

INCLUSION PLAN

Dated:

Student's Name:	School:
Date of Birth:	District:
Classification:	Grade:

Describe Current Placement (e.g. classroom size, composition of students):

Time in general education **Total time in school**
Percent of time in general education

Team Members:

Name	Title	Role

Student's Strengths:

Current Priorities:

Goals of the Plan:

List most recent assessments completed and brief summary of results:

Cognitive

Adaptive Functioning

Social Skills

Functional Behavior Assessment

Speech/Language Therapy

Occupational/Physical Therapy

Other

INSTRUCTIONAL ENVIRONMENT

Environmental Supports

**Predict
Events and
Activities**

**Anticipate
Change**

Expectations

**Maintaining
Positive
Behaviors**

Physical Features

INSTRUCTIONAL ACTIVITIES AND METHODS

Time

**Presentation
Style**

Free Time

**Academic
Engagement**

**Opportunities
to Respond**

Curriculum

**Interaction
Style**

SKILLS TO BE TAUGHT

General: Teaching New Skills

Specific Teaching Plans

Communication

Social Skills

Problem Behaviors

TEAM COLLABORATION AND SYSTEMIC SUPPORT

Systemic Support

Team and Home

Peer

MONITORING PLAN IMPLEMENTATION

Inclusion Plan

**Academic
Progress**

Behavior Plan

