

Individual Education Plan (EDB)

Name: _____ D.O.B. _____

Class: _____ Date: _____ Plan no. _____

STRENGTHS & SUCCESSES

MAIN AREAS OF CONCERN

TARGETS (Prioritise)

- 1 _____
- 2 _____
- 3 _____

DESIRED OUTCOMES

- 1 _____
- 2 _____
- 3 _____

STRATEGIES TO MEET TARGETS

Who? Where? When? How? For how long?

Target 1

Target 2

Target 3

Review date: _____ Parent's signature: _____