

# Individual Plan of Instruction

Name of Implementing School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Social Security \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Review Date \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Date IPI Initially Implemented: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

## Assessment

Name of Test(s) Slossan \_\_\_\_\_ TABE \_\_\_\_\_ Date of Test: \_\_\_\_\_

Score/Results Total Reading: \_\_\_\_\_ Total Math: \_\_\_\_\_ Total Lang. Arts: \_\_\_\_\_

Total Grade Equivalent: \_\_\_\_\_

Student's Strengths: \_\_\_\_\_

Student's Needs: \_\_\_\_\_

## Educational Goals and Objectives (to include academics, vocational, behavioral)

Long Term Goals: \_\_\_\_\_

Short Term Goals: \_\_\_\_\_

**Review/Recommendations**

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**Signature**

**Title**

**Date**

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**Revisions**

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**Signature**

**Title**

**Date**

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**Attachments: (Please list below)**

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