Individual Education Plan

(20 / school year)

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| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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.)

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