INDIVIDUAL EDUCATION PLAN (IEP)



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| Child’s Name: |  | Age: D.O.B. |  |

To be completed by the family and child

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| Child’s Voice – this section to be completed by the family and brought along to the first Learning Review Meeting | |
| How would your child complete the following types of statements: (add an additional page if necessary)  \* I like to play with (games, friends, activities) … \* I like it when I get to …  \* I don’t like it when … \* I am good at …  \* At kindergarten I want to learn about /get better at … \* I want to tell you this about me … | |
| Family strengths & interests | Family challenges/barriers to learning |
| e.g. siblings, pets, sports, outings, hobbies, grandparents | e.g. transport, language, separation, court orders etc. |
| Child strengths & interests | Child challenges/barriers to learning |
| e.g. Confidence, imagination, favourite books, games, songs, toys, places | e.g. fears/anxiety, speech, concentration levels, potential for flight risk, hiding games, or wanting to be away from others |
| Goals for my child | |
|  | |
| Cultural identity | |
| Do you have any cultural, religious or spiritual needs that we can support you with during our time together at kindergarten/LDC? | |

To be completed by Early Childhood Educator and Parents in discussion about their child’s needs.

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| Transition Plan Required Yes No |
| Details of transition plan including review dates as applicable: |

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| Behaviour Guidance Plan Required Yes No |
| If yes, Early Childhood Educator to complete together with child’s family. Behaviour Guidance Plan to be attached to this Individual Education Plan. |

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| Inclusion Support - ISP/KIS Application Submitted Yes No |
| If yes, Early Childhood Educator to discuss with parent associated risks if the ISP/KIS worker is absent and ways to support the child. |

To be completed at the **first** Learning Review Meeting

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| Present: |  | | Date: |  |
| Goals developed jointly between Family and Educator | | Intentional Teaching Strategies | Notes & Follow-up (refer to dated observations of learning) | | |
|  | |  |  | | |
| Where applicable - additional key workers strategies/referrals/comments/goals (attach extra documents if applicable) | | | | | |
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To be completed at the **second** Learning Review/Meeting

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| Present: |  | | Date: |  |
| Goals developed jointly between Family and Educator | | Intentional Teaching Strategies | Notes & Follow-up (refer to dated observations of learning) | | |
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| Where Applicable - Additional key workers strategies/referrals/comments/goals (attach extra documents if applicable) | | | | | |
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To be completed at the **third** Learning Review/Meeting

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| Present: |  | | Date: |  |
| Goals developed jointly between Family and Educator | | Intentional Teaching Strategies | Notes & Follow-up (refer to dated observations of learning) | | |
|  | |  |  | | |
| Where Applicable - Additional key workers strategies/referrals/comments/goals (attach extra documents if applicable) | | | | | |
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