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| *Adult/Learning Centre Logo Here* | | **Adult/Learning Centre Name**  Address  Phone | | | | | | |
| **Adult Individual Education Plan**  **[school year]** | | | | | | | | |
| **Adult Learner Name** | | | | | | | | |
| *Student Photo Here* | | | **Date of Birth** | | |  | | |
| **Contact Info** | | |  | | |
| **Program of Study** | | |  | | |
| **SSEP Portal No. OR** | | |  | | |
| **Ministry Category** | | |  | | |
| **My Support Team** | | | | **IEP Meeting Attendance** | | | | |
| **Name** | **Role / Info** | | | *Date* | *Date* | | *Date* | *Date* |
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| **My Personal Profile** |
| My Gifts and Ways of Knowing: |
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| My Connection to My Culture and to My Community: |
|  |
| My Past Experience in School: |
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| **Supportive Assessment Information** | |
| **Assessment**  *(most recent first)* | **Recommendations** |
| **Report date:**  **Assessment name:**  **Conducted by:** |  |

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| **How I’m Supported** | | |
| **Collective Universal Supports** | **Individual Essential Supports** | **Other Supports & Services** |
|  |  |  |
| **Supplementary Plans**  *(e.g., transition, health)* | | **Review Date:** |
|  | |  |

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| **My Competency Skills Profile** | | |
|  | **Where I Shine**  *When do I feel confident?*  *What can I do on my own?* | **Where I am Growing**  *What do I need support with?*  *What skills am I developing?* |
| **Communication**  *How I express myself*  *How I share my ideas*  *How I understand others* | Learner:  Team: | Learner:  Team: |
| **Thinking**  *How I problem-solve*  *How I share what I know*  *How I think of new ideas*  *How I learn from the land* | Learner:  Team: | Learner:  Team: |
| **Personal & Social**  *How I get along with others*  *How I respect myself & others*  *How I help myself & others* | Learner:  Team: | Learner:  Team: |

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| **Suggested Areas to Support Competency Skill Development** | | | | | |
| **Communication (C)** | | **Thinking (T)** | | **Personal & Social** **(PS)** | |
|  | Communicating |  | Creative Thinking |  | Personal Awareness & Responsibility |
|  | Collaborating |  | Critical & Reflective Thinking |  | Positive Personal & Cultural Identity |
|  | | | |  | Social Awareness & Responsibility |

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| **Course/Training Information** | |
| Completed Courses/Training to Date | Completion Date |
|  |  |
| Courses/Training to be Completed | Expected Completion Date |
|  |  |

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| **My Goals and Future Plans** | | |
| **Goal/Plan** | **Next Steps** | **Skills I Will Need** |
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| **IEP Competency-Based Goal 1**  *“I can [goal]...by [objective]...”* | | |
| **Competency Area:** | | |
| **GOAL 1:** I can | | |
| **Objective 1A:** by | | |
| What does this look like right now? *(e.g., baseline)* | | |
| How will I be supported? Who will support me? | | |
| **Progress** **Review: Goal 1 & Objective** **1A** | | |
| **Review Dates** | **Progress Indicators** | **Review Comments**  *What worked? What didn’t? What’s next?* |
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| **Objective 1B:** by | | |
| What does this look like right now? *(e.g., baseline)* | | |
| How will I be supported? Who will support me? | | |
| **Progress** **Review: Goal 1 and Objective** **1B** | | |
| **Review Dates** | **Progress Indicators** | **Review Comments**  *What worked? What* *didn’t? What’s next?* |
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| **Additional Comments** |
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