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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:  |
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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** |
|  |  |  |
| **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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