## **Personal Development Plan and record of advancement**

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**Mentor**

Persons authorized to have access to the Personal Development Plan are the student concerned, the parent/relative of the student and the professionals directly taking part in the development process. Other persons can have insight into the plan only with the consent of the student concerned.

## General information

<b>Name of the student:</b>	<b>Age:</b>
<b>Address:</b>	
<b>Phone number:</b>	
<b>E-mail address:</b>	
<b>Mother's birth name:</b>	<b>Father's name:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone number:</b>	<b>Phone number:</b>
<b>E-mail address:</b>	<b>E-mail address:</b>
<b>Notes</b> Previous studies. What school(s) he/she has finished? Reason for dropping out of school:	Other:
<b>Change in the data:</b>	

**Further information**  
**Social status**

<b>Status:</b> (disadvantaged, with multiple disadvantages, taken under protection)	
<b>Number of people living in the family:</b>	
<b>Number of underage:</b>	
<b>Occupation of the caregiver:</b>	
<b>Number of wage earners in the family:</b>	
<b>Monthly income per capita/month:</b>	
<b>Is there any unemployed or a retired in the family?</b>	
<b>Is the student receiving an orphan's allowance</b>	
<b>Do the parents live together or have divorced?</b>	
<b>Is there a foster parent (yes/no):</b>	
<b>Number of siblings:</b>	
<b>Data on those receiving aftercare</b>	
<b>Address of the institute providing aftercare:</b>	
<b>Name and phone number of the contact person:</b>	
<b>Contact with the parents:</b> (yes, no, occasionally, letter, etc.)	
<b>Is there any contact with the sibling(s)?</b> <b>Sibling(s) is/are in children's home or living with the parents?</b>	
<b>Till what age he/she is expected to be allowed to live in the children's home?</b>	



<p><b>Social status</b></p>	<p><b>Characteristics of the apartment, living conditions (according to the student and/or the parent). Characteristics of the student's private living space.</b></p>
<p><b>Health status, fitness (according to the student and/or the parent). Illnesses (de facto or suspected SEN, integration, learning and behavioural problems or multiple disadvantages)</b></p>	<p><b>Hobby, sport</b></p>
<p><b>Study plans</b></p>	<p><b>Plans for future profession, workplace</b></p>









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<b>Evaluation of the 4th phase: based on the experiences gained in April-May-June</b>	<b>Summarizing assessment of the student's development on completion of year/school</b>
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Evaluation of the cooperation on the basis of the tasks undertaken in the previous phase, in relation to all participants.

- Achievements, successes, failures of the personal development
- Which areas of the cooperation were successful/failure?
- Progress in learning?

Signature of the student: .....

Signature(s) of the parent(s):

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**Date of closure:** .....

**Name of the helper pair/mentor:** .....

### Record of personal advancement

Month	Date	Detailed activity	Signatures
YYYY September			
YYYY October			
YYYY November			
YYYY December			
YYYY January			
YYYY February			
YYYY March			
YYYY April			
YYYY May			
YYYY June			

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