** Individual Education Plan (IEP)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | Class: | | | Date: |
| Date of Birth:  Year group: | IEP number:  SEN Status: | Teacher: | | Targets to be reviewed by  Date: | |
| School Support, provision and time allocation: | | | School Support +  Referral/Review date for outside agency | | |
| Agencies involved in the past: | | | | | |
| **Information to be shared with Parents about supporting their child at home:**        IEP shared with Parents – Signed: Date: | | | | | |
| **Parents Review of the IEP and comments** | | | | | |
| **Signed: Intervention Team Leader and SENCo** | | | | | |

** Individual Education Plan (IEP)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | Year: | | | Class: | | |
| Things I am good at: | | | | | | | |
| Things I need to get better at: | | | | | | | |
| **Autumn Term Targets** | | | **Spring Term Targets** | | | **Summer Term Targets** | |
| 1. | | | 1. | | | 1. | |
| 2. | | | 2. | | | 2. | |
| 3. | | | 3. | | | 3. | |
| **Autumn Term Targets Reviewed** | | | **Spring Term Targets Reviewed** | | | **Summer Term Targets Reviewed** | |
| 1. |  | | 1. |  | | 1. |  |
| 2. |  | | 2. |  | | 2. |  |
| 3. |  | | 3. |  | | 3. |  |