

SCHOOL\_\_\_\_\_

## Individualized Education Programme (IEP) Report

### LEARNER'S PERSONAL DETAILS:

Name\_\_\_\_\_

Date of Birth\_\_\_\_\_

Parent/Guardian's Name\_\_\_\_\_

Parent/Guardian's Occupation\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

Date of Initiation to IEP\_\_\_\_\_

Date of Termination of IEP\_\_\_\_\_

### SUMMARY OF STRENGTHS, WEAKNESSES AND INITIAL RECOMMENDATIONS

Learning Area/Skill Assessed	Present Level of Performance		
	STRENGTHS	WEAKNESSES	INITIAL RECOMMENDATION

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**LEARNING OUTCOMES:**

*(Set to be achieved by the end of the learning session)*

LEARNING AREA	LEARNING OUTCOMES		
	Long Term	Short Term	Evaluation

**PROGRESS RECORD**

Date Evaluated	Skills Area	Comment

**CONCLUSION AND FINAL RECOMMENDATION:**

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