

School District 10, Arrow Lakes

Individual Education Plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date: mm/dd/yyyy)

School:

Address:

Phone #:

|  |
| --- |
| Student Demographics |
| Name:  |  | Teacher: |  |
| Address: |  | Case Manager: |  |
| Grade:  |  |  |  |
| PEN: |  |  |  |
| Date of Birth: |  | Parent/Guardian: |  |
| Gender: |  | Phone: |  |
| Special Needs Category: |  | Cell Phone:  |  |
| Medical Condition: |  |  |  |

Planning Team Meeting Date:

Parents/Guardians have had the opportunity

to participate fully in the IEP process.

**Signatures**

|  |
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| Planning Team |
| **Name** | **Role** | **Signature** |
|  | Parent/Guardian |  |
|  | Case Manager |  |
|  | Classroom Teacher |  |
|  | Principal |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

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| **Student History** |

**Grade School**

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| --- |
| **Student Profile** |

**Current Services**

**Assessments**

**Strengths/Interests**

**Needs/Challenges**

**Curricular Adaptations**

**Environmental Adaptations**

**Other Adaptations**

|  |
| --- |
| **Long Term Goals** |

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| **Long Term Goal 1:** |

**Short Term Objective 1.1:**

 **Strategies:**

**Assessment**

Date Details

**Evaluation**

Date Level (0-4)

|  |
| --- |
| **Long Term Goal 2:** |

**Short Term Objective 2.1:**

 **Strategies:**

**Assessment**

Date Details

**Evaluation**

Date Level (0-4)

|  |
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| **Long Term Goal 3:** |

**Short Term Objective 3.1:**

 **Strategies:**

**Assessment**

Date Details

**Evaluation**

Date Level (0-4)

|  |
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| **Long Term Goal 4:** |

**Short Term Objective 4.1:**

 **Strategies:**

**Assessment**

Date Details

**Evaluation**

Date Level (0-4)