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| *Adult/Learning Centre Logo Here* | **Adult/Learning Centre Name**AddressPhone |
| **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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