

School Logo/ badge

C O U N C I L

**Name**

Photo here

 **Individualised Educational**

 **Programme**

Start date Review date

|  |
| --- |
| **INDIVIDUALISED EDUCATIONAL PROGRAMME (IEP)** |
| **For:** |
| **Home Address:** |
| **Contact telephone number:** |
| **Date of Birth:** | **Gender:** |
| **School currently attended:** |
| **Date of entry to current school:** |

**Family information**

|  |
| --- |
| **Surname:** |
| **Other names:** |
| **Home address:** |
| **Contact telephone number:** |
| **Relationship to child / young person:** |

|  |
| --- |
| **Surname:** |
| **Other names:** |
| **Home address:** |
| **Contact telephone number:** |
| **Relationship to child / young person** |

**Named persons responsible for IEP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Telephone number** | **email** |
|  |  |  |  |

|  |  |
| --- | --- |
|  | **Individualised Educational Programme (IEP)** |
| **For:** |

**Profile:**

**Factors giving rise to additional support needs: Disability or health**



**Social and/or emotional**



**Learning environment**



**Family circumstances**



|  |  |  |
| --- | --- | --- |
| **Pupil name** | **Date target started** | **Review date** |
| **Long term target** |
| **Short term targets** | Strategies to support | Resources and techniques including adaptations to physical environment | Success criteria | Evaluation |
|  |  |  | August-October |  |
|  |  |  | October to January |  |
|  |  |  | January-March |  |
|  |  |  | April-June |  |
| **Anticipated difficulties** | **Possible solutions** |

Target 1

|  |  |  |
| --- | --- | --- |
| **Pupil name** | **Date target started** | **Review date** |
| **Long term target** |
| **Short term targets** | Strategies to support | Resources and techniques including adaptations to physical environment | Success criteria | Evaluation |
|  |   |  | August-October |  |
|  |  |  | October to January |  |
|  |  |  | January-March |  |
|  |  |  | April-June |  |
| **Anticipated difficulties:** | **Possible solutions:** |

Target 2:

|  |  |  |
| --- | --- | --- |
| **Pupil name** | **Date target started** | **Review date** |
| **Long term target** |
| **Short term targets** | Strategies to support | Resources and techniques including adaptations to physical environment | Success criteria | Evaluation |
|  |   |  | August-October |  |
|  |  |  | October to January |  |
|  |  |  | January-March |  |
|  |  |  | April-June |  |
| **Anticipated difficulties:** | **Possible solutions:** |

Target 3:

IEP sheet 3

Date:

Parent / Carer:

Date:

Pupil:

**IEP agreed by**

Agreed review date:

|  |
| --- |
| **Individualised Educational Programme (IEP)** |
| For: |
| Other plans in place for the child / young person:*(Attach other plans or provide details)* |

**Contact information for people contributing to the IEP:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Designation:** | **Telephone number:** | **Email:** |
|  |  |  |  |

Date of meeting:

|  |
| --- |
| Review / Evaluation: |
| Child or young person’s comments: |
| Parent / Carer’s comments: |
| Next steps: |