Sample Student Education Plan

Student Name Joshua Michael Smith

Home School Smith Homeschool Academy

School Year 2021-2022 Grade Level 5th Today’s Date 8/1/2021

Parent/Guardian Name Mr. and Mrs. Somebody Smith

Address 111 Homeschool Way, City, State, 12345 Phone Number 301-333-1111\_ \_

## General Cognitive Ability

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

* Student is functioning within a normal/average IQ
* Student has been diagnosed with Auditory Processing Disorder and Low Frustration Tolerance to Sound/some sensory issues
* Student was found to have slow processing speed and weak working memory
* Student’s visual-motor/fine motor skills are weak and need improvement
* Some difficulties with language processing and expression have been discovered

## Academic Achievement

*Insert relavent data from full battery of psychological/educational testing here or other valuable and available test reports or assessments:*

* The student is slightly below “grade level” on math computation skills, has difficulty with retention of information and math facts, but understand math concepts. The student struggles with remembering, holding, sequencing steps in a process.
* The student is reading currently at a 3rd grade level and has made gains with reading one syllable words, can read compound words, and can read words simple 2 syllable words with open and closed syllables.
* The student needs to master vccv patterns, c-le patterns, and vowel teams, as well as work with prefixes in order to make gains in reading multi-syllabic words and thus higher grade level text. Continued explicit instruction in phonics, decoding, reading practice and fluency is needed.

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| 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 |
| **Math** | *Strengths:* | *Weaknesses:* |
| **Social/Emotional** | *Strengths:* | *Weaknesses:* |
| **Communication** | *Strengths:* | *Weaknesses:* |
| **Adaptive Behavior** | *Strengths:* | *Weaknesses:* |
| **Behavior** | *Strengths:* | *Weaknesses:* |
| **Other** | *Strengths:* | *Weaknesses:* |
| **Health Data***(Medications, physical concerns)* | *Student has been diagnosed with asthma and auto-immune disorder; ADD* |
| **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
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| Educational Goals and Objectives |  |  |  |
| Academic: Reading |
| **Annual Goal:** |  |
| Objective: |  |

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| Educational Goals and Objectives |  |  |  |
| Academic: Language Arts |
| **Annual Goal:** |  |
| Objective: |  |

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| Educational Goals and Objectives |  |  |  |
| Academic: Writing |
| **Annual Goal:** |  |
| Objective: |  |

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| Educational Goals and Objectives |  |  |  |
| Academic: Math |
| **Annual Goal:** |  |
| Objective: |  |

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| Educational Goals and Objectives |  |  |  |
| Academic: Writing |
| **Annual Goal:** |  |
| Objective: |  |

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| Educational Goals and Objectives |  |  |  |
| Academic: Science |
| **Annual Goal:** |  |
| Objective: |  |

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| Educational Goals and Objectives |  |  |  |
| Adaptive Behavior |
| **Annual Goal:** |  |
| Objective: |  |

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| Educational Goals and Objectives |  |  |  |
| Social Emotional |
| **Annual Goal:** |  |
| Objective: |  |

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| --- | --- | --- | --- |
| Accommodations/Modifications/Supports to Meet Educational Needs |  |  |  |
| **Pacing:***(Ex. Allow for additional time.)* |
| **Environment:***(Ex. Reduce or minimize distractions.)* |
| **Presentation of Subject Matter:***(Ex. Allow use of manipulatives, provide study guides.)* |
| **Materials:***(Ex. Provide voice to print software, large print paper, etc.)* |
| **Assignments:***(Ex. Provide oral and written directions, allow for a scribe.)* |
| **Self-Management/Follow Through:***(Ex. Provide a visual schedule, have student repeat directions orally.)* |
| **Student Assessment:***(Ex. Allow for oral responses, allow for tests 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

Connect With Us

* Online — [Starting Strong](http://hslda.org/teaching-my-kids/starting-strong), [High School and Beyond](http://hslda.org/teaching-my-kids/high-school-beyond), [Special Needs](http://hslda.org/teaching-my-kids/special-needs)
* MomPossible community — [mompossible.org](http://www.mompossible.org)
* Facebook — [facebook.com/hslda.EduConsultants](http://www.facebook.com/hslda.EduConsultants)
* Email — info@hslda.org
* Phone — 540-338-5600