



Revised 4/05/11

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DATE OF MEETING:			
STUDENT'S LEGAL NAME	DOB: m/d/yr	GRADE	Copy of Birth Certificate on file  YES NO
PARENT/GUARDIAN	TELEPHONE Home/Cell or work/Circle one		
E-MAIL			
<u>Jeannie Lundgard -jeannie.lundgard@eips.ca</u> ELEMENTARY TEACHER LIAISON	780-410-2944	FAX (	(780) 410-2951
Jeannie Lundgard -jeannie.lundgard@eips.ca JUNIOR/SENIOR HIGH TEACHER LIAISON	780-410-2944	FAX (	(780) 410-2951
EDUCATIONAL GOALS:			



1604 Sherwood Drive – Sherwood Park – AB – T8A 0Z2 – p 780 464 1899 – f 780 410 2951 – **www.eipsnextstep.ca** 

SUBJECTS:	RESOURCES:	INSTRUCTIONAL METHODS:
		one on one
		□ workshops
		☐ research
		discussion
		☐ computer assisted learning
		inquiry based
		□ workbooks
		☐ readings
		□ other
TIME LINE FOR ACADEM	MIC VEAD.	
TIME LINE FOR ACADE	WIO ILAK.	



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ENRICHMENT ACTIVITIES:				
STUDENT PROFILE: (A BRIEF DESCRIPTION OF YOUR CHILD YOU WOULD GIVE TO SOMEONE WHO DOESN'T KNOW HIM/HER). eg. loves hockey, ringette, volunteer work etc.				
As a parent, I understand that my role in this plan is supervisory and tutorial				
As a student, with the assistance of my parents and teacher, I am responsible for the com	f the Parent Dated pletion of this plan.			
Signature of the Student Dated				
As the teacher, in cooperation with the student and his/her parents, I understand that I ar student with completion of this plan.	m responsible to assist the			
Signature of the Teacher Liaison				
Parent received: Copy of Program Plan    EIPS Home Education/CEA Handbook    Alberta Education Home Education Handbook and Program of Studies are available www.education.gov.ab.ca/homeeducation	e on the Alberta Education website at:			

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