



Congregation B'nai Israel Education Center  
Jewish Educational Action Plan (JEAP) 5770/2009-10

Student: \_\_\_\_\_ Kitah: \_\_\_\_\_ 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:

Previous religious school experience/s: \_\_\_\_\_

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 child has a current IEP, please attach \_\_\_\_\_

**JEAP Participants:**

Student:: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Teachers: \_\_\_\_\_

Wendy Bellefeuille, Special Needs Coordinator

Ira Wise, Director of Education

**Professionals that work with your child:**

School Psychologist: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Speech/Language Therapist: \_\_\_\_\_

Physical Therapist: \_\_\_\_\_

Other: \_\_\_\_\_

\*Other info that may be helpful for us to know in better servicing your child in order for him/her to best access the religious school curriculum, peers and staff.

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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):**

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**בני ישראל**