|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Preschool/Child Care Centre Logo Here* | | **Preschool/Child Care Centre Name**  Address  Phone | | | | | | |
| **Individual Education Plan**  **[school year]** | | | | | | | | |
| **Child’s Name** | | | | | | | | |
| *Child’s Photo Here* | | | **Date of Birth** | | |  | | |
| **Age** | | |  | | |
| **SSEP Portal No.** | | |  | | |
| **Guardian Name(s)** | | |  | | |
| **Guardian Contact** | | |  | | |
| **My Support Team** | | | | **IEP Meeting Attendance** | | | | |
| **Name** | **Role / Info** | | | *Date* | *Date* | | *Date* | *Date* |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |

|  |  |
| --- | --- |
| **My Personal Profile** | |
| My Gifts and Ways of Knowing: | |
| Child: |  |
| Team: |  |
| My Connections to My Culture and to My Community: | |
| Child: |  |
| Team: |  |
| My Dreams for the Future: | |
| Child: |  |
| Team: |  |

|  |  |
| --- | --- |
| **Supportive Assessment Information** | |
| **Assessment**  *(most recent first)* | **Recommendations** |
| **Report date**  **Assessment name**  **Conducted by** |  |

|  |  |  |
| --- | --- | --- |
| **How I’m Supported** | | |
| **Collective Universal Supports** | **Individual Essential Supports** | **Other Supports & Services** |
|  |  |  |
| **Supplementary Plans**  *(e.g., transition, behaviour, safety, health)* | | **Review Date:** |
|  | |  |

|  |  |  |
| --- | --- | --- |
| **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* | Child:    Team: | Child:    Team: |
| **Thinking**  *How I problem-solve*  *How I generate ideas*  *Hoe I think of new ideas*  *How I learn from the land* | Child:    Team: | Child:    Team: |
| **Personal & Social**  *How I get along with others*  *How I respect myself & others*  *How I help myself & others* | Child:    Team: | Child:    Team: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |
| --- | --- | --- |
| **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)* | | |
| Which strategies will be used and who will support me? | | |
| **Progress** **Review: Goal 1 & Objective** **1A** | | |
| **Review Dates** | **Progress Indicators** | **Child & Team Review Comments**  *What worked? What didn’t? What’s next?* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **Objective 1B:** by | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used and who will support me? | | |
| **Progress** **Review: Goal 1 and Objective** **1B** | | |
| **Review Dates** | **Progress Indicators** | **Child & Team Review Comments**  *What worked? What didn’t? What’s next?* |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **IEP Competency-Based Goal 2**  *“I can [goal]...by [objective]...”* | | |
| **Competency Area:** | | |
| **GOAL 2:** I can | | |
| **Objective 2A:** by | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used and who will support me? | | |
| **Progress** **Review: Goal 2 & Objective** 2**A** | | |
| **Review Dates** | **Progress Indicators** | **Child & Team Review Comments**  *What worked? What didn’t? What’s next?* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **Objective 2B:** by | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used and who will support me? | | |
| **Progress** **Review: Goal 2 and Objective** 2**B** | | |
| **Review Dates** | **Progress Indicators** | **Child & Team Review Comments**  *What worked? What didn’t? What’s next?* |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **IEP Competency-Based Goal 3**  *“I can [goal]...by [objective]...”* | | |
| **Competency Area:** | | |
| **GOAL 3:** I can | | |
| **Objective 3A:** by | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used and who will support me? | | |
| **Progress** **Review: Goal 3 & Objective** 3**A** | | |
| **Review Dates** | **Progress Indicators** | **Child & Team Review Comments**  *What worked? What didn’t? What’s next?* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **Objective 3B:** by | | |
| What does this look like right now? *(e.g., baseline)* | | |
| Which strategies will be used and who will support me? | | |
| **Progress** **Review: Goal 3 and Objective** 3**B** | | |
| **Review Dates** | **Progress Indicators** | **Child & Team Review Comments**  *What worked? What didn’t? What’s next?* |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Additional Comments** |
|  |