

Social Skills ILP

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY REFERRING TEACHER

Individual Learning Plan (ILP) (Use the back for additional space)

Social Skills

1	Student's Name:		[2] 2014-15 Grade Level:		[3] Date / /2015			
4	Remediation Area(s):							
5	Referred by (teacher):			[6] Referring School:				
			Social Skills Teacher Responsible for Implementing:					
Completed by REFERRING TEACHER (information provided for Summer School/Extended Day Teacher)				Completed by Summer School				
	Specific Area of Need		Explain the current Level of Performance – Reasons for referral		Attendance (16)	Data:		
7	Social Communication: Please Identify Needs: <input type="checkbox"/> Reciprocal Conversation Skills <input type="checkbox"/> Self-Advocacy Skills <input type="checkbox"/> Asking Appropriate Questions <input type="checkbox"/> Reading Non-Verbal Cues <input type="checkbox"/> Waits Appropriately <input type="checkbox"/> Understand and Uses Idiomatic Expressions <input type="checkbox"/> Other: _____				Session 1 (8):			
8	Social Interaction: Please Identify Needs: <input type="checkbox"/> Greets Familiar and Unfamiliar Persons Appropriately <input type="checkbox"/> Follows Instructions from Adults or Asks for Assistance <input type="checkbox"/> Disagrees Appropriately <input type="checkbox"/> Uses Appropriate Strategies of Emotional Regulation <input type="checkbox"/> Waits Appropriately <input type="checkbox"/> Uses Appropriate Personal Space <input type="checkbox"/> Other: _____				Session 2 (8):			
9	Behavioral Concerns (Include a copy of behavior plan if applicable):							
10	Parent Contacted (date): / /		Informed by (person)		Parent Contacted (date): / /			
11	Parent Contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Personal Contact <input type="checkbox"/> Other (specify)				Parent Contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Personal Contact <input type="checkbox"/> Other (specify)			
12	Other Services:				I have reviewed the student's goals with this Individual Learning Plan (ILP).			
					Student Signature(when appropriate)	Date	Summer School Teacher Signature	Date
					Parent Signature	Date		