

INDIVIDUALISED EDUCATIONAL PLAN (IEP)





INDIVIDUALISED EDUCATIONAL PLAN (IEP)



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...):

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.....

.....

3 MEDICAL HISTORY

Current Medication :

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.....

.....

Allergies (If any):

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PERSONAL QUALITIES OF THE LEARNER

Learner's Interest

<hr/> <hr/> <hr/> <hr/> <hr/>

Learner's Preferences

<hr/> <hr/> <hr/> <hr/> <hr/>

Learner's Hobbies

<hr/> <hr/> <hr/> <hr/> <hr/>

Independent Skills

<hr/> <hr/> <hr/> <hr/> <hr/>

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

A series of horizontal dotted lines for writing, spanning the width of the page below the section header.



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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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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



INDIVIDUALISED EDUCATIONAL PLAN (IEP)

Members of IEP Team

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

*Include Paramedical as per needs of learners

Date



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