Student Education Plan

**Student Name:**

**Homeschool:**

**School Year:** **Grade Level:** **Today’s Date:**

**Parent/Guardian Name:**

**Address:**

**Phone:**

## General Cognitive Ability

### Insert relative data from full battery of psychological/educational testing here.

## Academic Achievement

Insert relative data from full battery of psychological/educational testing here.

## Present Levels of Performance

**Parent input** (strengths, interests, concerns):

**Student input** (strengths, interests, concerns):

**History of Instructional Support** (IEP, 504, etc.) [ ] Yes [ ] No [ ] Not Applicable

**Reading:**

***Strengths****:*

***Weaknesses****:*

**Math**:

***Strengths*:**

***Weaknesses*:**

**Social/Emotional**:

***Strengths***:

***Weaknesses***:

**Communication**:

***Strengths***:

***Weaknesses***:

**Adaptive Behavior**:

***Strengths***:

***Weaknesses***:

**Behavior**:

***Strengths***:

***Weaknesses***:

**Other**:

***Strengths***:

***Weaknesses***:

**Health Data**:

**On medication (specify)** :

**Physical concerns (specify)**:

**Wears glasses/contacts/hearing aid/prosthesis**:

**Other**:

**Special Factors**

1. Does behavior impede student learning or the learning of others? [ ] Yes [ ] No

2. Does the student have limited English proficiency? [ ] Yes [ ] No

3. Is the student blind or visually impaired? [ ] Yes [ ] No

4. Is the student deaf or hard of hearing? [ ] Yes [ ] No

5. Does the student require assistive technology devices? [ ] Yes [ ] No

6. Other:

## Educational Goals and Objectives

### Academic: **READING**

**Annual Goal:**

Objective:

### Academic: **Language Arts**

**Annual Goal:**

**Objective**:

### Academic: **writing**

**Annual Goal:**

**Objective**:

### Academic: **math**

**Annual Goal:**

**Objective**:

### Academic: **science**

**Annual Goal:**

**Objective**:

### **Adaptive behavior**

**Annual Goal:**

**Objective**:

### **social/emotional**

**Annual Goal:**

**Objective**:

## Accommodations/Modifications/Supports to Meet Educational Needs

**Pacing**: (example—allow for additional time)

**Environment**: (example—reduce or minimize distractions)

**Presentation of Subject Matter**: (example—allow use of manipulatives, provide study guides)

**Materials**: (example—provide voice to print software, large print paper, etc.)

**Assignments**: (example—provide oral and written directions, allow for a scribe)

**Self Management/Follow Through**: (provide a visual schedule, have student repeat directions orally)

**Student Assessment**: (example—allow for oral responses, allow test to be read to student)

## Related Services

**[ ] Occupational Therapy** for a minimum of [ ] minutes each [ ] week [ ] month

[ ] Direct, integrated in homeschool setting [ ] Consultation [ ] Direct, in clinic

**[ ] Physical Therapy** for a minimum of [ ] minutes each [ ] week [ ] month

[ ] Direct, integrated in homeschool setting [ ] Consultation [ ] Direct, in clinic

**[ ] Speech Therapy** for a minimum of [ ] minutes each [ ] week [ ] month

[ ] Direct, integrated in homeschool setting [ ] Consultation [ ] Direct, in clinic

## Signatures

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_