

Individual Learning Plan

Name: _____ **Center:** _____

Instructions for Completion: Teachers will set a goal prior to program start up. The ESI Screening and Parent Questionnaire will be used to develop the goal. Once the initial goal has been accomplished, subsequent goals will be set. Be sure to fill in each section, including the goal number. Once a goal as been accomplished, this form will be placed in the student portfolio and a new form will be started.

Date: _____

Goal: _____

Possible Strategies:

Accomplishments:

Date goal achieved: _____ **Signature:** _____

Goal # _____