Early Learning Coalition of the Nature Coast

Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Individual Learning Plan
E-LAP

Child's Name ______________________________ Date of Birth ________________________

Early Learning Provider ________________________ Assessment Date _____________________

~~~~~~

The Early Learning Accomplishment Profile (E-LAP) assessment was recently conducted with your child. Your child's score indicated potential concerns or delays in the following areas:

_______ Gross Motor Skills _______ Fine Motor Skills _______ Language Skills
_______ Cognitive Skills _______ Self-Help Skills _______ Social Emotional Skills

To assist your child with these skills, your child's teacher and the Coalition's Education Specialist developed an Individual Learning Plan for your child. Your child's teacher will be working with your child in the weeks and months ahead to help him/her to learn new skills. You can help your child by offering your child similar activities at home.

The activities planned to assist your child include:

____
____
____
____
____
____
____
____
____
____

The Early Learning Coalition also recommends further evaluation for your child. Your child's teacher will provide you with information which will help you connect with the Florida Diagnostic Learning and Resources System (FDLRS). You may also contact the Education Specialist if you have any questions or concerns about your child's learning and development. This Individual Learning Plan is not the same as the state form used by the public school system referred to as an "IEP" and therefore could not be used in the same capacity.

This Individual Learning Plan was developed by:

_________________________________ and _________________________________
Your child's teacher Education Specialist

_____________________ _________________________________
Date Education Specialist's phone number

White copy: Parent Yellow copy: Teacher Pink copy: Education Specialist
~~~~~~

Early Learning Coalition of the Nature Coast

Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Individual Learning Plan
LAP-D

Child's Name ________________________________ Date of Birth ________________________

Early Learning Provider _________________________ Assessment Date _____________________

~~~~~~

The Learning Accomplishment Profile (LAP-D) assessment was recently conducted with your child. Your child's score indicated potential concerns or delays in the following areas:

_______ Fine Motor Manipulation _______ Fine Motor Writing
_______ Cognitive Matching _______ Cognitive Counting
_______ Language Naming _______ Language Comprehension
_______ Gross Motor: Body Movement _______ Gross Motor: Object Movement

To assist your child with these skills, your child's teacher and the Coalition's Education Specialist have developed an Individual Learning Plan for your child. Your child's teacher will be working with your child in the weeks and months ahead to help him/her to learn new skills. You can help your child by offering your child similar activities at home.

The activities planned to assist your child include:

____

____

____

____

____

____

____

____

____

The Early Learning Coalition also recommends further evaluation for your child. Your child's teacher will provide you with information which will help you connect with the Florida Diagnostic Learning and Resources System (FDLRS). You may also contact the Education Specialist if you have any questions or concerns about your child's learning and development. This Individual Learning Plan is not the same as the state form used by the public school system referred to as an "IEP" and therefore could not be used in the same capacity.

This Individual Learning Plan was developed by:

___________________________________ and ___________________________________

Your child's teacher Education Specialist

_____________________ ___________________________________

Date Education Specialist's phone number

White copy: Parent Yellow copy: Teacher Pink copy: Education Specialist

ELCNC-35
~~~~~~