



Name:	Class:
Date of Birth:	Key person:
Address	Others involved in constructing individual plan:
Telephone:	
Class Teacher:	
Commencement date:	Review Date:
Summary of information available(<i>formal and informal assessment; summary information, e.g. from parents, teacher, psychologist, speech and language therapist etc.</i>)	
Other Relevant Information: (<i>medical, hearing, sight, mode of communication, hand function, frequent absences.</i>)	
Learning Strengths	Learning Needs:

PRIORITY LEARNING NEEDS

Long-term learning goals	Teaching methods and strategies	Resources
<ul style="list-style-type: none"><li data-bbox="253 352 499 376">• Curriculum area <li data-bbox="253 533 499 557">• Curriculum area <li data-bbox="253 713 499 737">• Curriculum area <li data-bbox="253 893 499 917">• Curriculum area		

Contribution from home and from other professionals:

SHORT TERM PLANNING SHEET

Learning Objectives	Curriculum Area	Teaching Strategies and Resources	Evaluation

