

Individual Education Plan Stage .....

School .....

Name ..... Date started .....

Does the concern remain the same? YES/NO

If NO list any changes below:

Tick those who have advised  
And attach any advice

| Outside Agencies / Support Services consulted |        |        |     |       |
|---|--------|--------|-----|-------|
| CFCS  | HHTBMS | MLD    | SMO | Other |
| ELS   | HI     | OT     | SSD |       |
| EPS   | LDSS   | Physio | TES |       |
| EWS   | Lit SS | SALT   | VI  |       |

| Long Term Aim |         |        |         | Parent(s) / carer(s)' views / support |                 |        |
|---------------|---------|--------|---------|---------------------------------------|-----------------|--------|
| Date          | Targets | Action | By Whom | Date of Next Review                   | Review Comments | Signed |
|               |         |        |         |                                       |                 |        |

IEP co-ordinated by .....

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Who supports the child and how often:

|               |             |           |
|---------------|-------------|-----------|
| Child's Name: | IEP Number: | IEP Date: |
|---------------|-------------|-----------|

| Day       | Name of Support Worker and their Role / Designation | Type of Intervention | Total Hours / Days |
|-----------|---|----------------------|--------------------|
| Monday    |   |                      |                    |
| Tuesday   |   |                      |                    |
| Wednesday |   |                      |                    |
| Thursday  |   |                      |                    |
| Friday    |   |                      |                    |