JOHNSON O’MALLEY

Please list effective years:

1 Year Plan \_\_\_\_\_-\_\_\_\_\_

2 Year Plan \_\_\_\_\_-\_\_\_\_\_

3 Year Plan \_\_\_\_\_-\_\_\_\_\_

Approved Date: \_\_\_\_\_\_\_\_\_\_\_

LOCAL INDIAN EDUCATION COMMITTEE (IEC)

**EDUCATION PLAN**

**IEC SCHOOL / NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following supplemental programs and education objectives were planned, developed, and approved by the Indian Education Committee (IEC). The IEC oversees the implantation and evaluation of the supplemental programs. This plan adequately addresses the unique and specialized educational needs of the Indian students who are to be the beneficiaries of the program. This plan is capable of meeting the objectives outlined.

*Please add additional information as needed.*

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| **Give a brief description of the communities, school(s), and students to be served.** |
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| **Total Eligible Indian Enrollment:**Pre-K \_\_\_\_ Grades K-4 \_\_\_\_\_ Grades 5-8\_\_\_\_Grades 9-12\_\_\_\_\_ | **Total Enrollment of School or District:**Pre-K \_\_\_\_ Grades K-4 \_\_\_\_\_ Grades 5-8\_\_\_\_Grades 9-12\_\_\_\_\_ |

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| **Eligible Enrollment – Tribal Classification** |
| **Student Tribal Affiliation** | **Age(s)** | **Grade Level(s)** |
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| **Total Number of School Board Members:** | **Total Number of Indian School Board Members:** |

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| **Procedure for addressing grievances from Indian students, parents, guardians, community members, and Tribal Representatives relating to the JOM Program:** |

**Please list educational goals and objectives that adequately address the educational needs of the Indian students to be served.**

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| **Item #1** | ***Enter Needs Assessment Item / Question #1***  |
| **Results** | *Enter Results of Item/Question here* |
| **Goal** | *General Statement of End Results* |
| **Objective** | *Defines specific outcomes in measurable terms.* |
| **Evaluation** | *How will you evaluate if you have been successful? Please list tools, data, or other sources that you will use to determine this.* |

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| **Item #2** | ***Enter Needs Assessment Item / Question #2*** |
| **Results** |  |
| **Goal** |  |
| **Objective** |  |
| **Evaluation** |  |

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| **Item #3** | ***Enter Needs Assessment Item / Question #3*** |
| **Results** |  |
| **Goal** |  |
| **Objective** |  |
| **Evaluation** |  |

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| **Item #4** | ***Enter Needs Assessment Item / Question #4*** |
| **Results** |  |
| **Goal** |  |
| **Objective** |  |
| **Evaluation** |  |

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| **Item #5** | ***Enter Needs Assessment Item / Question #5*** |
| **Results** |  |
| **Goal** |  |
| **Objective** |  |
| **Evaluation** |  |

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| **Please list any special equipment needed to carry out the goals/objectives:** |

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| **Please list any state standards and/or requirements that must be maintained in operating the programs and services:** |

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| **Description of how the state standards and requirements will be maintained:** |

* The school/district will comply in full with the requirements concerning meaningful participation by the IEC
* The school/district will be open to visits and consultations by the IEC, Tribal Representatives, Indian parents and guardians in the community, and by duly authorized representatives of the Federal and State Governments

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| IEC Chair Signature: | Date: | School/District Representative Signature: | Date: |