

## **USER GUIDE - INDIVIDUAL LEARNING PLAN TEMPLATE**

### ABOUT THE INDIVIDUAL LEARNING PLAN TEMPLATE

An Individual Learning Plan can also be referred to as an Individual Education Plan (IEP) or an Individual Adjustment Plan (IAP). This template has been designed to capture evidence of students' assessed individual needs, areas of adjustment, and planned review activities for each student included in the school's NCCD data submission. While most schools already have a version of an Individual Learning Plan template, this template has been designed to specifically document the general areas of evidence outlined in the NCCD Guidelines.

#### **HOW TO COMPLETE THIS TEMPLATE**

A few things to be mindful of when completing this document:

- There is no set duration for the template. It can be completed each term, semester or year. However, one of the purposes of this template is to capture evidence of the ongoing monitoring and review of adjustments provided in the 12 months preceding the relevant reference date for the year (page 4). In order to demonstrate this monitoring and review of adjustments, it is recommended that the Individual Learning Plan is created at the start of the school year and reviewed at least once before the commencement of the third term (i.e. prior to the reference date in early August).
- The template accommodates multiple teachers where applicable (for example, secondary school students or students in separate support class). It is recommended that the Individual Learning Plan is created collaboratively where possible to capture all adjustments being provided to support the student's individual learning needs.
- The template prompts the person(s) completing the document to align the student's individual needs to the 'educational and support needs' as defined in the NCCD Guidelines (page 2). These education and support needs include Key Learning Areas, Communication, Participation, Health and Personal Care, and Movement, and provide the necessary link between the student's disability and functional impact of the disability on their education. Definitions for these terms have been provided in the template.
- The template prompts the person(s) completing the document to consider specific points when capturing the adjustments to be provided (page 3). Aligning responses to these prompts will not only allow the school to more effectively design, deliver, and review adjustments, but will also support decisions around the category and level of adjustment under which a student is included in the NCCD data submission (page 5).

## GENERAL AREAS OF EVIDENCE <u>COVERED</u> BY THIS TEMPLATE

| General areas of evidence  | Evidence covered   |  |
|--|--|--|
| Assessed individual needs of the student   | <ul> <li>Evidence that the student has a disability as defined by the DDA.</li> <li>Evidence that the school has assessed the functional impact of the student's disability in relation to their education.</li> <li>Evidence of consultation with the student and/or their associate in planning adjustments to support the student's needs.</li> </ul> |  |
| Adjustments being provided to the student to address their assessed needs associated with disability | Evidence of <b>adjustments being planned</b> to support the student's needs arising from a disability.   |  |
| Ongoing monitoring and review of the adjustments   | <ul> <li>Evidence of review of the impact and effectiveness of the adjustment(s) being provided to the student.</li> <li>Documentation of any outcomes or changes to adjustment(s) from the monitoring and review.</li> <li>Evidence that the review occurred within the NCCD reference period and with the student and/or their associates.</li> </ul>  |  |
| Consultation and collaboration with the student and/or associates                                    | <ul> <li>Evidence of consultation and collaboration with the student and/or their associate about the student's assessed individual need and the adjustments to be provided to support this need.</li> <li>Evidence that the consultation occurred within the NCCD reference period.</li> </ul>  |  |

# GENERAL AREAS OF EVIDENCE NOT COVERED BY THIS TEMPLATE

| General areas of evidence  | Evidence not covered   | Suggested template(s)   |  |
|--|--|---|--|
| Adjustments being provided to the student to address their assessed needs associated with disability | Evidence of delivered adjustments for 10     weeks or more (including the frequency and intensity of adjustments)  | <ul> <li>Student observation templates</li> </ul>   |  |
| Principal sign-off and moderation  | <ul> <li>Evidence of moderation employed by the school, approved authority, and/or the representative body.</li> <li>Evidence that the school Principal has verified that there is evidence to support the inclusion of each student on the NCCD data submission.</li> <li>Evidence that an approved authority has verified the data prior to submission to the Department.</li> </ul> | The NCCD Moderation template (click on link below to access this document on the NCCD website)  The NCCD Moderation  The NCCD Moderati |  |



## Individual Learning Plan

|   |  | Consultation and collaboration |           |
|---|--|--------------------------------|-----------|
|   |  | Name                           | Signature |
| Student name                                | Teacher(s)   |                                |           |
| Student ID                                  | Parent(s), carer(s), or guardian(s)  |                                |           |
| Grade/Year                                  | Other key school team<br>members e.g. Learning<br>Support Coordinator,<br>Principal etc. |                                |           |
| Creation date                               |  |                                |           |
| Overview of the student and their strengths |  |                                |           |

| Student's educational needs arising from a disability   |
|---|
| In the box below, outline the needs of the student arising from a disability, the functional impact of the needs on their education, and associated short or long-term goals. Educational needs could include:  • Key Learning Areas (curriculum): Changes required in curriculum and teaching practices to enable the student to achieve the learning outcomes described in syllabus documents.  • Communication: The student's ability to receive and understand information being conveyed by others (receptive language) and the student's ability to convey a message to others (expressive language).  • Participation: The student's ability to engage in successful interactions and participate effectively in the full school program (social competence) and the management strategies required to ensure the student's safety (safety and wellbeing). |
| <ul> <li>Health and Personal Care: Essential hygiene routines which require intensive individual management to support participation (hygiene), eating/drinking/dietary needs which require individual management (eating and dietary), and the procedures specified in an individual health care plan which require specialised support (health care procedures).</li> <li>Movement (mobility): The student's level of functional independence in mobility and positioning (mobility and positioning) and the student's ability to use the hand motor skills required to participate in learning activities (hand motor skills).</li> </ul>  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

| Overview of adjustments to be provided to address the student's needs   |
|---|
| In the box below, outline the adjustments to be implemented to address the student's individual needs. Consider:  The frequency and intensity of the adjustments  The persons responsible for the design and implementation of the adjustments  The timing of the adjustments (start date, end date)  When the adjustments will be reviewed  How you will record the delivery of the adjustments for a minimum of 10 weeks in order to meet the 10 week evidentiary requirement  Any external consultations or appointments relating to the student's disability. |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

| Records of monitoring and | review of adjustments and co | onsultation and collaboration |                                  |
|---------------------------|------------------------------|-------------------------------|----------------------------------|
| Review date               |                              | Notes from discussion         | Outcomes/actions from discussion |
|                           |                              |                               |                                  |
| Attendees                 |                              |                               |                                  |
| Names                     | Signatures                   |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |
| Review date               |                              | Notes from discussion         | Outcomes/actions from discussion |
|                           |                              |                               |                                  |
| Attendees                 |                              |                               |                                  |
| Names                     | Signatures                   |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |
| Review date               |                              | Notes from discussion         | Outcomes/actions from discussion |
|                           |                              |                               |                                  |
| Attendees                 |                              |                               |                                  |
| Names                     | Signatures                   |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |
|                           |                              |                               |                                  |

| NCCD information  |  |  |  |  |
|---|--|--|--|--|
| Does the student have a diagnosed disability or imputed disability as defined in section 4 of the <i>Disability Discrimination Act 1992</i> (DDA)? Please provide supporting details. | Diagnosed disability Imputed disability                                  |  |  |  |
|   | Prior year NCCD submission:  | Initial assessment for current plan:                                     | Submitted in the NCCD:   |  |
| Please select the disability category that requires the greatest extent of adjustment.  | Cognitive Physical Social/Emotional Sensory                              | Cognitive Physical Social/Emotional Sensory                              | Cognitive Physical Social/Emotional Sensory                              |  |
| Please select the level of adjustment being provided to the student.  | Not included in NCCD submission QDTP Supplementary Substantial Extensive | Not included in NCCD submission QDTP Supplementary Substantial Extensive | Not included in NCCD submission QDTP Supplementary Substantial Extensive |  |
| Please provide commentary around the changes in the disability category and level of adjustment outlined above.   |  |  |  |  |