**Individual Education Plan**

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| **Student Name:** |  |
| **Date of Birth:** |  |
| **Class Teacher:** |  |
| **Year level:** |  |
| **Date of Plan:** |  |

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| **Background information:** (may include change of schooling, diagnosis, when concerns were first identified) |  |
| **Recent Assessments:** |  |
| **Student strengths:** |  |
| **Areas of need:** |  |
| **Adjustments:** (whenever possible, these adjustments will be made) |  |

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| **Goals** | **Strategies and resources** | **Monitoring/evaluation** |
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| **Teacher signature:**  |  | **Date:** |
| **Parent signature:** |  | **Date:** |
| **Review date:** |  |