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| *School Logo Here* | **School Name**AddressPhone |
| **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** |
|  |  |  |
| **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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