*Insert School logo*

# EDUCATION ADJUSTMENT PLAN

|  |  |
| --- | --- |
| **Name:** |  |
| **Student UPN:** |  |
|  **D.O.B.** |  |
| **Year Level:** |  |
| **EAP Meeting Date:** |  |
| **Review Date:** |  |
| **Parent/Caregiver:** |  |
| **Class Teacher:** |  |
| **Spec. Ed. Teacher:** |  |
| **Support Staff:** |  |
| **Primary Diagnosis:** |  |
| **Secondary Diagnosis:** |  |
| **Address *(optional)*:** |  |
| **Phone Number(s) *(optional)*:** |  |
| **Moderated by Specialist Advisor and Date:** |  |

*Insert Student Photo*

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| --- | --- | --- | --- | --- |
|  | ***Participation*** | ***Communication*** | ***Personal Care*** | ***Movement*** |
|  | ***Curriculum Access*** | ***Behaviour*** | ***Social Competence*** | ***Safety*** | ***Communication Access Receptive Language*** | ***Communication Participation Expressive Language*** | ***Hygiene*** | ***Eating & Diet*** | ***Health Care*** | ***Gross Motor & Mobility*** | ***Fine Motor*** |
| ***Level*** |  |  |  |  |  |  |  |  |  |  |  |
| ***Indicator/s*** |  |  |  |  |  |  |  |  |  |  |  |

***Level:*** *0=No Adjustments, 1=Supplementary (Minimal), 2= Supplementary (Moderate), 3=Substantial, 4=Extensive;*

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| **Important Student Information** (medical/allergy information, guardianship, e.g. Transition points if appropriate year 6 – 7, 9- 10, post school) |
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| **Student Interests/Likes** |
|  |
| **Strengths** | **Concerns** |
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| **Triggers** | **Warning Signs** |
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| **School and Non-School Based Assessments** |
| **Assessments Completed**(Oldest to most recent from CDT, Paediatrician, Private Psychologist etc)e.g. 12/3/12, Paediatrician RDH, Diagnosis Report 15/8/12, CDT, Speech Report | **Special Consideration for Assessments***e.g. Slope Board, Scribe, More time to complete assessment, exemptions from NAPLAN* | **NAPLAN Results/ Australian Curriculum/ELYF and School Based Assessments.***e.g. SENA, PM Benchmark, SA Spelling results, Assessment of Student Competencies* |
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| **Long Term Goal (Home and School-Based)** |
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| --- | --- | --- | --- |
| **Area of Need** | **Goal** | **Learning Design** | **Who Will Support** |
| **SNP Focus Area Level (Indicator):** **Baseline Information (issues, data etc.) Student can…** | **Learning Outcome:** **Condition:****Criteria:** | **Teaching and Learning Adjustments/Strategies:****Environment Adjustments/Strategies:** | * Class Teacher –
 |
| **Curriculum Focus:**Australian Curriculum (Curriculum Areas or General Capabilities), EYLF. | **Data Collection** *List a least 1 method to record evidence of learning and who is going to collect* |
|  | * Anecdotal Records (CT)
 |
| **Professional Learning** *PL needed by staff to support the student* |
|  |

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|  |

**Areas of Need not Covered in EAP Goals:**

## *If a student has a 1 or 2 in an area of the Special Needs Profile a goal is not needed for this area but a comment is required to indicate what is happening in the classroom to support the student in that area. This comment may include specific detail such as a particular program e.g. “You Can Do It”, or Refer to Health Care Plan, OT/Speech Program. (PWU 2012)*

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| **Area of Need** | **SNP Focus Area Level (Indicator):** **Concern:****Program/s to Address Concern:** |

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| --- | --- |
| **Area of Need** | **SNP Focus Area Level (Indicator):** **Concern:****Program/s to Address Concern:** |

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| **EAP Meeting Overview** |
| *ACTIONS* | BY WHOM | *BY WHEN* |
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| **MINUTES\NOTES** |

**Planning and Implementation Team Members at Meeting**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Role** | **Phone**  | **Email**  | **Signature** | **Date** |
|  | Parent/s or Carer/s |  |  |  |  |
|  | Classroom Teacher (CT) |  |  |  |  |
|  | Special Education Teacher (SET) |  |  |  |  |
|  | Special Education Support Assistant (SESA) |  |  |  |  |
|  | Special Education Support Officer (SESO) |  |  |  |  |
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**Consultants and Therapists**

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| --- | --- | --- | --- |
| **Name** | **Role** | **Organisation** | **Contact (email and/or phone)** |
|  | Speech Therapist |  |  |
|  | Psychologist |  |  |
|  | Paediatrician |  |  |
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**School-Based EAP Review**

**Evidence of Learning:**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Class** | **Teacher/s** | **Reviewed by** | **Date**  |
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| **Learning Outcome:** | **Condition:** | **Criteria:** | **Child’s Progress to EAP goals** |
| **Comments**  |
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| What is working well and is there progress seen towards accomplishing the outcomes? | Are there any changes that need to be made in the outcomes, criteria or condition to make the outcome achievable? | Are there any personnel or timetable changes that need to occur to better support the EAP and make the outcome achievable? |
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**Weekly Record - Evidence of Learning**

 **Week:** **Term:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Goals** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Who** | **Notes and responsiveness to program** |
|  | CT |  |
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|  | CT |  |
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| **Key** Blank - activity wasn’t  done today* - Successful

X - not successful P - promptedAA - adult assistance  neededI - independentCT - Class Teacher S - StudentSESA -Special  Education Support  Assistant | **Overall Comments for the week:** |
| **Child’s responsiveness scale** | **1 - Non-responsive** | **2 - Occasionally Responsive** | **3 - Moderately Responsive** | **4 - Very Responsive** |