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| *School Logo Here* | | **School Name**  Address  Phone | | | | | | | |
| **Individual Education Plan**  **[school year]** | | | | | | | | | |
| **Student Name** | | | | | | | | | |
| *Student Photo Here* | | | **Date of Birth** | | |  | | | |
| **Grade** | | |  | | | |
| **SSEP Portal No. OR Ministry Category** | | |  | | | |
|  | | | |
| **Guardian Name** | | |  | | | |
| **Guardian Contact** | | |  | | | |
| **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: | |
| Student: |  |
| Team: |  |
| My Connections to My Culture and My Community: | |
| Student: |  |
| Team: |  |
| My Dreams for My Future: | |
| Student: |  |
| Family: |  |

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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** |
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| **Supplementary Plans**  *(transition, behaviour, safety, 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’m 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* | Student:    Team: | Student:    Team: |
| **Thinking**  *How I problem-solve*  *How I share what I know*  *How I think of new ideas*  *How I learn from the land* | Student:    Team: | Student:    Team: |
| **Personal & Social**  *How I get along with others*  *How I respect myself & others*  *How I help myself & others* | Student:    Team: | Student:    Team: |
| **Curricular**  *How are my literacy skills*  *How are my numeracy skills* | Student:    Team: | Student:    Team: |

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| **Suggested Areas to Support Competency Skill Development** | | | | | |
| **Communication** | | **Thinking** | | **Personal & Social** | |
|  | Communicating |  | Creative Thinking |  | Personal Awareness & Responsibility |
|  | Collaborating |  | Critical & Reflective Thinking |  | Positive Personal & Cultural Identity |
| **Curricular** | | | |  | Social Awareness & Responsibility |
|  | Literacy |  | Numeracy |  | |

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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? | | |
| How will I be supported? Who will support me? | | |
| **Progress** **Review: Goal 1 & Objective** **1A** | | |
| **Review Dates** | **Progress Indicators** | **Student & Team Review Comments**  *What worked? What didn’t?* *What’s next?* |
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| **Objective 1B:** by | | |
| What does this look like right now? | | |
| How will I be supported? Who will support me? | | |
| **Progress** **Review: Goal 1 and Objective** **1B** | | |
| **Review Dates** | **Progress Indicators** | **Student & Team Review Comments**  *What worked? What* *didn’t?* *What’s next?* |
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| **\* IEP Curricular Competency Goal *#***  *“I can [goal]...by [objective]...”*  (\*Not all students will require a curricular goal for their IEP. Please delete it if not applicable. If a curricular goal is required, please include and prioritize as appropriate for the student. Then identify and edit as appropriate e.g., Goal 3.) | | |
| **Curricular Competency Area:** | | |
| **Curricular Course/Class Learning:** | | |
| **GOAL *#*:** I can | | |
| **Objective *#A:*** by | | |
| What does this look like right now? | | |
| How will I be supported? Who will support me? | | |
| **Progress** **Review: Goal *#* & Objective #A** | | |
| **Review Dates** | **Progress Indicators** | **Student & Team Review Comments**  *What worked? What didn’t? What’s next?* |
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| **Objective #B:** by | | |
| What does this look like right now: | | |
| How will I be supported? Who will support me? | | |
| **Progress** **Review: Goal # and Objective** #B | | |
| **Review Dates** | **Progress Indicators** | **Student & Team Review Comments**  *What worked? What didn’t? What’s next?* |
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| **Additional Information** |
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