

Date of PEP _____

PERSONAL EDUCATION PLAN

Name: _____ Date of Birth: _____ Age: _____
School: _____ Grade: _____
Teacher: _____ Date of P.E.P. _____

Parent's Name: _____ Phone: _____

What are your concerns? Please identify academic and/or behavioral problem areas:

Goals: Describe what you would like the student to do that he/she does not presently do:

Action Plan:

What steps will be implemented?	Who is responsible?	By when?	How will progress be monitored.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Implementor:

_____	_____
(Case manager)	(Parent)
_____	_____
(Teacher)	(Student)
_____	_____

Follow-up meeting: Date: _____ Time: _____ Place: _____