INDIVIDUAL EDUCATION PLAN

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name**  **Surname:** | Age: | **D.O.B.** | | **Ascertained Level of Support:** | | **School:** Bethania Lutheran School | **Class:** | IEP Start Date: | **IEP Finish Date:** |
| **Critical Information** | | | | | | | | | |
|  | | | | | | | | | |
| **Statement of Aspirations** | | | | | **Student Competencies** | | | | |
|  | | | | |  | | | | |
| Impact of disability on learning | | | **Adaptations to allow access to general curriculum** | | | | | | |
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| **Identify transport needs (to and from school) that are additional to that of same age peers** | | | | | | | | | |
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| Summary of targeted learning outcomes for this semester | | | |
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| Goal Information | Key Strategies for Goal Achievement | Team Responsibilities | Evaluation |
| **Focus Area:**  **Baseline:** Learning Outcome:Condition: **Criterion:** |  |  |  |
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| **Focus Area:**  **Baseline:** Learning Outcome:Condition:Criterion: |  | |  |  |
| **Focus Area:**  **Baseline:**    **Learning Outcome:**  **Condition:**  **Criterion:** |  | |  |  |
| Timetable and Additional Support | | Changes to IEP and/or Notes for next IEP Meeting | | |
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| Core Team – (Decision Makers) | | | | | |
| Name | Role | Participation in IEP Meeting | Contact Information | Signatures confirm this is a true and accurate record of team decisions | Date |
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| Ian MARKS | Principal | No | 3200 5363  imarks@bethania.qld.edu.au |  |  |