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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: |
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| My Past Experience in School: |
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| **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** |
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| **Supplementary Plans**  *(e.g., transition, health)* | | **Review Date:** |
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| **My Course/Training Information** | |
| Completed Courses/Training to Date | Completion Date |
|  |  |
| Courses/Training to be Completed | Planned Start Date |
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| **My Goals and Future Plans** | | |
| **Goal/Plan** | **Next Steps** | **Skills I Will Need** |
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| **Focus Area:** | | |
| **GOAL 1:** | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used, and who will support me? | | |
| Measure of progress & person(s) responsible: | | |
| **Progress** **Review: Goal 1** | | |
| **Review Dates** | **Progress Indicators** | **Review Comments:** *What worked? What didn’t? What’s next?* |
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| **Focus Area:** | | |
| **GOAL 2:** | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used, and who will support me? | | |
| Measure of Progress & Person(s) Responsible: | | |
| **Progress** **Review: Goal 2** | | |
| **Review Dates** | **Progress Indicators** | **Review Comments:** *What worked? What didn’t? What’s next?* |
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| **Focus Area:** | | |
| **GOAL 3:** | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used, and who will support me? | | |
| Measure of progress & person(s) responsible: | | |
| **Progress** **Review: Goal 3** | | |
| **Review Dates** | **Progress Indicators** | **Review Comments:** *What worked? What didn’t? What’s next?* |
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| **Additional Comments** |
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