

## Peakhurst Public School Individual Education Plan (IEP)

Insert student pic here

Student Name:	Class:		D.O.B.	Date of plan:
Class Teacher: Stage Supervisor:		Name of SLSO/Support Teacher	Plan developed in consultation with:  □ Parent/ Caregiver  □ Class Teacher □ Other:	
Strengths:  • • •			Interests:  • • •	Other plans currently in place:
Background information:  ☐ ATSI ☐ EAL/D ☐ NAP ☐ HSLO intervention ☐ History of referral to LST ☐ NDIS funding ☐ History of Early Intervention ☐ Assessment conducted by school counsellor			Assessment data:  Numeracy: □WB □ A □ WT □WA  Literacy: □WB □A □WT □WA	Previous Support:  □ PreLit □ EALD  □ MiniLilt □ SLSO  □ Reading Tutor Program  □ Covid Support  □ School Counsellor
External provider involvement:  Prior: Yes / No Other: Current: Yes / No Other: Details:			Disability Confirmation: Yes/ No Expiry Date: Formal Diagnosis (specify): Integration funding: Yes / No	Other:
Parent/caregiver involved:Class TeachName:Name:Signature:Signature:Date:Date:		Stage Supervisor:  Name: Signature: Date:		

SMART GOALS - Specific, Measurable, Achievable, Relevant, Time Bound									
ACADEMIC -	Focus Learning	g Area/s for goals -	Reading	Writing	Number	Spelling	Oral Langu	age Other:	
<b>ADDITIONAL</b> Anxiety	NEEDS - Focus ADHD	Learning Area/s for g School Refusal	goals - Com Dysregulati	munication on Beha		nteraction Other:	Physical	Sensory Processing	Information Processing

GOAL	#	1
<b>INCLU</b>	D	Ε

- -Time Frame
- Success Criteria

**Teacher Signature:** 

ADJUSTMENTS/TEACHING AND LEARNING STRATEGIES	RESOURCES	PERSON/S RESPONSIBLE						
MONITOR AND EVALUATE: ASSE	MONITOR AND EVALUATE: ASSESS THE EFFECTIVENESS OF THE APPROACH							
Date of Evaluation: Have the parents/carers been informed about their child's progress?	Was the goal achieved? How die observe?	d you measure success? What did you						
Where to next?	ı							

Date:

SMART GOALS - Specific, Measurable, Achievable, Relevant, Time Bound									
ACADEMIC -	· Focus Learning	g Area/s for goals -	Reading	Writing	Number	Spelling	Oral Languag	e Other:	
<b>ADDITIONAL</b> Anxiety	. <b>NEEDS - Focus</b> ADHD	Learning Area/s for g School Refusal	oals - Co Dysregulat	ommunication ion Behav		Interaction Other:	Physical	Sensory Processing	Information Processing

<b>GOAL</b>	#	2
<b>INCLU</b>	D	Ε

- -Time Frame
- Success Criteria

**Teacher Signature:** 

ADJUSTMENTS/TEACHING AND LEARNING STRATEGIES	RESOURCES	PERSON/S RESPONSIBLE
	-	-
MONITOR AND EVALUATE: ASSE	SS THE EFFECTIVENESS OF THE	APPROACH
Date of Evaluation:		d you measure success? What did you
Have the parents/carers been informed about their child's	observe?	
progress?		
Where to next?		

Date:

SMART GOALS - Specific, Measurable, Achievable, Relevant, Time Bound									
ACADEMIC	- Focus Learnin	g Area/s for goals -	Reading	Writing	Number	Spelling	Oral Languag	e Other:	
<b>ADDITIONA</b> Anxiety	AL NEEDS - Focus ADHD	s Learning Area/s for a School Refusal	g <b>oals -</b> Co Dysregulat	mmunication ion Beha		Interaction Other:	Physical	Sensory Processing	Information Processing

<b>GOAL</b>	#	3
<b>INCLU</b>	D	E

- -Time Frame
- Success Criteria

**Teacher Signature:** 

ADJUSTMENTS/TEACHING AND LEARNING STRATEGIES	RESOURCES	PERSON/S RESPONSIBLE					
	-	-					
MONITOR AND EVALUATE: ASSESS THE EFFECTIVENESS OF THE APPROACH							
Date of Evaluation:	Was the goal achieved? How di observe?	d you measure success? What did you					
Have the parents/carers been informed about their child's progress?							
Where to next?	1						

Date: