

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:

<u>Student's Progress:</u> (refer to the pre-set objectives and criteria for success)	
<u>Parents' comment:</u>	<u>Student's feedback:</u>
<u>Specialist's comment:</u>	<u>Teachers' comment:</u>
<u>Other information:</u>	
<u>Conclusion and recommendation:</u>	

*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