



Individual Education Plan

			Consultation and collaboration	
			Name:	Signature:
Student name		Teacher(s)		
Student ID		Parent(s), carer(s), or guardian(s)		
Grade/Year		Other key school team members e.g. Learning Support C ordinator, Principal etc.		
Creation date				

Overview of the student
and their strengths

Student's educational needs arising from a disability

In the box below, outline the needs of the student arising from a disability, the functional impact of the needs on their education, and associated short or long-term goals.
Educational needs could include:

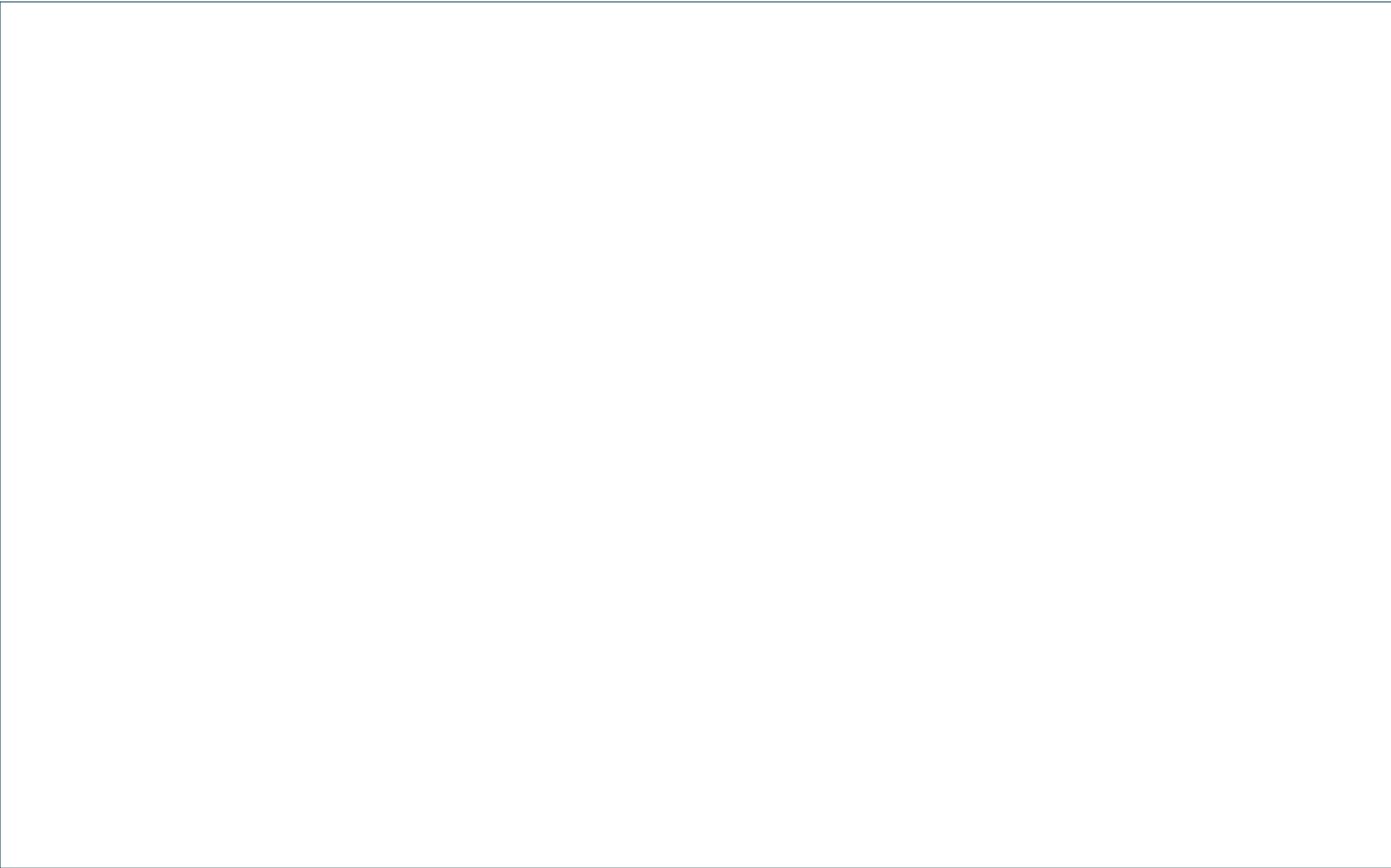
Key Learning Areas (curriculum): Changes required in curriculum and teaching practices to enable the student to achieve the learning outcomes described in syllabus documents.

Communication: The student's ability to receive and understand information being conveyed by others (receptive language) and the student's ability to convey a message to others (expressive language).

Participation: The student's ability to engage in successful interactions and participate effectively in the full school program (social competence) and the management strategies required to ensure the student's safety (safety and wellbeing).

Health and Personal Care: Essential hygiene routines which require intensive individual management to support participation (hygiene), eating/drinking/dietary needs which require individual management (eating and dietary), and the procedures specified in an individual health care plan which require specialised support (health care procedures).

Movement (mobility): The student's level of functional independence in mobility and positioning (mobility and positioning) and the student's ability to use the hand motor skills required to participate in learning activities (hand motor skills).



Overview of adjustments to be provided to address the student's needs

In the box below, outline the adjustments to be implemented to address the student's individual needs. Consider:

The frequency and intensity of the adjustments

The persons responsible for the design and implementation of the adjustments

The timing of the adjustments (start date, end date)

When the adjustments will be reviewed

How you will record the delivery of the adjustments for a minimum of 10 weeks in order to meet the 10 week evidentiary requirement

Any external consultations or appointments relating to the student's disability.

Records of monitoring and review of adjustments and consultation and collaboration

Review date		Notes from discussion	Outcomes/actions from discussion
Attendees			
Names	Signatures		

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Does the student have a diagnosed disability or imputed disability? Please provide supporting details.		
	Prior year	Initial assessment for current plan:
Please select the disability category that requires the greatest extent of adjustment.	Cognitive Physical Social Emotional Sensory	Cognitive Physical Social Emotional Sensory
Please select the level of adjustment being provided to the student.	Supplementary Substantial Extensive	Supplementary Substantial Extensive
Please provide commentary around the changes in the disability category and level of adjustment outlined above.		