

PLANNING SHEET

INDIVIDUALIZED RELIGIOUS EDUCATION PROGRAM


Student's Name: _____ Age: _____ Today's Date: _____

Parent(s): _____ Home Telephone: _____ Work Telephone: _____

_____ Home Telephone: _____ Work Telephone: _____

Description of day-school educational program: _____

Day-school current I.E.P. on file? _____ Dated _____

WHO	WILL DO WHAT	WHO CAN HELP	RESOURCES	COMPLETION DATE
				

INDIVIDUALIZED RELIGIOUS EDUCATION PROGRAM

Student's Name: _____

Present level of formation: _____

Annual goal: _____

SHORT TERM OBJECTIVES	OBJECTIVE CRITERIA	PROCEDURES	SCHEDULE

PROGRAMMING & SERVICES WHICH WILL CONTRIBUTE TO MEETING THIS GOAL:

Review Date: _____ ACTION TAKEN ON THIS GOAL UPON REVIEW:

