

INDIVIDUALISED EDUCATIONAL PLAN (IEP)



INTRODUCTION

Individualized Education Plans (IEP) are the foundation of special education services provided to children with SEN in the school system.

Inclusion requirements for an IEP are fundamental so that CWSEN are educated in the least restricted environment.

IEPs should allow the child with SEN to make progress in the general education curriculum as well as other educational curriculum as needed on an individual basis.

What is an Individual Education Plan (IEP)?

An Individual Education Plan (IEP) is a **written plan** describing the special education program; and/or, services required by a CWSEN to **achieve his/her learning expectations.**

It is considered a working document as it helps **monitor, assess and support the student's progress.**

Shift from

“Can We?”

To

“**HOW** can we?”

The IEP
functions like
an action plan,
that answers
four simple,
basic
questions:



1. Where is the student now? (Present Levels of Academic Achievement and Functional Performance (PLAAFP))



2. Where is the student going? (Goals)



3. How will we get the student there? (Supports to be provided)



4. How will we know we have gotten the student there? (Statement of how progress will be monitored)

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Mauritius Institute
of Education

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INFORMATION ON LEARNER

Learner's Name:

Age:

Date of Birth:

Sex: M F

School:

Grade/Class/Level:

.....
.....

Residential Address:

.....

Name of Responsible party/Guardian:

Contact Number:



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2 TYPE (S) DISABILITY/DISABILITIES

- | | |
|---|---|
| <input type="radio"/> Autism | <input type="radio"/> Other Health Impairment |
| <input type="radio"/> Deaf-Blindness | <input type="radio"/> Orthopaedics Impairment |
| <input type="radio"/> Emotional & Behavioural Disorders | <input type="radio"/> Speech or Language Impairment |
| <input type="radio"/> Hearing Impairment | <input type="radio"/> Learning Disabilities |
| <input type="radio"/> Intellectual Disability | <input type="radio"/> Multiple Disability |
| <input type="radio"/> Visual Impairment | |

Other:

Additional information related to disability (Level, Comorbidity...):

.....

.....

.....

.....

3 MEDICAL HISTORY

Current Medication :

.....

.....

.....

.....

Allergies (If any):

.....

.....

.....

.....



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4 PERSONAL QUALITIES OF THE LEARNER

Learner's Interest

Learner's Preferences

Learner's Hobbies

Independent Skills

Levels of Intellectual Functioning

- Performance in class*
- Ability to follow instructions*
- Ability to Understand*
- Ability to express ideas and*
- Problem solving skills*



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BRIEF DESCRIPTION OF FACTORS AFFECTING EDUCATIONAL PROGRESS

Lined writing area for the IEP description, consisting of 30 horizontal dashed lines.



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6 PRESENT LEVEL OF PERFORMANCE AND FUNCTIONING

Provide information about the Learner to support his/her education and functional needs, including results of any formal/informal assessments in literacy, numeracy or social-emotional assessments, recommendations or advice from staff and/or allied health professionals, data or classroom observations.

	*Area/Subject	Strength	Weakness	Needs
Academic skills	<ol style="list-style-type: none">1. English2. French3. Mathematics			
Social/ Emotional Development	<ul style="list-style-type: none">• Socialisation• Communication• Emotional			
Functional Skills	<ul style="list-style-type: none">• Grooming• Self-care			

* Areas/subject may be modified as per educational programme of the school



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CONSIDERATION OF SPECIAL FACTORS:

1. Does this student require special transportation?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe:
2. Does the student's behaviour negatively impact his/her learning or the learning of others?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe how and if a Behaviour Intervention plan is required.
3. Does the student have language needs?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe:
4. For a student with a visual impairment, is the student in need of Braille instruction and/or use of Braille?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe:
5. Does the student have communication needs?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe:
6. Does the student need assistive technology devices and/or services?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe:
7. Are there any other factors not already addressed (such as medical concerns or other issues), or other adaptations needed?	<input type="radio"/> Yes <input type="radio"/> No	If yes, describe:



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PLAN:

a. ANNUAL GOALS. Provide a clear, summarised statement of 1-2 sentences that guides the development of the Annual goals below.

A large rectangular box with a black border, containing 12 horizontal dotted lines for writing annual goals.

b. TERM GOALS

1 st Term	
2 nd Term	
3 rd Term	



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c. SHORT-TERM SMART GOALS (Specific, Measurable, Agreed, Relevant, Time-bound).

Person/Staff Responsible												
Resources												
Instructional Strategies/ Therapeutic Assessment												
Activities/ Interventions Proposed												
Learning Outcomes												
Time Frame												

Proposed date of Review



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Members of IEP Team

Name	Designation	Signature
	School Manager/ Head of School	
	SEN Educator	
	Parents	

*Include Paramedical as per needs of learners

Date