

# SAMPLE

## Student Education Plan

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Student Name JOSHUA MICHAEL SMITH

Home School Smith Homeschool Academy

School Year \_\_\_\_\_ Grade Level \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### 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: Strength:**

Weaknesses:

**Social/Emotional: Strengths:**

Weaknesses:

**Communication: Strengths:**

Weaknesses:

**Adaptive Behavior: Strengths:**

Weaknesses:

**Behavior: Strengths:**

Weaknesses:

**Other: Strengths:**

Weaknesses:

**Health Data:** Student has been diagnosed with asthma and auto-immune disorder; ADD

On medication (specify) Albuterol inhaler and Concerta

Physical concerns (specify)

Wears glasses/contacts/hearing aid/prosthesis

Student wears glasses for reading

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:** *(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:** *(provide a visual schedule, have student repeat directions orally)*

**Student Assessment:** (ex. - 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 \_\_\_\_\_