



INDIVIDUAL EDUCATION PLAN (IEP)

Reason For Development of IEP

- Student identified as exceptional by IPRC
- Student not formally identified but requires special education program/services including modified/alternative learning expectations and/or accommodations

Student Profile

Name: _____ Gender: _____ School Year: _____
 Student OEN: 123456789 Current Grade/Special Class: _____ Date of Birth: _____
 Student Address: _____ mmm/dd/yyyy
 City: _____ Postal Code: _____ Tel: _____ Original IPRC Date: _____
 Current School: Goerge Peck P.S. Most Recent IPRC Date: _____
 Principal: S. Michener Date Annual Review Waived by Parent: _____
 Home School: _____ mmm/dd/yyyy

IPRC Decision: (check one) Regular Class Special Education Class Exceptionality: _____

Placement: (check one)

- Regular Class With Indirect Support
- Special Education Class With Partial Integration
- Regular Class With Resource Assistance
- Special Education Class Full Time
- Regular Class With Withdrawal Assistance

Assessment Data:

List relevant, detailed medical/health (hearing, vision, physical, neurological), psychological, speech/language, occupational/physio therapy, and behavioural assessments.

Information Source	Date	Summary of Results

Student's Strengths and Needs:

Areas of Strength	Areas of Need

Health and Safety Support Services

Yes (List Below) No

Name:

School Year:

Subjects, courses, or alternative programs to which the IEP applies: Identify each as Modified (MOD), Accommodated only (AC), or Alternative (ALT)

1		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT	6		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT
2		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT	7		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT
3		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT	8		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT
4		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT	9		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT
5		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT	10		<input type="radio"/> MOD <input type="radio"/> AC <input type="radio"/> ALT

Elementary Program Exemptions or Secondary School Compulsory Course Substitutions

Yes (Educational rationale required) No

Complete for secondary students only:

Student is currently working toward the attainment of the:

Ontario Secondary School Diploma
 Ontario Secondary School Certificate
 Certificate of Accomplishment
 Employability Skills Achievement Certificate

Accommodations:
(Assume common to all subjects unless indicated)

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations

Individualized Equipment: Yes (List Below) No

Accommodations and Exemptions for Provincial Assessments:

Accommodations: Yes (List below) No

Exemptions: Yes (State educational rationale) No

Special Education Program

Name: _____

School Year: _____

To be completed for each subject/course with modified expectations and/or alternative program with alternative expectations.

Student OEN: <u>123456789</u>	Subject/Course/Alternative Program: _____
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Current Level of Achievement: Prerequisite course (if applicable) _____ Letter Grade/Mark _____ Mark Date: _____ <small style="margin-left: 150px;">mmm/dd/yyyy</small> Curriculum Grade Level _____	Current Level of Achievement-Alternative Program and/or Educational Assessment _____ _____
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Annual Program Goal(s): A goal statement describes what a student can reasonably be expected to accomplish by the end of the school year in a particular subject, course or skill area.

Grade Level	Learning Expectations (Knowledge and/or skills to be assessed by reporting period, including Grade level)	Teaching Strategies (List only those that are different for this student and specific to the learning expectations for the subject/course/skill area)	Assessment Methods (For expectations for each reporting period)

Name:

School Year:

IEP Developed by:

Team Members

Position

Team Members	Position

Sources Consulted in the Development of the IEP: (check)

- IPRC Statement of Decision (if applicable)
- Provincial Report Card
- Previous IEP
- Parents/Guardians
- Student
- Other (List Below)

Other Sources _____

Date of Placement in Special Education Program: (select appropriate option and provide date)

- First day of attendance in new special education program
- First day of the new school year or semester in which the student is continuing in a placement
- First day of the student's enrollment in a special education program that he/she begins in mid-year or mid-semester as a result of a change in placement

Date of Placement: _____
mmm/dd/yyyy

Completion Date of IEP Development Phase: _____
(Within 30 school days following the Date of Placement) mmm/dd/yyyy

IEP Implementation and Monitoring:

TDSB Human Resources: (Teaching/non-teaching)
 Include service, initiation date, frequency or intensity, and location.

Outside Agencies:
