

**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: 234567891

Last Name: RR

First Name: R

Gender: M

Date of Birth: 12/04/2002

School: Elementary School

School Type: Elementary

Semester: NA

Principal: Mr. Principal

Current Grade/Special Class: Grade 1

School Year: 2008-2009

Exceptionality (identified): Speech impairment

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

R RR

<b>RELEVANT ASSESSMENT DATA</b>		
<b>Information Source</b>	<b>Date</b>	<b>Summary of Results</b>
Educational Assessment	15/09/2008	PM Benchmarks Assessment, Dolch Word Lists (PrePrimer-Gr.1) and teacher developed checklist indicate that skills are at a late Kindergarten level.
Speech and Language Assessment	17/06/2009	Speech and Language assessment indicates students articulation skills are at 4 year old level. Assessment suggests severe articulation, moderate expressive language difficulties, receptive language within normal limits.

  

<b>STUDENT'S AREAS OF STRENGTH AND AREAS OF NEED</b>	
<b>Areas of Strength</b>	<b>Areas of Need</b>
Co-operation with adults	Articulation skills
Fine motor skills	Correct use of grammatical structures
Gross motor skills	
Positive attitude	
Willingness to communicate	

R RR

SUBJECTS, COURSES/CODES OR ALTERNATIVE SKILL AREAS TO WHICH THE IEP APPLIES		
Accommodated only(AC), Modified(MOD), Alternative(ALT)		
1. Language	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD <input type="checkbox"/> ALT
2. Communication	<input type="checkbox"/> AC	<input type="checkbox"/> MOD <input checked="" 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
Prompting to correct		Additional time
Visuals		Visuals
Pre-teaching/reteaching		
Teacher/peer modelling		
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		

<b>Special Education Program</b>		
Subject or Course/Code or Alternative Skill Area		
<b>Communciation</b>		
<b>Baseline Level of Achievement</b> (usually from previous June report card): Prerequisite secondary course (if applicable): Letter grade/Mark: Curriculum grade level:		<b>Baseline Level of Achievement for Alternative Skill Areas:</b> Student R requires assistance to be understood by others when engaging in academic and social tasks. He continues to require opportunities to practice conversation skills to develop his intelligibility.
<b>Annual Program Goal(s):</b> A goal statement describing what the student can reasonably be expected to accomplish by the end of the school year (or semester) in a particular subject, course, or alternative skill area. By the end of the year, Student R will develop "FKGLS" sounds and engage in social conversation skills understood by others.		
Learning Expectations	Teaching Strategies	Assessment Methods
<b>Term 1/Semester</b>		
Student R will use the consonants "F,G, K, L S" at the beginning of words.	Auditory cues, visual cues, practice, modelling	Checklist, observation
Student R will engage in a conversation once per day and share a personal anecdote.	Opportunity for conversation, modelling, asking questions	Checklist, observation
<b>Term 2</b>		
Student R will pair a visual with his words when articulating his needs.	Prompting, visual aid	Checklist
Student R will use the consonants "F,G, K, L S" in the middle of words.		Checklist, observation
<b>Term 3</b>		
During conversations, Student R will recognize when he is not easily understood and pair a visual to enhance conversation.	Prompting, visual aid.	
Student R will use the consonants "F,G, K, L S" at the end of words.		Checklist, observation

R RR

**HUMAN RESOURCES (teaching/non-teaching)**

Type of Service	Frequency or Intensity for board staff	Location
Communication Disorders Assistant	Weekly, 30 min. sessions, 12 week block of services (Sept-Nov.) (March-June)	Resource Room/Classroom
Speech language pathologist	Consultation with teacher and CDA, twice per month in Term 1, to teacher once per month in Term 2 and 3.	Classroom
Special education resource teacher	Consultation as required	Classroom

**Health Support Services in the School Setting:**  No  Yes

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administration of prescribed medication | <input type="checkbox"/> Assistance with mobility               | <input type="checkbox"/> Catheterization         |
| <input type="checkbox"/> Feeding                                 | <input type="checkbox"/> Injection of medications               | <input type="checkbox"/> Lifting and positioning |
| <input type="checkbox"/> Nursing                                 | <input type="checkbox"/> Nutrition                              | <input type="checkbox"/> Occupational therapy    |
| <input type="checkbox"/> Physiotherapy                           | <input checked="" type="checkbox"/> Speech and language therapy | <input type="checkbox"/> Suctioning              |
| <input type="checkbox"/> Toileting                               |   |  |

**IEP DEVELOPMENT TEAM**

Staff Member	Position
Mr. Teacher	Classroom Teacher
Miss Communication Disorders Assistant	Communication Disorders Assistant (CDA)
Mr. Resource Teacher	School Resource Teacher
Mr. Speech Language Pathologist	Speech Language Pathologist
Ms. Principal	Principal

**TRANSITION PLAN**  No  Yes

R RR

**LOG OF PARENT/STUDENT CONSULTATION**

<b>Date</b>	<b>Description of Consultation</b>	<b>Parent/Student Feedback/Outcome of Consultation</b>
24/06/2008	Parents, Kindergarten Teacher	Discussed potential concerns over expressive language and articulation difficulties. Parent requested assessment and monitoring during first term Gr. 1.
06/10/2008	Speech Pathologist, Parent, Resource Teacher, Classroom Teacher	Review of assessments completed. Speech Pathologist provided recommendations for programming. Block of CDA time initiated. Parents in agreement with goals. Requested follow up home activities
16/10/2008	Parents, Classroom Teacher, CDA	Review of IEP goals. Parent in agreement with direction of IEP
28/11/2008	Parents, Speech Pathologist, CDA, Resource Teacher	Due to concern over continued difficulties in intelligibility, SLP suggested to trial visual reinforcements
27/02/2009	Parent, Resource Teacher, CDA, SLP, CT	SLP initialed a second block of Communication Disorder Assistant time to further consolidate augmentative communication strategies. Parents support this direction.
27/05/2009	Parents, Principal, Teacher, Resource Teacher	Reviewed progress made with augmentative communication strategies. Parents requested an early September meeting with the new classroom teacher.

**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