

# EAL Student-Specific Plan (SSP) Template

## Section 1: Student Information and Prior Learning

### Student and School

Student's Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
(Surname) (Given) (Middle) (Day/Month/Year)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Student No.: \_\_\_\_\_  
(Day/Month/Year)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Number of Years in Canada: \_\_\_\_\_ Overall EAL Stage (from EAL intake process): \_\_\_\_\_

Listening: \_\_\_\_\_ Speaking: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_

Parent/Guardian/Family Member's Name(s): \_\_\_\_\_

Telephone and/or Email: \_\_\_\_\_

Home Language: \_\_\_\_\_ Is there a URIS plan?  Yes  No

### Student's Prior Learning

**Note:** Access the student's Initial Meeting Form from the EAL intake process for information about cultural background, country of origin, and language(s) spoken.

### Summation of Prior Learning

Prior English language learning?  Yes  No

Description: \_\_\_\_\_

No previous interruptions in schooling

Significant interruptions in learning Total years of interrupted learning: \_\_\_\_\_

Refugee/war-affected background

Number of years of prior schooling: \_\_\_\_\_

Manitoba equivalent of years of schooling for this age: \_\_\_\_\_  
(e.g., a 10-year-old student would have five years of schooling)

### General Comments about First Language and English Language Ability

## Section 2: Student Learning Plan

### Student's Strengths

### Student's Language Needs

## Section 3: Language Learning Plan

EAL Learning Goals (from Framework)	Content-Area Learning Goals	Teaching Strategies	Assessment
<b>Domain: Linguistic Competence</b>			

EAL Learning Goals (from Framework)	Content-Area Learning Goals	Teaching Strategies	Assessment
<b>Domain: Contextual Applications</b>			
<b>Domain: Strategic Competence</b>			
<b>Domain: Intercultural Competence and Global Citizenship</b>			

## Section 4: Student-Specific Comments

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### For Senior Years: E-Designated Courses

Course	Course Description

## Section 5: Signatures of Planning Partners

- This EAL Student-Specific Plan was reviewed with the student's parent/guardian/family member.

Date of Review: \_\_\_\_\_  
(Day/Month/Year)

Reviewer's Name: \_\_\_\_\_ Position: \_\_\_\_\_

- Interpreter Present: Name: \_\_\_\_\_ Language: \_\_\_\_\_

Resource/EAL Teacher's Name:

\_\_\_\_\_ Signature: \_\_\_\_\_

School Administrator's Name:

\_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian/Family Member's Signature: \_\_\_\_\_