**EDUCATION ADJUSTMENT PLAN**

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| NTG logo - reversed 300ppi 2 |  | **DEPARTMENT OF EDUCATION** |

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| **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:** |  |

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| Insert School Logo |

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| Insert Student Photo |

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|  | ***Participation*** | | | | ***Communication*** | |
| ***Student Needs Profile*** | ***Curriculum***  ***Access*** | ***Behaviour*** | ***Social***  ***Competence*** | ***Safety*** | ***Communication Access - Receptive Language*** | ***Communication Participation – Expressive Language*** |
| ***Level*** |  |  |  |  |  |  |
| ***Indicator/s*** |  |  |  |  |  |  |

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|  | ***Personal Care*** | | | ***Movement*** | |
| ***Student Needs Profile*** | ***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** | |
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| **Strengths** | **Concerns** |
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| **Triggers** | **Warning Signs** |
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| **School and Non-School Based Assessments / Evidences** | | |
| **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* |
|  |  | **English**  Language -  Literature -  Literacy -  **Maths**  Number and Algebra -  Measurement and Geometry -  Statistics and Probability - |

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| **Long Term Goal\Aspirations (Home and School-Based):** |
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| **Area of Need** | **Baseline Information (anecdotal data etc.) Student can…** |
| **SNP Focus Area Level (Indicator):** |  |

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| --- | --- | --- |
| **Goal** | | |
| **Learning Outcome:**  **Condition:**  **Criteria:** | | |
| **Curriculum Focus: Australian Curriculum (Curriculum Areas or General Capabilities), EYLF.** | | |
|  | | |
| **Learning Design** | | |
| **Teaching and Learning Adjustments/Strategies:**  **Environment Adjustments/Strategies:** | | |
| **Data Collection** | **Professional Training /Learning** | **Who Will Support** |
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| **Goal** | | |
| **Learning Outcome:**  **Condition:**  **Criteria:** | | |
| **Curriculum Focus: Australian Curriculum (Curriculum Areas or General Capabilities), EYLF.** | | |
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| **Learning Design** | | |
| **Teaching and Learning Adjustments/Strategies:**  **Environment Adjustments/Strategies:** | | |
| **Data Collection** | **Professional Training /Learning** | **Who Will Support** |
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**Other Areas of Need:**

*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):**  **Baseline Information:**  **Program/s to Address Needs:** |

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

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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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| **Goals** | **Child’s Progress to EAP goals** |
| **Comments** |
| Learning Outcome:  Condition:  Criteria: |  |
| Learning Outcome:  Condition:  Criteria: |  |
| Learning Outcome:  Condition:  Criteria: |  |

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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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| **Overall Comments for the week:**  **Key**  Blank - activity wasn’t done today   * - Successful   X - not successful  P - prompted  AA - adult assistance  needed  I - independent  CT - Class Teacher  S - Student  SESA -Special  Education Support  Assistant | | | | | | | | | | |
| **Child’s responsiveness scale** | | **1 - Non-responsive** | | **2 - Occasionally Responsive** | | **3 - Moderately Responsive** | | | | **4 - Very Responsive** |

**Weekly Record - Evidence of Learning** **Week:** **Term:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Goals** | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | **Friday** | | **Who** |
|  | | | | | | | | | | CT |
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| **Notes and responsiveness to program** | | | | | | | | | |
|  | | | | | | | | | | CT |
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| **Notes and responsiveness to program** | | | | | | | | | |
|  | | | | | | | | | | CT |
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