

**School Union # 93 Individualized Learning Plan**  
**Differentiated Curriculum**

Student: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Development \_\_\_\_\_  
DOB \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Student's Present Level Of Performance**

Results of most recent assessments:

Information below provided by:  Parent  Classroom Teacher  G/T Staff  Other

Student's strengths and interests:

Current academic functioning:

Needs beyond the general curriculum:

**Program Services and Responsibilities**

Service(s) to be provided:

Setting of Service(s):

Anticipated Frequency:  Daily  Weekly  Monthly  Other \_\_\_\_\_

How will the progress be reported to the parents?

G/T Coordinator Responsibilities:

Classroom Teacher Responsibilities:

Student Responsibilities:

**ILP Development Participant's Signatures**

Parent/Guardian	Parent /Guardian
Classroom Teacher	G/T Coordinator
Student	Principal
Other	Other