**PLANNING SHEET**

**INDIVIDUALIZED RELIGIOUS EDUCATION PROGRAM**

Student’s Name: Age: \_\_\_\_ Today’s Date:

Parent(s): \_\_\_\_ Home Telephone: \_\_\_\_ Work Telephone: \_\_\_\_\_

 \_\_\_\_ Home Telephone: \_\_\_\_ Work Telephone: \_\_\_\_\_

Description of day-school educational program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day-school current I.E.P. on file? \_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WHO | WILL DO WHAT | WHO CAN HELP | RESOURCES | COMPLETION DATE |
|  |  |  |  |  |

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Page \_\_\_\_ of \_\_\_\_ Date:

**INDIVIDUALIZED RELIGIOUS EDUCATION PROGRAM**

Student’s Name:

Present level of formation:

Annual goal: \_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| SHORT TERM OBJECTIVES | OBJECTIVE CRITERIA | PROCEDURES | SCHEDULE |
|  |  |  |  |
| PROGRAMMING & SERVICES WHICH WILL CONTRIBUTE TO MEETING THIS GOAL: |
| Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACTION TAKEN ON THIS GOAL UPON REVIEW: |

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