

**INDIVIDUAL EDUCATION PLAN
& STUDENT SUPPORT GROUP MEETING RECORD**



STUDENT NAME
Student name

ADVISORY:	Advisory name
TERM:	Term
DATE:	Date

PERSONAL DETAILS
<u>Date of birth:</u> Enter date of birth

<input type="checkbox"/> Aboriginal/Torres Strait Islander <u>Community:</u> If known/applicable

<u>Languages spoken at home:</u> List languages

<u>Living arrangements:</u> Select one <i>Details (optional):</i>
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ADDITIONAL NEEDS
Program for Students with Disability <u>Category:</u> Choose a category <u>Level:</u> PSD Level

Additional needs identified by Student Support Group e.g. chronic absenteeism, anxiety disorders, etc.
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Supporting documents <input type="checkbox"/> Attendance Plan <input type="checkbox"/> Return to School Plan <input type="checkbox"/> Student Absence Learning Plan <input type="checkbox"/> Behaviour Support Plan <input type="checkbox"/> Safety Plan <input type="checkbox"/> Health Support Plan <input type="checkbox"/> Cultural Support/Care Plan <input type="checkbox"/> Career Action Plan <input type="checkbox"/> Other: <i>(please specify)</i>

Disabilities without PSD funding: List other diagnosed disabilities

External services currently supporting the student: e.g. Headspace, YSAS, Child Protection, VACCA etc.
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SSG Members: Attendance Record

SSG MEMBERS	ROLE DESCRIPTION	TERM 1	TERM 2	TERM 3	TERM 4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Understanding the Student

Interests and motivations

Learning style preferences

Social skills and relationships

Attendance and engagement

Challenging behaviours

Trigger points for behaviour

Academic strengths

KTEA

MATHEMATICS	
READING COMP	
SPELLING	
Term/Year	

On-Demand

MATHEMATICS	
ENGLISH	
Term/Year	

Academic areas for development

Classroom supports in place

Educational Needs Assessment

TYPE OF ASSESSMENT	NAME OF ASSESSMENT	DATE OF ASSESSMENT	ASSESSOR'S NAME	REPORT/NOTES LOCATION
Paediatric				
Cognitive				
Academic				
Language				
Pragmatics				
Phonological Awareness				
Behaviour				
Observation				
Counselling				
Case Management				
Social Work				
Occupational Therapy				
Vocational				
Hearing				
Vision				

Overarching Goal for the Year (Beacon Charter Pledge)

Previous Term's Goals

Goal One

Exit Skills/Level

Goal Two

Exit Skills/Level

Goal Three (optional)

Exit Skills/Level

Additional notes

(optional)

SMART Goals for this Term: Goal One

Link to PSD category/student needs

Strengths to achieve this goal

Entry level (current) skills

Barriers to plan around

STRATEGIES	PEOPLE RESPONSIBLE	TIMEFRAME	MEASURE

SMART Goals for this Term: Goal Two

Link to PSD category/student needs

Strengths to achieve this goal

Entry level (current) skills

Barriers to plan around

STRATEGIES	PEOPLE RESPONSIBLE	TIMEFRAME	MEASURE

SMART Goals for this Term: Goal Three (optional)

Link to PSD category/student needs

Strengths to achieve this goal

Entry level (current) skills

Barriers to plan around

STRATEGIES	PEOPLE RESPONSIBLE	TIMEFRAME	MEASURE

Signatures of Attendees: Options@Bayswater

SIGN	
	NAME / ROLE:

NAME / ROLE:

NAME / ROLE:

Signatures of Attendees: Family/Other

SIGN	
	NAME / ROLE:
EMAIL	<input type="checkbox"/> Please email me a copy of the SSG minutes:
	<input type="checkbox"/> I will collect the SSG minutes from school.

NAME / ROLE:
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<input type="checkbox"/> I will collect the SSG minutes from school.

SIGHTED BY THE PRINCIPAL:

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DATE OF NEXT STUDENT SUPPORT GROUP MEETING:	
Date:	Time:

Signatures of Attendees: Croydon Community School

SIGN	
	NAME / ROLE:

NAME / ROLE:

NAME / ROLE:

SIGN	
	NAME / ROLE:

NAME / ROLE:

NAME / ROLE:

Signatures of Attendees: Family/Other

SIGN	
	NAME / ROLE:
EMAIL	<input type="checkbox"/> Please email me a copy of the SSG minutes:
	<input type="checkbox"/> I will collect the SSG minutes from school.

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