** Individual Education Plan (IEP)**

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| --- | --- | --- |
| Name:  | Class:  | Date: |
| Date of Birth:Year group: | IEP number:SEN Status: | Teacher: | Targets to be reviewed byDate: |
| 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)**

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| --- | --- | --- |
| 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. |  |