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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** |  |

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| **My Support Team** | | **IEP Meeting Attendance** | | | |
| **Name** | **Role / Info** | *Date* | *Date* | *Date* | *Date* |
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| **My Personal Profile** |
| Gifts and Ways of Knowing: |
|  |
| Connections to Culture and Community: |
|  |
| Dreams for the Future: |
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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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| **Areas for Support** | | | |
|  | Academic Achievement |  | Behaviour / Safety |
|  | Social / Emotional |  | Communication |
|  | Physical / Medical |  | Life Skills |
|  | Culture / Language |  | Other: |

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| **S.M.A.R.T. Goals**  *Specific, Measurable, Attainable, Results-Based, Timebound* | | |
| **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 Information** |
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