TURTLE MOUNTAIN SCHOOL DIVISION NO. 44

EDUCATION PLAN

Name: _____ MET # _____ School: _____ School year: _____

IDENTIFICATION INFORMATION	SCHOOL INFORMATION	CONTINUUM OF SERVICES
D.O.B.: Parents: Address: Telephone: Work: Home:	Grade: Teacher: Case Manager: Timetable Attached:	Speech/Language Counsellor Psychologist Student Services Health Plan Other: _____ _____

TEST NAME	DATE ADMIN.	CURRENT PERFORMANCE:	
		EDUCATIONAL GOALS:	
		STRENGTHS	CONCERNS