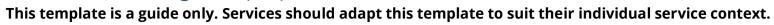
Individual Learning Plan (ILP)







Name:	Early Childhood Service:		
Date of Birth:	Planned School Setting (or next setting):		
Current date:	Date for review:		
Plan Developed by: Name (and position/agency if applicable)	Relationship to child/role	Contact details (Email, phone)	
Note contribution of person to the development of the ILP: Attended meeting (A), Written/verbal Report (W/V), Email/Phone (E/P)			
Summary of assessment information:			
Assessments completed:			
Strengths and interests:			
Needs:			

Name:	D.O.B.:	Date:
ivallic.	D.O.D	Date.





Long term goals and outcomes:

- For *child's name* to xxxxx.
- For *child's name* to xxxxx.
- For child's name to xxxxx.

Short term objectives, teaching strategies, and evaluation

Objective	Teaching Strategies	Routine (when will this occur and who is responsible?)	Evaluation
			Date: Working towards objective Met objective Exceeded objective Comment on progress:
			Date: Working towards objective Met objective Exceeded objective Comment on progress:

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Name:	D.O.B.:	Date:

Objective	Teaching Strategies	Routine (when will this occur and who is responsible?)	Evaluation
			Date: Working towards objective Met objective Exceeded objective Comment on progress:
			Date: Working towards objective Met objective Exceeded objective Comment on progress:

Note: Type any additional notes here.