



ELITE: THE KINGDOM ORGANIZATION

INCLUSIVE EDUCATION & REHABILITATION CENTER

INDIVIDUALIZED PLAN (IP) FORM

Individualized Rehabilitation, Education and Support Plan (IRESP)

Child / Client Name	
Admission / File No.	
Date of Birth	
Plan Start Date	
Plan Review Date	
Case Coordinator	
Plan Status	☐ Initial Plan ☐ Review ☐ Revised ☐ Transition / Discharge

Confidentiality Notice:

This form contains confidential educational, therapeutic, health and safeguarding information. Access is limited to authorized professionals and the child/client's parent or legal guardian. Do not copy, photograph, share or disclose without lawful authority and appropriate consent.

A Legacy of Hope, Equality & Empowerment



A. Purpose, Use and Review Instructions

For completion by the multidisciplinary team in partnership with the child/client and family.

Purpose:

This plan coordinates education, therapy, communication, behaviour, health, safety, personal care, family support and transition goals. It is based on assessed needs and must not be used to make an unauthorized medical diagnosis or guarantee outcomes.

Completion Standards

- Use respectful, person-centered and strengths-based language.
- Separate confirmed diagnoses from observations and parent-reported information.
- Describe performance and behaviour in observable, measurable terms.
- Select priority outcomes based on safety, participation and functional impact.
- Record the child/client's preferences, communication method and assent wherever possible.
- Obtain informed parent/legal guardian consent before implementation.
- Review immediately after a major medical change, serious incident, regression or placement change.
- Do not use restraint, seclusion, humiliation, corporal punishment or deprivation as interventions.

Recommended Review Schedule

Review Type	Recommended Timing	Minimum Participants	Record Required
Initial plan	Within 2-4 weeks of completed assessments	Parent/guardian, case coordinator and relevant professionals	Signed initial IP
Brief progress check	Monthly	Case coordinator and service providers	Monthly progress summary
Formal multidisciplinary review	Every 3 months	Parent/guardian, relevant team and supervisor	Review meeting record
Annual reassessment	Every 12 months	Full multidisciplinary team	Updated assessments and revised IP

Professionals / departments responsible for completing this plan

Previous plan reference and key changes from the previous review



1. Child / Client and Family Information

Full Name		Preferred Name	
Photograph Attached		Admission / File No.	
Date of Birth		Age	
Gender		CNIC / B-Form No.	
Admission Date		Plan Start Date	
Plan Review Date		Primary Language	
Preferred Communication		Current School / Programme	
Class / Level		Transport Arrangement	

Parent / Legal Guardian Information

Parent / Guardian 1		Relationship	
CNIC No.		Mobile / WhatsApp	
Email		Occupation	
Parent / Guardian 2		Relationship	
CNIC No.		Mobile / WhatsApp	
Email		Occupation	
Residential Address		Emergency Contact	
Authorized Pickup Persons		Custody / Court Order Alert	

Family composition, home environment and relevant social information

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Cultural, religious, language or communication considerations

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2. Medical, Developmental and Service History - Part I

Confirmed / Reported Diagnoses or Conditions

- | | |
|---|--|
| ☐ Autism Spectrum Disorder | ☐ Attention Deficit Disorder |
| ☐ ADHD | ☐ Cerebral Palsy |
| ☐ Developmental Delay | ☐ Intellectual Disability |
| ☐ Speech / Language Disorder | ☐ Learning Disorder / Dyslexia |
| ☐ Sensory Processing Difficulty | ☐ Behavioural / Emotional Concern |
| ☐ Hearing Impairment | ☐ Visual Impairment |
| ☐ Epilepsy / Seizure Disorder | ☐ Microcephaly |
| ☐ Genetic / Neurological Condition | ☐ No confirmed diagnosis |

Other / details

Diagnosing Professional		Diagnosis Date	
Primary Doctor		Doctor Contact	
Current Medication		Medication Times	
Known Allergies		Allergy Response	
Seizure History		Last Seizure	
Hearing Status		Vision Status	
Mobility Status		Assistive Devices	
Hospitalization History		Medical Restrictions	



2. Medical, Developmental and Service History - Part II

Pregnancy, birth and neonatal history

Developmental milestones and regression history

Previous education, therapy, assessments and response to intervention

Current health concerns and recommendations from medical professionals

Reports attached / reviewed (list title, date and professional)



3. Strengths, Interests, Preferences and Family Priorities

Child/client strengths, abilities and successful skills

Interests, favourite activities, toys, people, topics and motivators

Dislikes, fears, stressors, sensory triggers and activities to avoid

How the child/client communicates choices, consent, refusal, pain and distress

Child/client wishes, goals and aspirations (record directly where possible)

Parent / guardian priorities and desired outcomes

What currently works well at home, school or in therapy



4. Multidisciplinary Baseline Assessment - Part I

Complete from current assessments, direct observation, record review and family input.

Domain	Current Performance / Baseline	Support Level	Priority
Communication and Language		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Cognition / Learning		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Academic / Functional Academics		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Attention and Executive Function		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Fine Motor / Visual Motor		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Gross Motor / Mobility		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Sensory Processing		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low

Assessment sources, tools, dates and professionals for Part I

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4. Multidisciplinary Baseline Assessment - Part II

Domain	Current Performance / Baseline	Support Level	Priority
Play and Leisure		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Social Interaction		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Emotional Regulation		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Behaviour and Safety		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Self-Care / Daily Living		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Feeding / Swallowing		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low
Community Participation		■ Independent ■ Minimal ■ Moderate ■ Maximum	■ High ■ Medium ■ Low

Assessment sources, tools, dates and professionals for Part II

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5. Risk, Safeguarding and Health Alerts

Known Risks / Alerts

- | | |
|---|---|
| ☐ Risk of leaving / elopement | ☐ Self-injury |
| ☐ Aggression toward others | ☐ Falls / poor balance |
| ☐ Seizure risk | ☐ Choking / aspiration |
| ☐ Severe allergy / anaphylaxis | ☐ Pica / mouthing unsafe items |
| ☐ Climbing / jumping from height | ☐ Unsafe sexualized behaviour |
| ☐ Bullying / peer vulnerability | ☐ Medication risk |
| ☐ Custody / unauthorized pickup risk | ☐ Communication vulnerability |
| ☐ Pressure injury / skin risk | ☐ Mental health crisis / self-harm concern |

Identified Risk	Triggers / Warning Signs	Prevention and Response	Supervision Level	Responsible Person
Risk 1				
Risk 2				
Risk 3				
Risk 4				
Risk 5				

Required Supervision Level		Emergency Hospital	
Nearest Emergency Contact		Ambulance / Emergency No.	
Safeguarding Lead		Case Coordinator	
Pickup Restrictions		CCTV / Privacy Alert	

Immediate emergency instructions that all relevant staff must know



6. Priority Needs, Outcomes and Service Schedule

No.	Priority Need	Reason / Functional Impact	Urgency	Lead Professional
1				
2				
3				
4				
5				
6				

Planned Services

Service / Programme	Provider	Frequency	Duration	Setting	Start / Review Date
Special Education / IEP					
Speech and Language Therapy					
Occupational Therapy					
Physiotherapy					
Behaviour Support / ABA-based Intervention					
Psychological / Counselling Support					
Early Intervention / School Readiness					
Parent Training / Home Programme					
Other					

Coordination arrangements between professionals, school and family

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7. Individualized Goals and Outcomes - Goals 1 and 2

Goals must be specific, measurable, achievable, relevant and time-bound.

GOAL 1		
Domain / Area		Priority: ☐ High ☐ Medium ☐ Low
Baseline		Target Date
Measurable Goal		Review Date
Intervention / Teaching Strategies		Responsible Professional
Frequency / Duration		Setting: ☐ Individual ☐ Group ☐ Class ☐ Home
Progress Measurement		Success Criteria

GOAL 2		
Domain / Area		Priority: ☐ High ☐ Medium ☐ Low
Baseline		Target Date
Measurable Goal		Review Date
Intervention / Teaching Strategies		Responsible Professional
Frequency / Duration		Setting: ☐ Individual ☐ Group ☐ Class ☐ Home
Progress Measurement		Success Criteria



7. Individualized Goals and Outcomes - Goals 3 and 4

Goals must be specific, measurable, achievable, relevant and time-bound.

GOAL 3

Domain / Area		Priority: ☐ High ☐ Medium ☐ Low
Baseline		Target Date
Measurable Goal		Review Date
Intervention / Teaching Strategies		Responsible Professional
Frequency / Duration		Setting: ☐ Individual ☐ Group ☐ Class ☐ Home
Progress Measurement		Success Criteria

GOAL 4

Domain / Area		Priority: ☐ High ☐ Medium ☐ Low
Baseline		Target Date
Measurable Goal		Review Date
Intervention / Teaching Strategies		Responsible Professional
Frequency / Duration		Setting: ☐ Individual ☐ Group ☐ Class ☐ Home
Progress Measurement		Success Criteria



7. Individualized Goals and Outcomes - Goals 5 and 6

Goals must be specific, measurable, achievable, relevant and time-bound.

GOAL 5

Domain / Area		Priority: ☐ High ☐ Medium ☐ Low
Baseline		Target Date
Measurable Goal		Review Date
Intervention / Teaching Strategies		Responsible Professional
Frequency / Duration		Setting: ☐ Individual ☐ Group ☐ Class ☐ Home
Progress Measurement		Success Criteria

GOAL 6

Domain / Area		Priority: ☐ High ☐ Medium ☐ Low
Baseline		Target Date
Measurable Goal		Review Date
Intervention / Teaching Strategies		Responsible Professional
Frequency / Duration		Setting: ☐ Individual ☐ Group ☐ Class ☐ Home
Progress Measurement		Success Criteria



8. Individualized Education Plan (IEP) Component

Current Class / Level		Learning Setting	
Instruction Language		Attendance Pattern	
Teacher / Special Educator		Academic Review Date	

Area	Present Level of Performance	Priority Skill / Goal	Teaching Strategy	Progress Measure
Pre-literacy / Reading				
Writing / Fine Motor Output				
Numeracy				
Attention / Task Participation				
School Readiness				
Functional Academics				
Classroom Independence				
Other				

Required curriculum modifications, accommodations and assistive materials

Generalization plan across classroom, therapy and home



9. Communication and Speech-Language Plan

Primary Communication Methods

- | | |
|--|---|
| ☐ Spoken language | ☐ Single words |
| ☐ Sounds / vocalizations | ☐ Gestures |
| ☐ Facial expressions | ☐ Signs |
| ☐ Picture exchange / PECS | ☐ Communication board |
| ☐ AAC device / tablet | ☐ Eye gaze |
| ☐ Yes / no response | ☐ Behaviour as communication |

Area	Current Method / Baseline	Goal	Strategies / Supports	Person Responsible
Requesting needs				
Rejecting / refusing				
Making choices				
Understanding instructions				
Expressive language				
Social communication				
Speech clarity				
Alternative / AAC communication				
Pain / distress communication				

Communication instructions that must be followed by all staff and family

AAC device access, charging, vocabulary and backup system



10. Occupational Therapy and Sensory Support Plan

Area	Baseline / Need	Goal	Intervention / Sensory Strategy	Safety / Monitoring
Fine motor skills				
Handwriting / visual motor				
Bilateral coordination				
Sensory regulation				
Attention and organization				
Play skills				
Self-care participation				
Adaptive equipment				

Sensory profile: seeking, avoiding, overload signs and effective regulation strategies

Equipment authorization, contraindications, supervision and cleaning instructions



10. Physiotherapy, Mobility and Positioning Support Plan

Area	Baseline / Need	Goal	Intervention / Equipment	Precautions
Sitting / posture				
Standing / balance				
Walking / mobility				
Transfers				
Stairs				
Range of movement				
Strength / endurance				
Wheelchair / mobility aid				

Manual handling, transfer, positioning and two-person support instructions

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Emergency evacuation, fall prevention and equipment inspection instructions

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11. Positive Behaviour Support Plan (PBSP)

Required Approach:

Describe behaviour objectively. Identify likely function, prevent triggers, teach replacement skills and use positive reinforcement. Corporal punishment, humiliation, deprivation, seclusion and restraint for convenience are prohibited.

Target behaviour(s) - observable and measurable description

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Frequency		Duration	
Intensity		Typical Settings	
Likely Function		Data Collection Method	

Component	Individualized Details	Who Will Implement	How It Will Be Recorded
Triggers / setting events			
Early warning signs			
Prevention strategies			
Replacement skill to teach			
Reinforcement strategy			
De-escalation response			
Post-incident support			

Crisis response, prohibited responses and threshold for parent / emergency referral

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12. Personal Care, Feeding and Individual Healthcare Plan

Area	Support Required	Consent / Refusal Signals	Procedure / Equipment	Staff / Record
Toileting				
Changing / intimate care				
Dressing				
Handwashing / hygiene				
Eating / drinking assistance				
Menstrual hygiene				
Independence goals				

Feeding Area	Individual Instructions	Prohibited / Avoid	Professional Advice / Date
Food texture			
Liquid consistency			
Seating / positioning			
Adaptive utensils			
Food allergies / restrictions			
Choking / aspiration signs			
Emergency response			

Medication administration schedule and authorization details

Seizure, asthma, allergy, diabetes or other condition-specific emergency plan



13. Social-Emotional, Family and Home Programme

Area	Baseline / Trigger	Goal	Support Strategy	Progress Measure
Emotional identification				
Coping / calming				
Waiting / transitions				
Peer interaction				
Turn-taking / sharing				
Personal boundaries				
Anxiety / fears				
Requesting help				

Home Programme

Goal / Activity	Instructions	Frequency	Materials	Parent Record	Review Date

Parent training, counselling and support needs

Family barriers, resources and agreed support actions



14. Accommodations, Accessibility and Transition Planning

Required Accommodations and Supports

- | | |
|--|---|
| ☐ Visual timetable | ☐ First-then board |
| ☐ Extra processing time | ☐ Reduced verbal instructions |
| ☐ Quiet / low sensory space | ☐ Movement / sensory breaks |
| ☐ Alternative seating | ☐ Adapted pencil / writing tools |
| ☐ AAC / communication support | ☐ Picture / symbol support |
| ☐ Task breakdown | ☐ Prompting hierarchy |
| ☐ Positive reinforcement | ☐ Wheelchair / mobility access |
| ☐ Accessible toileting | ☐ Extra transition warning |
| ☐ Reduced workload | ☐ Alternative response method |

Detailed classroom, therapy and environmental accommodations

Transition Planning (complete where applicable)

Area	Current Status	Desired Outcome	Action / Responsible Person	Target Date
Next class / school placement				
Adolescent to adult services				
Life and self-care skills				
Community safety and travel				
Vocational interests				
Pre-vocational skills				
Workplace behaviour				
Supported employment / referral				

Transition risks, handover documents and receiving service arrangements



15. Progress Monitoring and Review Record

Goal	Baseline	Current Level	Data / Evidence	Status	Decision	Next Review
1						
2						
3						
4						
5						
6						

Goal Status Definitions

- | | |
|--------------------------------------|--|
| ☐ Not started | ☐ Emerging |
| ☐ In progress | ☐ Partially achieved |
| ☐ Achieved | ☐ Generalized across settings |
| ☐ Revised | ☐ Discontinued with documented reason |

Summary of progress, barriers, regression or major changes

Parent / child feedback and satisfaction with the plan

Team decision and changes required for the next plan period



16. Multidisciplinary Review Meeting Record

Meeting Date		Meeting Type	
Plan Period Reviewed		Next Review Date	
Chair / Case Coordinator		Meeting Location / Mode	

Name	Role / Relationship	Department	Signature	Attendance / Apology

Key discussion points, evidence reviewed and agreed actions

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Decisions, responsible persons, deadlines and follow-up arrangements

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Differences of opinion, unresolved matters and escalation / appeal route

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17. Consent, Approval and Distribution

Consent Statement:

The plan has been discussed in an understandable manner. Questions and preferences were considered. Progress varies and no cure or guaranteed result has been promised. Consent is given only within the limits recorded below and the organization's signed consent forms and policies.

Consent Decisions

- | | |
|---|---|
| ☐ I agree with this plan | ☐ I agree with reservations recorded below |
| ☐ I consent to authorized team information sharing | ☐ I consent to listed school / external coordination |
| ☐ I consent to emergency action under policy | ☐ I request a copy of this plan |

Reservations, limitations of consent or information-sharing restrictions

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Name	Role	Signature	Date
	Parent / Legal Guardian		
	Child / Client (where appropriate)		
	Case Coordinator		
	Special Educator		
	Lead Therapist		
	Psychologist / Clinical Supervisor		
	Center Head / Authorized Approver		

Controlled copies distributed to

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File location, electronic access permissions and confidentiality notes

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Appendix 2. Monthly Progress and Parent Communication Record

Month / Year		Prepared By	
Sessions Planned		Sessions Attended	
Absences / Cancellations		Parent Meeting Date	

Goal No.	Monthly Baseline	Current Result	Trend	Strategy Change	Next Step
1					
2					
3					
4					
5					
6					

Achievements and newly emerging skills

Concerns, incidents, health changes or safeguarding information

Parent communication, feedback and agreed home actions

Professional recommendations for the coming month



Appendix 3. One-Page Individual Support Summary

Keep an approved current copy accessible only to authorized staff who directly support the child/client.

Child / Client Name		File No.	
Preferred Name		Date of Birth	
Case Coordinator		Review Date	

How I communicate and how to offer choices / obtain assent

My strengths, interests and motivators

Important health alerts, allergies, seizures or medication information

My main risks, triggers and early warning signs

What helps me regulate, learn and participate

What staff must avoid / prohibited responses

Emergency response and parent notification instructions