

Primary School Individual Education Plan

Term

Strictly Confidential

Student Details

Surname				Student Photo
Given name(s)				
Date of birth				
Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Ethnic origin				
Languages spoken at home				
Placement type (legal status)	Kinship care <input type="checkbox"/>	Foster care <input type="checkbox"/>	Residential care <input type="checkbox"/>	Other - please specify: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Court orders given to school	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current placement address				

School Information

School Name			
VSN (Victorian Student number)	Date of admission	Year Level	
Program for students with a disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what category?	
Date of this plan	Date of next plan		
Authorised person to sign for student			

Professionals involved in supporting this plan

	Name	Contact	At meeting
Student			
Carer			
Class teacher			
DHHS Child Protection officer			
Agency case worker			
Social worker			
Designated teacher			
Learning mentor			
Koorie worker			
Student Support Services Officer			
LOOKOUT Learning advisor			
Other			

Other services involved

Worker	Role	Organisation	Phone	Length of involvement

Personal qualities of student

Interest/hobbies	
Strengths/abilities	
Social skills & relationships	
Trigger Points	
Supports that work well	

Factors affecting education progress

History of attendance

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Details of time without preschool/school placement

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History of interventions (educational and social)

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Other comments

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Koorie/Identity Cultural Plan

Areas of Consideration (if any)

Cultural Identification	
Physical Environment	
Cognitive/Sensory	
Social/Emotional	

Is the student linked in with the local Aboriginal community ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the student linked in with a local Cultural community ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Plan

Goal/Outcome	Student (I will)	At School (Teacher, SSO)	At Home (Parent/Carer)	Links to curriculum

Achievements in Literacy - Reading

Entry skill	Learning improvement goal/desired outcome	Barriers to achieving goal	Strengths related to goal	Strategies to achieve goal	Actions, resources and timeline	Exit skill
<p>Data collection: For example: Student mapping tool Victorian Curriculum Sequence Content Descriptions Teacher observations Formal assessments Work samples</p>						
<p>Additional home supports</p>						

Achievements in Literacy – Writing

Entry skill	Learning improvement goal/desired outcome	Barriers to achieving goal	Strengths related to goal	Strategies to achieve goal	Actions, resources and timeline	Exit skill
Data collection: For example: Student mapping tool Victorian Curriculum Sequence Content Descriptions Teacher observations Formal assessments Work samples						
Additional home supports						

Achievements in Literacy – Speaking and Listening

Entry skill	Learning improvement goal/desired outcome	Barriers to achieving goal	Strengths related to goal	Strategies to achieve goal	Actions, resources and timeline	Exit skill
Data collection: For example: Student mapping tool Victorian Curriculum Sequence Content Descriptions Teacher observations Formal assessments Work samples						
Additional home supports						

Achievements in Numeracy - Number

Entry skill	Learning improvement goal/desired outcome	Barriers to achieving goal	Strengths related to goal	Strategies to achieve goal	Actions, resources and timeline	Exit skill
Data collection: For example: Student mapping tool Victorian Curriculum Sequence Content Descriptions Teacher observations Formal assessments Work samples						
Additional home supports						

Achievements in Personal and Social Capabilities Learning

Entry skill	Learning improvement goal/desired outcome	Barriers to achieving goal	Strengths related to goal	Strategies to achieve goal	Actions, resources and timeline	Exit skill
Data collection For example: Student opinion survey PAT Wellbeing survey Attendance data						
Additional home supports						

Educational Resource Matrix (ERM)

Children and young people in out-of-home care should have access to resources to support their educational program, just as other students do. The ERM can be used at a student's Student Support Group or Care Team meeting to anticipate expenses that may be incurred and to identify funding sources/responsibilities.

* State Schools Relief (SSR) - Any student who is attending a Victorian Government School is eligible for State Schools' Relief support. Schools can send an application to State Schools' Relief when they believe that there is need to support a student whose family is facing difficulty in providing the appropriate uniform and footwear for school.

** Camps, Sports & Excursions Fund (CSEF) – Students in out-of-home care (including kinship care) covered by the Partnering Agreement are eligible for the CSEF. Applications are processed as 'Special Consideration' category applications. Applications are made through the school.

Item	Is this a barrier? Y / N	Who has the primary responsibility to provide this?			What other financial supports can be sought?			Who will follow this up? Responsibility
		School	DHHS Care Package	Carer (home-based care)	State Schools Relief*	Camps, Sports & Excursions Fund**	Other	
Uniform and shoes, including school sports uniform etc.					✓			
Excursions, camps and extracurricular activities organised through the school						✓		
Textbooks, stationary, specialist art materials, Design & Technology materials etc.								
Computer/Laptop								
Software including access to some educational websites								
Internet access outside of school hours (supervised/unsupervised?)							Use of public library?	
Other: _____								
Other: _____								

Education Needs Assessment (ENA)

Type of Assessment	Name of Assessment	Date of Assessment	Assessor's name	Report/notes location
Paediatric				
Cognitive assessment				
Academic/achievement assessment				
Language assessment				
Pragmatics assessment				
Phonological awareness assessment				
Behaviour assessment				
Observation				
Counselling				
Case management				
Social work				
Occupational Therapist				
Vocational (if appropriate)				
Hearing checked				
Vision checked				

Supporting transitions

Does the student require a Transition Plan?

Yes No

Previous school/s

Previous School Reports

Previous School Behaviour Support Plan

Previous school Student Support Services Officer contacted

Previous school Students Welfare Coordinator contacted

What supports are in place?

Transition plan

(Consider extra pre-transition visits, half or full days, visit with wellbeing staff, who will meet the student on the first day, what extra supports are needed etc.?)

Designated teachers from both schools should attend the Transition Student Support Group Meeting

Action Plan

What the school can do:

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What the carers can do:

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What DHHS/agency can do:

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Long term goals:

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Attendance goals:

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Plan Review and Revision:

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Summary of student's achievements:

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Classroom teacher's comments:

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Carer's comments:

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Student's comments:

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Carer/Guardian signature

Date



Principal/nominee signature



Date



Date of next review and actions required:



Date



Attachment 1 - Student's view

How do you feel about school?							Student's comments
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

How do you feel about reading?							Student's comments
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

How do you feel about writing?							Student's comments
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

How do you feel about numeracy?							Student's comments
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

How do feel about friendships?							Student's comments
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

Attachment 1 - Student's view (continued)

What do you like most about school?

What are your aspirations for your future career (what job you would like to do)?

Is there anything that worries you about school?

What do you think your goals should be?