



**VANCOUVER SCHOOL BOARD  
INDIVIDUAL EDUCATION PLAN FOR  
MINISTRY DESIGNATED STUDENTS**

**CONFIDENTIAL**

Date : \_\_\_\_\_

<b>LEVEL 4</b>			
Student Name:		Age:	Birth date:      M <input type="checkbox"/> F <input type="checkbox"/>
Address:		Postal Code:	Telephone No:
PEN#	*SIS#	Student#	Ministry Designation:
Placement/Grade:		Program:	School:
Classroom Teacher:		Parent(s)/Guardian(s):	
First Language:		Language in Home:	
School History/Health Concerns		Assessment History    (year)	
		<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">                     Psychological  <input type="checkbox"/> Speech Language  <input type="checkbox"/> Behavior Consultation  <input type="checkbox"/> Learning Consultation  <input type="checkbox"/> Other                 </div> <div style="flex: 1; border-left: 1px solid black; height: 100px;"></div> </div>	
<b>IEP TEAM (Asterisk * denotes attendance at IEP meeting)</b>			
<u>Role/Title</u>	<u>Name</u>	<u>Role/Title</u>	<u>Name</u>
1. School Case Manager			
2. Parent/Guardian			
3. Classroom Teacher			
Student Strengths (Abilities/Interests/Motivators)		Specific Areas of Concern/Needs (Learning/Behavior focus)	

\*Secondary School only



GOALS AND OBJECTIVES
----------------------

Priority Goal:
----------------

Curriculum Area(s):
---------------------

## Assessment Tools/Results

Current Level of Performance

<u>Objectives</u>	

[illegible]

	<u>Progress/Review</u>



VANCOUVER SCHOOL BOARD  
INDIVIDUAL EDUCATION PLAN

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Grade/Program: \_\_\_\_\_

**YEAR END REVIEW/RECOMMENDATIONS:**