

Ministry Of Education Individual Education Plan (IEP)

THIS IEP CONTAINS AC MOD ALT

REASON FOR DEVELOPING THE 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

Student OEN: 123456789

Last Name: ABC

First Name: ABC

Gender: F

Date of Birth: 02/01/1994

School: Secondary

School Type: Secondary

Semester: 2

Principal: Mr. Principal

Current Grade/Special Class: Grade 9

School Year: 2008-2009

Exceptionality (identified): Physical disability

Placement: Regular class with indirect support

Student (secondary only) is currently working towards attainment of the:

- Ontario Secondary School Diploma Ontario Secondary School Certificate Certificate of Accomplishment

ABC ABC

RELEVANT ASSESSMENT DATA		
Information Source	Date	Summary of Results
Medical note	10/08/2007	Medical diagnosis reconfirms cerebral palsy. Impacts student's ability to perform physical activities.
Occupational Therapy Assessment	02/12/2008	Reassessment of student's skills. Student is right hand dominant but written work can be illegible. Student uses laptop and computer software. Recommendation to update SEA software/computer.
Physical Therapy Assessment	14/10/2008	Reassessment of student's progress. Student's balance is poor and uses a walker for indoor mobility. For long distances student uses an electric wheelchair. Recommendations to improve gait.

STUDENT'S AREAS OF STRENGTH AND AREAS OF NEED	
Areas of Strength	Areas of Need
Social Skills	Personal care/self-help skills
Expressive language skills -- speaking	Fine motor skills
General knowledge	Gross motor skills
	Expressive language skills -- writing

ABC ABC

SUBJECTS, COURSES/CODES OR ALTERNATIVE SKILL AREAS TO WHICH THE IEP APPLIES		
Accommodated only(AC), Modified(MOD), Alternative(ALT)		
1.Math	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD <input type="checkbox"/> ALT
2.Language	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD <input type="checkbox"/> ALT
3.Physical Education	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD <input type="checkbox"/> ALT
4.Art	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD <input type="checkbox"/> ALT
REPORTING FORMAT		
<input checked="" type="checkbox"/> Provincial Report Card <input type="checkbox"/> Alternative Report		
ACCOMMODATIONS FOR LEARNING, INCLUDING REQUIRED EQUIPMENT		
Accommodations are assumed to be the same for all program areas unless otherwise indicated		
Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
Assistive technology (specify)	Physical accessibility	Computer with spell-check
Note-taking assistance		Speech-to-text software
Photocopy of teacher notes/peer notes		Multiple choice, true/false, short essays, oral tests.
PROVINCIAL ASSESSMENTS		
This is a provincial assessment year <input checked="" type="radio"/> No <input type="radio"/> Yes		
Permitted Accommodations <input checked="" type="radio"/> No <input type="radio"/> Yes (list below)		
Exemption with Rationale <input checked="" type="radio"/> No <input type="radio"/> Yes (list below)		
Deferral of Ontario Secondary School Literacy Test (OSSLT) with Rationale <input checked="" type="radio"/> No <input type="radio"/> Yes (list below)		
Ontario Secondary School Literacy Course (OSSLC) <input type="checkbox"/> Yes		

ABC ABC

HUMAN RESOURCES (teaching/non-teaching)

Type of Service	Frequency or Intensity for board staff	Location
Occupational therapist	Consult per term	Resource room
Physical therapist	Consult per term	Resource room
Teacher assistant	Daily (up to 100 minutes)	School and community
IT support staff	Consult per term or as needed	Resource room/classrooms
Special education resource teacher	Consult per term	Resource room

Health Support Services in the School Setting: No Yes

IEP DEVELOPMENT TEAM

Staff Member	Position
Mr. Principal	Principal
Mrs. French Teacher	French
Mr. Math Teacher	Math
Ms. Language	Language
Ms. Physical Education	Physical Education

TRANSITION PLAN No Yes

Long-term Goal(s):

Student ABC will transition into the secondary school setting and will begin to independently advocate for accommodations needed. She will also begin to explore post secondary options.

Actions	Person(s) Responsible for Actions	Timelines
Student ABC visited school with parents and OT to ensure that changes made to the school washroom were adequate.	Parents, Student, OT, SERT	August, 2008
Student ABC met each teacher to share accommodations needed to ensure success in the class.	Student, P, SERT,	August 25, 2008
Student ABC met with staff from Elementary School to earn voluntary hours assisting students in the after school tutoring program	Student, Elementary School	October, 2008
Student ABC met with guidance staff to begin to explore career choices in the field of education and/or guidance.	Guidance, Student	January 2009

ABC ABC

LOG OF PARENT/STUDENT CONSULTATION

Date	Description of Consultation	Parent/Student Feedback/Outcome of Consultation
26/08/2008	Meeting with student, parents and staff to review accommodations from elementary school.	Student and parents indicated appreciation that staff came in to meet student and review accommodations.
06/10/2008	IEP consultation with student/staff.	Student pleased with IEP development. Asked that specific assessment accommodations be included. (T/F tests etc.)
19/11/2008	Student requested meeting. SEA equipment/software has not been working.	SERT will request IT to review. Recommendation to have OT consult to see if equipment meets current needs.

PRINCIPAL'S RESPONSIBILITY

The principal is legally required to certify that the IEP is developed within 30 school days after placement in the program, and that the parent has been consulted in its development. The principal is further required to ensure that a copy of the IEP is sent to the parent (or the student if 16 years of age or older), that the IEP will be implemented and reviewed in relation to the student's report card each reporting period, and that it will be placed in the OSR.

 Principal Signature

 Date

 Parent/Guardian Signature
 (Please sign and return this page to the school for the OSR)

 Date

 Student Signature (if 16 years of age or older)

 Date