

| IDEAL EDUCATION SCHOOL | | | | | |
|-------------------------------|-------------------------|--|----------------|---------------|------------------------------|
| INDIVIDUAL THERAPY PLAN (ITP) | | | YEAR: | 2020-2021 | Term: First Term |
| STUDENT NAME: | Farah Fawzy Abdul-Jader | | D.O.B: | 12/6/2021 | REF#: 300 |
| Therapist: | My User | | Therapist Dep: | Down Syndrome | |
| Date of Preparation: | 1/25/2022 | | Teacher: | Vandana | Dep: Developmentally Delayed |
| Update Test | | | | | |
| Current Level | | | | | |
| | | | | | |

| 1 - Goal: | | iiiiiii | |
|-----------|-------------|-----------------------|--|
| 1 | Objective 1 | Approach/ Resources : | |
| | aaaaaaaa | | |

| 2 - Goal: | | oooooooooooo | |
|-----------|-------------|-----------------------|--|
| 1 | Objective 1 | Approach/ Resources : | |
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|--|---|-----------------|---|---------------------------------------|---|-------|---|
| Report Card | ✓ | Progress Report | ✓ | Parents meeting | ✓ | Other | ✓ |
| Parents Involved in setting up suggestions | | | | Yes, refer parent meeting record form | | | |
| Date of Review | | | | 1/25/2022 | | | |

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|-------------|---------|------------|--|------------|------------|
| Therapist : | My User | Parent: | | HOE: | Ali Moomen |
| Signature: | | Signature: | | Signature: | |