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| **\*\*\*Replace this text with your school name\*\*\*** |
| **Confidential - Individualized Learning Plan** |

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| --- | --- |
| **Student Name:** | Click here to enter text. |
| **Grade Level:** | Choose an item. |
| **Date of Birth:** | Click here to enter a date. |
| **Student ID #:** | Click here to enter text. Not Applicable |

|  |  |
| --- | --- |
| **Initiation Date:** | Click here to enter a date. |
| **Evaluation Date:** | Click here to enter a date. |
| **Review Date:** | Click here to enter a date. |
| **Transition Year:**  **Select One:** | 20Click here to enter text. Not Applicable |
| K 5 8 12 |

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| --- | --- |
| **Parent/Guardian’s Name:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |

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| **Parent/Guardian’s Name:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Email Address:** | Click here to enter text. |

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| **Area of Eligibility:** |
| Choose an item. |

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| **Medication: At Home: \_\_\_\_\_\_\_\_\_\_ In School: \_\_\_\_\_\_\_\_\_\_\_\_\_** Not Applicable |
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| **Documentation of learning needs:**  Attach evaluation and documentation. |
| Choose an item. |

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| **Program Setting:** |
| Choose an item. |

**Confidential – Individualized Learning Plan**

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| --- | --- |
| **Student Name:** | Click here to enter text. |

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| --- | --- | --- |
| **Academic/Behavioral Goals:** | | |
| Click here to enter text. | **Goal Status:** | Choose an item. |
| Click here to enter text. | **Goal Status:** | Choose an item. |
| Click here to enter text. | **Goal Status:** | Choose an item. |
| Click here to enter text. | **Goal Status:** | Choose an item. |
| Click here to enter text. | **Goal Status:** | Choose an item. |

**Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Transition Plan: (High School)** | |
| Goals for future (after graduation): |  |
| University/College: |  |
| Career/Technical/Vocational: |  |
| Other: |  |

**Confidential - Individualized Learning Plan**

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| --- | --- |
| **Student Name:** |  |

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| **STUDENT INFORMATION:** | |
| **Strengths:** |  |
| **Areas of Concern:** |  |

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| **ADDITIONAL SERVICES** | | |
| **Additional services to be provided: Not Applicable** | | |
| Speech Therapy | Physical Therapy | Occupational Therapy |
| Other: | | |
| **Additional Services provided by:** | | |
| **ACCOMMODATIONS: Instructional** | | |
| Preferential Seating Outlines/Study Guides  Peer Note Taker/Scribe  Extended Time  Visual Aids  Calculator | | |
| Audio Textbooks Highlight Materials Other: | | |
| **ACCOMMODATIONS: Testing** | | |
| Extended Time:\_\_\_\_\_% Separate Site Read Aloud Multiple Sessions (small breaks) Calculator | | |
| Other: | | |

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| **DIPLOMA OPTIONS: (8th grade/High School)** |
| Standard Diploma ACCESS Diploma Other: Not Applicable |

**Confidential -Individualized Learning Plan**

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| **Student Name:** | Click here to enter text. |

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| **AFFIRMATION OF INDIVIDUALIZED LEARNING TEAM MEETING** |

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| --- | --- | --- | --- |
| I **agree** with the results of this Individualized Learning Team meeting and **accept** the accommodations that are to be implemented. | | | |
| **Parent / Guardian** |  | **Date** |  |
| **Parent / Guardian** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I **disagree** with the results of this Individualized Learning Team meeting and **do not want the accommodations** implemented at this time. (I reserve the right to accept accommodations at a later time) | | | |
| **Parent / Guardian** |  | **Date** |  |
| **Parent / Guardian** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The signatures below indicate participation in this Individualized Learning Team meeting:** | | | |
| **Principal** |  | **Date** |  |
| **ESE Coordinator** |  | **Date** |  |
| **Regular Education Teacher** |  | **Date** |  |
| **Other:** |  | **Date** |  |

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| --- |
| **Additional participants in the development of Individualized Learning Plan:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date** |  |
| **Title** |  | **Signature** |  |
|  | | | |
| **Name** |  | **Date** |  |
| **Title** |  | **Signature** |  |
|  | | | |
| **Name** |  | **Date** |  |
| **Title** |  | **Signature** |  |