



CCYM'S HASHU ADVANI COLLEGE OF SPECIAL EDUCATION

INDIVIDUAL EDUCATION PLAN (IEP)

(Format not in clinical / educational practice currently and is developed for teaching B Ed students. Grey shade is used for sample example)

A. PRIMARY DEMOGRAPHIC DETAILS:

NAME OF THE STUDENT:

DOB:

PET NAME / SHORT NAME:

TYPE OF CURRENT SCHOOL: Day / Residential (select any one)

LEVEL OF SPECIALISED INPUT: (select any one)

- a) Special School
- b) Inclusive school (with trained manpower / academic accommodations / adequate infrastructure)
- c) Integrated school with resource unit or resource teacher
- d) Mainstream school with no support from rehab professional
- e) NIOS
- f) ANY OTHER: _____

CA:

SA:

Grade:

LANGUAGE EXPOSURE:

Mono-lingual family? Language _____

Multilingual Family? Languages: _____

Language used by the primary care giver:

Medium of instruction of sibling:

Medium of Instruction in school:

Diagnosis: _____

B. ASSESSMENT OF FAMILY: 1) Profile

	AGE	EDUCATION	EARNING	DISABILITY?
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			(y/n)	IF yes, specify
Father				
Mother				
Brother				
Sister				
Grand parent				
Other adult				

(Add columns if needed)

2) Family income (per month from all sources):

3) Family strengths :(discuss with teachers/parents and write **specifically**)

i) _____

ii) _____

4) Family concerns :(discuss with teachers/parents and write **specifically**)

i) _____

ii) _____

5) Family resources :(discuss with teachers/parents and write **specifically**)

i) _____

ii) _____

REFLECTIONS by the team: (your own comments / suggestions / remarks – what can be done to maximize family involvement?)

C. CLINICAL ASSESSMENT AND INTERVENTION:

1. Summary of current status (write ‘not assessed so far’ if not assessed so far)

AREA	DATE	WHERE	OUTCOME
Hearing			
Vision			
Developmental			
Physical / motor			
Neuro-dev			
Intelligence			
Medical			
Any Other			

2. CURRENT THERAPY / INDIVIDUAL COACHING / ITP / REMEDIAL SESSIONS

#	Area	Therapist / professional	Centre	Duration	Frequency per week	Commencement
1	Reading	Special Educator	XYZ	3 back to back	twice	June 2010

	comprehension			sessions of 20 mins		

- 3.
4. Description of report :(DO NOT copy paste above information. Write additional information)

5. Certificate: Have currently valid certificate / Have certificate but renewal needed / Eligible for certification but does not have one / Special needs but not eligible for any certification

D. **CURRENT EDUCATIONAL PERFORMANCE:** study progress reports carefully and discuss with the teacher/parent: (write measurable outcomes (like 60%) or ‘average’ ‘age appropriate’ etc avoiding terms like ‘good’ or ‘poor’).

PARAMETER	Outcome of Last assessment: Date -----	Outcome of Earlier to last assessment: date: -----
Developmental Areas		
School subjects		
Disability specific concerned area		
Socialization		
Any other _____		

YOUR REFLECTIONS ON Educational performance:

E. **RECREATIONAL / SOCIAL EXPOSURE** (Describe about friends / social circles / recreational activities like swimming / Karate / football etc

F. **EDUCATIONAL GOAL:** (For the period from _____ to _____. (As specific and measurable as possible)

#	AREA	GOAL
1	Reading	1)XYZ is able to read 80% of the words from his text book fluently with more focus on comprehension than loud reading. 2)XYZ enjoys reading time more than earlier and picks up book more readily

G. **IDENTIFIED NEEDS:**

1. Interesting reading material for rough handling by XYZ (guided material if possible)

2. Demo to parents on taking reading time at least twice a week

3. _____

4. _____

H. ACCOMODATIONS / ADAPTATIONS IDENTIFIED TO BE NEEDED:

1. Shorter sessions with more breaks during school periods supported with change of task plan to avoid XYZ distracting others.

2. Allowing / encouraging XYZ to mark points /clues on the book to aid further reading.

3. _____

4. _____

I. SUMMARY OF OVERALL ADAPTTIONS RECOMMENDED

#	AREA	IDENTIFIED ADAPTATION	ENSURING ACCOUNTABLE PERSON
	Class environment	Bold print non textual reading material to be displayed	Class teacher
	Priority seating		
	Teaching strategies		
	TLM		
	Test		
	Examination		
	Additional technology		

J. ADDITIONAL SUPPORT RECOMMENDED:

1. THERAPY / INDIVIDUAL COACHING / ITP / REMEDIAL SESSIONS (Individual)

#	Area	Therapist / professional	Centre	Frequency per week	Commencement
1	Reading comprehension	Special Eudator	XYZ	twice	June 2010

2. ADDITIONAL SUPPORT RECOMMENDED THERAPY / INDIVIDUAL COACHING / ITP / REMEDIAL SESSIONS (Group)

#	Area	Reco	Centre	Duration	Frequency per week	Remarks
1	Support in reading text book	Enrolling in general coaching class or home tuition	ABC coaching classes	45 mins	twice	

3. RECOMMENDED CLASS BUDDY:

#	NAME	REASON
	EFG	She lives closer to XYZ and the mothers share good bond and support system

K. ASSESMENTN PLAN

#	GOAL NUMBER	TYPE *	TOOL	TENTATIVE TIME

*Standardized / TMT / CBA / Self reference assessment / class test scores / Teacher made checklist /

L. DESCRIPTIVE TEAM REFLECTIONS:

Next IEP to be prepared by _____ (date)

ATTCHMENTS: (CHECKLIST)

1. Adhar / photo ID of the child
2. Summary reports
3. Certificates
4. School records
5. Income certificate
6. Assessment samples
7. ____
8. _____

TEAM: Overall in- charge

This IEP will be filed in file name _____ Number: _____

#	NAME	RELATIONSHIP / ROLE	Number of meetings attended	Signature

