



INDIVIDUAL EDUCATION PLAN

STUDENT INFORMATION

Student's name:

School:	Year/Grade level:	Date for review:
Date of birth:		

* Learning difficulties support team members

Lead contact:

Name:	Name:	Name:
Contact details:	Contact details:	Contact details:
Role:	Role:	Role:

Name:	Name:	Name:
Contact details:	Contact details:	Contact details:
Role:	Role:	Role:

*** Please check all boxes relevant to the student and provide additional information as required.**

<input type="checkbox"/> Disability and additional needs	<ul style="list-style-type: none">• Does this student have a diagnosed disability?	
	<ul style="list-style-type: none">• What are the functional needs of this student?	
	<ul style="list-style-type: none">• Is there equipment, tools or technology in place to support the student?	
<input type="checkbox"/> The team	<ul style="list-style-type: none">• Who makes up the team of professionals supporting this student?	
	<ul style="list-style-type: none">• Do all team members have tools for data gathering?	

STAGE 1: ASSESS: GET TO KNOW THE STUDENT AND HOW THEY LEARN

What are the strengths and interests of the student and how can we promote them? Recognize and build on the student's strengths to foster student engagement in the learning process.

Provide information about the student to support their education needs, including results of any formal/informal assessments in literacy, numeracy or social-emotional assessments, recommendations or advice from regional and area staff and/or allied health professionals, data or classroom observations.

Current challenges and barriers to learning and engagement.

Ask the student what helps them to learn and record the answers below. For example, engage the student in the following questions:

The IEP is strengths based and informed by student agency. Where appropriate, the student should play an active role in the development of their IEP.

- What do I love to do?
- How do I learn best?
- What helps my learning?
- What helps me to attend school regularly?
- What have I achieved? (NB. This is an ongoing learning and reflective activity.)
- Something I feel proud of in the month/term?
- Why are the goals in my IEP (below) important to me? (NB. This is a reflective activity as the IEP is developed.)

STAGE 2: PLAN: USE COLLABORATIVE AND STUDENT-CENTRED PLANNING – WHAT DO WE WANT TO ACHIEVE?

Long-term goals. Provide a clear, summarized statement of 1-2 sentences that guides the development of the short-term goals below.

Short-term SMART goals (Specific, Measurable, Agreed, Relevant, Time-bound).

Identify the sub-skills required to achieve the long-term goal/s above. Number and include all SMART goals below.

Current entry level skills:

GOAL #	Action e.g. what will the student do?	Under what conditions e.g. where, with whom, with what?	Success measure e.g. what does success look like?	By when?

Add additional goals as required.

STAGE 3: TEACHING STRATEGIES, ADJUSTMENTS AND SUPPORTS

Detail the teaching strategies, adjustments and supports specifically tailored to address the student’s learning needs and support the student to achieve their short-term SMART goals. Consider students strengths and preferred learning supports.

GOAL #	Teaching strategies, adjustments and supports	Person/s responsible

Add additional rows as required.

STAGE 4: MONITOR AND EVALUATE: ASSESS THE EFFECTIVENESS OF THE APPROACH

Review goals and strategies at least once per term. Collate and analyze data to determine whether the goals have been achieved. Report and feedback on achievement of goals based on the effectiveness of the teaching strategies, adjustments and supports provided in Stage 3.

Key: ■ Goal achieved - new goal, teaching strategies and support required ■ Still working on goal - review teaching strategies and supports required ■ Goal no longer relevant - new goal, teaching strategies and support required

Short-term SMART goals. Provide evidence through formative or summative assessments or qualitative information.

GOAL #	DATE	■	■	■
GOAL #	DATE	■	■	■

Add additional rows as required.

Additional comments: e.g. What is working well or not working well? Should goals be modified? Should the strategies be continued, revised or replaced?

SIGNED BY Signature: Principal (or delegate): _____ Date: _____
 Student consulted Parent/Carer/Guardian consulted
 Date of next meeting: _____

