

### Individualized Education Plan – Teacher Guidance

Full Student Name: \_\_\_\_\_

Referring Teacher/Class: \_\_\_\_\_

This student needs extra practice in the following skill area(s):

Listening \_\_\_\_\_

Reading \_\_\_\_\_

Speaking \_\_\_\_\_

Writing \_\_\_\_\_

Grammar \_\_\_\_\_

List up to three **specific** course objectives with which this student needs assistance. The more specific you can be the easier it will be to assist your student.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Individualized Education Plan – Student Reflection

#### Before you work:

How much time each week do you think it will take you to reach your learning goals? \_\_\_\_\_ hours/week

Which days are best for you to work in the SALC? Circle all that apply.

Monday

Tuesday

Wednesday

Thursday

Friday

Which times are best for you to work in the SALC? Circle all that apply.

11 AM

12 PM

1 PM

2 PM

3 PM

4 PM

5 PM

Do you clearly understand what your teacher would like you to work on? Yes No

*If you circled no, please go back to your teacher and ask for more instructions before you continue.*

Find a program, website, or other resource in the SALC that allows you to practice the objectives. Ask Nicole, Ryan or Aura for help.

Program / Resource List:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### As you work:

Keep track of your time spent on your goals. The SALC advises you to meet weekly with your teacher to discuss your progress.

Week/Day	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					