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							
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EAL Learning Goals (from Framework)	Content-Area Learning Goals	Teaching Strategies	Assessment					
Domain: Linguistic Co	mpetence							

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

Se	Section 4: Student-Specific Comments							
		For Senior	Years: E-De					
Course Course Description				ption				
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Se	ction 5: Signature	s of Planning P	artners					
	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							
				Signature:				
	School Administrato			G: .				
	-			_ Signature:				
	Parent/Guardian/Far	nily Member's Sign	naturo					