



Individualized Education Program (IEP) SUPPORT PLAN FOR CHILDREN WITH DISABILITIES



Child's Name: _____ DOB: ____ / ____ / ____ Child Code #: _____

Plan Type (Circle one): Initial Plan or Update

IEP Goal(s)	Daily Activity/Routine	Individualization Strategies	Describe what it will look like in your classroom
Goal # ____: DRDP Measures & School Readiness Goals	<input type="checkbox"/> Arrival/ Departure <input type="checkbox"/> Meal <input type="checkbox"/> Transition <input type="checkbox"/> Large Group <input type="checkbox"/> Small Group <input type="checkbox"/> Choice <input type="checkbox"/> Outdoor	CM ELO CFI	
Goal # ____: DRDP Measures & School Readiness Goals	<input type="checkbox"/> Arrival/ Departure <input type="checkbox"/> Meal <input type="checkbox"/> Transition <input type="checkbox"/> Large Group <input type="checkbox"/> Small Group <input type="checkbox"/> Choice <input type="checkbox"/> Outdoor	CM ELO CFI	

KEY: CM = Curriculum Modification; ELO = Embedded Learning Opportunity; CFI = Child Focused Instruction

Participants:

Parent/Guardian Signature

____ / ____ / ____
Date

Teacher Signature

____ / ____ / ____
Date

Service Provider (SP) Signature (if possible)

____ / ____ / ____
Date

OR Teacher phone conference with SP

____ / ____ / ____
Date