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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** |  |

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