Individual Education Plan

(20 / school year)

|  |  |
| --- | --- |
| Name of Student: |  |
| Age: |  |
| Class: |  |
| Type(s) of SEN: |  |
| Date of Discussion: |  |
| Date of Implementation: |  |
| Background Information: | |
| Strengths and Hobbies: |  |
| Weaknesses: |  |

After discussion among the school personnel, specialist, parents and the student, the plan is formulated as follows:

| Domain | Long –term Targets | Short-term Objectives | Implementation | | Responsible Person | Assessment Criteria | Effectiveness / short-term objective outcomes |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School | Parents |
| Learning aspect |  |  |  |  |  |  |  |
| Social aspect |  |  |  |  |  |  |  |
| Language and communication skills |  |  |  |  |  |  |  |

**Participants:**

Special Educational Needs Coordinator: Teachers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Psychologist: School Social Worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants and posts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student’s Progress: (refer to the pre-set objectives and criteria for success) | |
| Parents’ comment: | Student’s feedback: |
| Specialist’s comment: | Teachers’ comment: |
| Other information: | |
| Conclusion and recommendation: | |

\*Overall Evaluation of Achievement of Objectives: (Please circle the appropriate number.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not achieved Partly achieved Fully achieved | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |