



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: <input type="checkbox"/> Parent/ Caregiver <input type="checkbox"/> Class Teacher <input type="checkbox"/> Other:
Strengths: • • •		Interests: • • •	
Background information: <input type="checkbox"/> ATSI <input type="checkbox"/> EAL/D <input type="checkbox"/> NAP <input type="checkbox"/> HSLO intervention <input type="checkbox"/> History of referral to LST <input type="checkbox"/> NDIS funding <input type="checkbox"/> History of Early Intervention <input type="checkbox"/> Assessment conducted by school counsellor		Assessment data: Numeracy: <input type="checkbox"/> WB <input type="checkbox"/> A <input type="checkbox"/> WT <input type="checkbox"/> WA Literacy: <input type="checkbox"/> WB <input type="checkbox"/> A <input type="checkbox"/> WT <input type="checkbox"/> WA	
External provider involvement: Prior: Yes / No Other: Current: Yes / No Other: <u>Details:</u>		Disability Confirmation: Yes/ No Expiry Date: Formal Diagnosis (specify): Other: _____ Integration funding: Yes / No	
<u>Parent/caregiver involved:</u> Name: Signature: Date:	<u>Class Teacher:</u> Name: Signature: Date:		<u>Stage Supervisor:</u> Name: Signature: Date:

SMART GOALS - Specific, Measurable, Achievable, Relevant, Time Bound

ACADEMIC - Focus Learning Area/s for goals - Reading Writing Number Spelling Oral Language Other:

ADDITIONAL NEEDS - Focus Learning Area/s for goals - Communication Social Interaction Physical Sensory Processing Information Processing
Anxiety ADHD School Refusal Dysregulation Behaviour Other:

GOAL # 1
INCLUDE
-Time Frame
- Success Criteria

ADJUSTMENTS/TEACHING AND LEARNING STRATEGIES

RESOURCES

PERSON/S RESPONSIBLE

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 did you measure success? What did you observe?

Where to next?

Teacher Signature:

Date:

SMART GOALS - Specific, Measurable, Achievable, Relevant, Time Bound

ACADEMIC - Focus Learning Area/s for goals - Reading Writing Number Spelling Oral Language Other:

ADDITIONAL NEEDS - Focus Learning Area/s for goals - Communication Social Interaction Physical Sensory Processing Information Processing
Anxiety ADHD School Refusal Dysregulation Behaviour Other:

**GOAL # 2
INCLUDE**
-Time Frame
- Success Criteria

ADJUSTMENTS/TEACHING AND LEARNING STRATEGIES

RESOURCES

PERSON/S RESPONSIBLE

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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 did you measure success? What did you observe?

Where to next?

Teacher Signature:

Date:

SMART GOALS - Specific, Measurable, Achievable, Relevant, Time Bound

ACADEMIC - Focus Learning Area/s for goals - Reading Writing Number Spelling Oral Language Other:

ADDITIONAL NEEDS - Focus Learning Area/s for goals - Communication Social Interaction Physical Sensory Processing Information Processing
Anxiety ADHD School Refusal Dysregulation Behaviour Other:

**GOAL # 3
INCLUDE**
-Time Frame
- Success Criteria

ADJUSTMENTS/TEACHING AND LEARNING STRATEGIES

RESOURCES

PERSON/S RESPONSIBLE

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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 did you measure success? What did you observe?

Where to next?

Teacher Signature:

Date: