EAL Student-Specific Plan (SSP) Template

Section 1: Student Information and Prior Learning Student and School _ Date Completed: ___ Student's Name: __ (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** 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 Nee	eds					
Section 3: Language L	earning Plan					
EAL Learning Goals (from Framework)	Content-Area Learning Goals	Teaching Strategies	Assessment			
Domain: Linguistic Co						

EAL Learning Goals (from Framework)	Content-Area Learning Goals	Teaching Strategies	Assessment			
	Domain: Contextual Applications					
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Domain: Strategic Con	npetence					
Domain: Intercultural	Competence and Globa	al Citizenship				

Se	Section 4: Student-Specific Comments						
	For Senior Years: E-Designated Courses						
	Course Course Description						
S.	ction E. Cianatura	s of Planning Partners					
_ □	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 Teach	er's Name:					
			Signature: .				
	School Administrator	's Name:					
			Signature: .				
	Parent/Guardian/Fan	nily Member's Signature: $_$					