

**INDIVIDUAL SUPPORT PLAN (COMPLETED BY CLASS TEACHER AND SBST)**

List the area(s) in which the support needs to be provided: Communication; Learning; Behaviour and social competence; Health, Wellness and personal care; Classroom and school; Family, home and community; Teacher development/training, etc. (See SNA1)

Learner: xxxxxxxxxxxx

Grade: xxxxxxxx

Area(s) in which support is needed	Target to be achieved	Strategy of intervention <i>(If the learner needs concessions, or is an immigrant who needs exemptions, use Annexure B If a medical condition must be investigated by a medical or other specialist, use Annexure D)</i>	Responsible person	Time frame	Review date (to assess achievement of the target)	Comment on progress made in achieving target(s)
Basic sight words	Recognition of 100 basic sight words	• Use flash cards; games; activities e.g. bingo, snap • Wall posters of sight words to read as a “warm up” activity every day	Class teacher	3 months (indicates date)		
Phonemic awareness	Recall consonant sounds; short vowels & common consonant blends	• Read alphabet cards/ Letter cards; games • Two letters combined to represent one sound e.g. ea; oa; sh, ch • Identify letter sound matches e.g. br; cr; gr ○ use picture cards ○ Auditory: what is first sound that you hear etc • Build words	Class teacher Afternoon support class	3 months		
Word identification strategies	To recognize and read written words	• Read lists of rhyming words • Divide words in syllables orally • Recognize root and common	Class teacher Afternoon	3 months		

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		parents				