**INDIVIDUALISED EDUCATION PROGRAM FOR**

**«=student.name»**

**Date of Admission:**

**Date of Birth:**

**Current Level:**

**Developed by:**

**Special Educator/Teacher:** Mrs. Rakshitha Evangeline

**Principal:** Ms. Sajinie Gnanatheeban

**Parents:**

**Formulated On:**

**Exceptionality:**

**Placement/Class:** Seniors

**General Strength:**

**General Needs:**

**Other Relevant Information:**

**Assessment:**

**Accommodations for Teaching:** Adjust expectations for written work and the number of assignments required; Assign peer tutor/friend; Give oral instructions at students’ receptive level; Provide clear concise, step-by-step instructions; provide the student with additional time to process information and answer questions; use a variety of instructional support materials especially visual and hands-on where possible; use concrete materials and real life examples in explanations.

### Accommodations for Assessments: Accommodate for test anxiety; Allow oral presentation of learning; Emphasize formative evaluation, daily work; give part marks for answers; scribe student responses; use alternate methods of evaluation; use teacher observation anecdotal, checklists, rubrics.

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**Program Areas**

**«subjects:each(subject)»**

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| --- |
| **Program Area**: «=subject.title»  **Goals and Expectations:** «=student.name»is working towards the curriculum expectations; the majority of expectations below are derived from his present level of understanding and ability  **«subject.ltg:each(group\_plus\_ltg)»**  **«subject.should\_show\_groups:if»**  **«=group\_plus\_ltg.first»**  **«subject.should\_show\_groups:endIf»**  **«group\_plus\_ltg.second:each(ltg)»**   * «=ltg.title»   **«group\_plus\_ltg.second:endEach»**  **«subject.ltg:endEach»**  **Observations and Comments:** Refer to periodic assessments for evaluation and progress |

**«subjects:endEach»**

# **Transition Plan**

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| --- | --- | --- |
| Action | Responsibility | Timeline |
| Homework & assessments | Student/Parent/Teacher | 1 year |

**Parent/Guardian Comments**

* I was unable to make it during the development of IEP
* I was consulted in the development of this IEP
* I have received a copy of this IEP

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| --- | --- | --- |
|  | **Signature** | **Date** |
| **Special Educator** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
| **Principal** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| --- | --- | --- |
|  | **Signature** | **Date** |
| **Parent** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |

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