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# Individual Education Plan (IEP) Sheet for Pre-Primary, Grade 1 and home-based education

**PART ONE OF IEP**

The information captured in this section is confidential and must be kept in the learner file in the office of the head of institution and should be updated as and when new information is obtained or at least once per term.

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| 1. **Reason for developing the IEP** (e.g. referral by parent, EARC, health professional or concerned teacher/ learning support assistant.) |
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| 1. **Learner Profile** | |
| **Name** |  |
| **Date of birth** |  |
| **Age** |  |
| **Gender** |  |
| **School** |  |
| **Learner admission number** |  |
| **Class** |  |
| **Living with both parents, one parent, relative or without parents** |  |
| **Name of Parent/Guardian** |  |
| **Occupation** |  |
| **Address** |  |
| **Telephone/ Mobile number** |  |
| **Date of initiation of IEP** |  |
| **Date of termination of IEP** |  |

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| 1. **Screening and Assessment Results** | | | | | |
| Please use this section to summarise the findings from the Washington Group Questions screening tool. You will highlight only those functional domains where a child has some difficulties, a lot of difficulties or cannot do at all. | | | | | |
| **C.1 Summary of Washington Group/UNICEF Child Functioning Screening** | | | | | |
| **Date of screening** |  | **Which CFM tool did you use to screen the child?** (please tick) | | **CFM 2-4 years**  **CFM 5-17 years** | |
| **Number of the CF Question where the answer indicates a Yes/No response** | | | **Yes**  (tick if applies) | **No**  (tick if applies) |  |
| CF1 | Wears glasses? | |  |  |
| CF4 | Uses a hearing aid? | |  |  |
| CF7 | Uses any equipment or receive assistance for walking? | |  |  |
|  | | | | | |
| **Number of the CF Question where the answer indicates a difficulty or high frequency** | **Please write out the CF question that was selected** | **2, Some difficulty**  (or for frequency monthly, the same or less)  (tick if applies) | **3. A lot of difficulty**  (or for frequency weekly, more)  (tick if applies) | **4. Cannot do at all** (or for frequency: daily, a lot more)  (tick if applies) | **Domain of functioning** |
| *e.g. CF24* | *How often does (name) seem very sad or depressed?* |  |  |  | *Affect* |
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| **C.2 Summary of assessment data and recommendations (to be completed by external professional, officer, health or social services worker)** |

List relevant educational, medical/health, sensory, psychological, speech and language, occupational, physiotherapy and behavioural assessments done by EARC or health and social services professionals

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| **Assessment/ Confirmation of impairment** | **Date** | **Summary of results and recommendations** | **Officer/Professional who conducted assessment** |
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| 1. **Summary of barriers experienced by learner (e.g. factors that make it difficult for them to learn effectively)** | | | |
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| **Barriers** | **Description of barrier** | **How these could be addressed** | **Who will take responsibility** |
| Environmental  -Transport  - Mobility  - Vision  - Communication  - Assistive devices |  |  |  |
| Attitudinal  -Family  -School  -Community |  |  |  |
| Socio-economic/ resources and home based support |  |  |  |
| Teaching practices and processes |  |  |  |
| Policies |  |  |  |

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| 1. **Reports and Signature pages** |

These forms must be completed and signed off every quarter:

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| **E.1 Progress record on learning outcome targets (Shows progress made by the end of each term)** | | |
| **Date evaluated** | **Skills area** | **Comment** |
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**E.2 Supplementary support received and barriers addressed**

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| **Related services / barriers removed** | **Action taken and provider** | **Frequency** | **Location** |
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**E.3 Progress report and recommendations**

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| **Date:** |
| **Signature of Teacher/ learning support assistant:** |
| **Signature of Head of Institution:** |

**Documentary proof in the form of examples of work, assessment records, health care assessments – List here and attach documents to file:**

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**PART TWO OF IEP**

This section is a working document for the teacher or learning support assistant and should be used to track learning support being provided to each learner with additional support needs on an ongoing basis.

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| **Name of Child:** |
| **Name of Teacher/ learning support assistant:** |
| **Date of Completion:** |

**Instructions:**

*After establishing the present level of performance of specific skills or learning areas the teacher/ learning support assistant should develop long term goals broken down into smaller short-term learning outcomes.*

**Long term learning outcomes**

*These describe what the learner is expected to achieve and learn by the* ***end of the term****. The objectives written for each area in which the learner is experiencing difficulties, should be in line with the learner’s present level of performance/functioning.*

**Short term learning outcomes**

*These describe what the learner is expected to achieve/learn by the* ***end of the strand****.*

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| 1. **Learning and developmental assessment baseline and targets for learners with diverse needs** | | | |
| **1.1 Summary of strengths, needs with initial recommendations** | | | |
| **Learning area/ skill assessed** | **Present level of performance** | | |
| **Strengths** | **Difficulties** | **Initial recommendations** |
| 1. Communication and Social skills |  |  |  |
| 1. Pre-literacy and pre-numeracy skills |  |  |  |
| 1. Activities of daily living skills |  |  |  |
| 1. Sensory, Motor and Creative Activities |  |  |  |
| 1. Orientation and Mobility Skills |  |  |  |

This process of breaking down long-term learning outcomes goes on throughout the school year and is evaluated by the teacher or learning support assistant on an ongoing basis (e.g. after each lesson). Remember that some learners may need more time to reach certain targets.

| **1.2 Long term (to be achieved by end of the term) and short-term (to be achieved by end of the strand) learning outcome targets:** | | | |
| --- | --- | --- | --- |
| **Learning area/skill** | **Learning outcomes** | |  |
|  |  | **Progress made (see rating scale below)[[1]](#footnote-1)** | **Date of evaluation** |
| 1. Communication, Social Skills | Long term goal: | 1 2 3 4 |  |
|  | Short term objective/s: | 1 2 3 4 |  |
| 1. Pre- Literacy skills and Pre-numeracy skills | Long term goal: | 1 2 3 4 |  |
|  | Short term objective/s: | 1 2 3 4 |  |
| 1. Activities of Daily Living Skills | Long term goal: | 1 2 3 4 |  |
|  | Short term objective/s: | 1 2 3 4 |  |
| 1. Sensory, Motor and Creative Activities | Long term goal: | 1 2 3 4 |  |
|  | Short term objective/s: | 1 2 3 4 |  |
| 1. Orientation and Mobility skills | Long term goal: | 1 2 3 4 |  |
|  | Short term objective/s: | 1 2 3 4 |  |

1. 1 – below expectations

   2 – approaching expectations

   3 – meeting expectations

   4 – above expectations [↑](#footnote-ref-1)