



Jewish Educational Action Plan (JEAP)

Student: _____ Grade: _____ Date: _____

Vision Statement: What are the parents'/student's Jewish education goals over the next 1-5 years? (e.g., Bar/Bat Mitzvah, Jewish friends, participate in home rituals or services)? Are there any specific skills they hope the student will learn? Are there plans for the student to attend a Jewish camp or other informal programs?

Student's Strengths/Preferences: What are the student's interests? abilities? major accomplishments?

Motivators/Reinforcers: What motivates the student?
What can be used to reinforce behaviors?

Organizational Strategies: What can help the student
be ready for learning? for keeping materials together?

Considerations/Cautions: What things won't work? What situations are difficult? What should be avoided?

Formal & Informal Assessment Results: (Summarize without scores for non-special educators.)

Present Level of Functioning:

English Phonetic Reading:
English Comprehension:
English Written Expression:
Spoken English:
Handwriting:
Motor Skills:
Social Skills:

Hebrew Phonetic Reading:
Hebrew Comprehension:
Written Hebrew:
Spoken Hebrew:
Synagogue (Prayer) Skills:
Behavior:
Other _____:

Objectives: What do you expect to achieve by the end of the year in the various curricular areas? (Make these measurable and related to the future visions for the student.)

Adaptations: What changes are needed in the environment, content or methodology?

If IEP was used, indicate date and school: _____

JEAP Participants:

Student: _____

Parent(s): _____

Ed. Director/Special Educator: _____

Teachers: _____

Professionals:

School Psychologist: _____

Social Worker: _____

Occupational Therapist: _____

Speech/Language Therapist: _____

Physical Therapist: _____

Other: _____

We understand that this is not a legal or binding document. It has been created for sharing information to make this year as successful as possible for your child.

Signature of Parent(s): _____