

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: 012345678

Last Name: BB

First Name: Student B

Gender: M

Date of Birth: 07/08/1996

School: XYZ School

School Type: Elementary

Semester: NA

Principal: Mr. Principal

Current Grade/Special Class: Grade 5

School Year: 2008-09

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

Student B BB

RELEVANT ASSESSMENT DATA		
Information Source	Date	Summary of Results
Medical Assessment (Hospital for Sick Children)	22/06/2005	Diagnosis of Cerebral Palsy. Left side significantly impacted. Significant issues related to mobility.
Occupational Therapy	18/06/2008	Fine motor skills are significantly delayed. Writing aid and adapted equipment necessary for fine motor activities.
Physiotherapy	18/06/2008	Gross motor skills significantly delayed. Diminished flexibility and postural support.
Speech Language Assessment	18/06/2008	Moderate delays in articulation and voice fluency.
Educational Assessment	08/09/2008	DRA indicates that reading skills are at Grade level. Informal Math Inventory indicates math skills at grade level.

STUDENT'S AREAS OF STRENGTH AND AREAS OF NEED	
Areas of Strength	Areas of Need
General knowledge	Articulation and voice fluency
Intellectual curiosity	Augmentative communication skills
Motivation	Fine motor skills
Social skills with peers and adults	Gross motor-mobility
Willingness to communicate	Computer keyboarding skills
Self-advocacy skills	Skills of daily living

Student B BB

SUBJECTS, COURSES/CODES OR ALTERNATIVE SKILL AREAS TO WHICH THE IEP APPLIES

Accommodated only(AC), Modified(MOD), Alternative(ALT)

1.English, Mathematics, Social Studies, Science, Music, Arts	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
2.Physical Education	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
3.Communication Skills	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input checked="" type="checkbox"/> ALT
4.Fine Motor Skills	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input checked="" type="checkbox"/> ALT
5.Gross Motor Skills	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input checked="" type="checkbox"/> ALT

REPORTING FORMAT
 Provincial Report Card
 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
Dynavox Speech Generating Device	Bugsy 4 Wheeled Walker	Dynavox Speech Generating Device
Communication Book	Theratog Hipster with velcro secured knee braces	Communication Book
Laptop with modified large key keyboard	Wombat Chair Size 2	Dynavox "Beam It" Writing Aid
Dynavox "Beam It" Writing Aid	Slant board	
Activity pacing, option for breaks in gym	Stand by supervision for safety in gym, hallways, schoolyard	
	Adapted mount for keyboard/Dynavox	
	Arm support for left side of all seating	

Student B BB

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

Special Education Program		
Subject or Course/Code or Alternative Skill Area		
Communication Skills		
Baseline Level of Achievement (usually from previous June report card): Prerequisite secondary course (if applicable): Letter grade/Mark: NA Curriculum grade level: NA	Baseline Level of Achievement for Alternative Skill Areas: Student B is aware of his speech production and requires fewer cues to enhance the quality of his communication attempts. He is accepting of the use of a communication book and Dynavox Speech Generating Device.	
Annual Program Goal(s): 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. During conversational speech, Student B will independently recognize that he has not been understood and will employ strategies to enhance his communication attempts.		
Learning Expectations	Teaching Strategies	Assessment Methods
Term 1/Semester		
Independently recognize diminished voice quality during 4 out of 5 conversations, and employ strategies to correct it 80% of the time.	Verbal cueing, water bottle, model correct articulation and modes of correction, home carryover, conversation opportunities in real life context	Observation of attempts and checklist
Recognize when his message has not been understood in 3 out of 5 conversations and clarify his message with graphics from his communication book with 80% accuracy.	Communication repair book, conversation opportunities	Rubric, observation, checklist, videotape analysis of conversation by teacher and student
Use a Dynavox to enhance his communication using a noun, verb sentence with 50 % accuracy.	Dynavox with common noun, verb overlay, conversation opportunities, modelling	Videotape of conversation attempts, checklist, observation
Term 2		
Independently recognize diminished voice quality during all conversations, and employ strategies to correct it 100% of the time.	See Term 1	Observation of attempts and checklist
Recognize when his message has not been understood in all conversations and clarify his message with graphics from his communication book with 80% accuracy.	See Term 1	Rubric, observation, checklist, videotape analysis of conversation by teacher and student
Use a Dynavox to enhance his communication using a noun, verb sentence with 75 % accuracy.	See Term 1	Videotape of conversation attempts, checklist, observation
Term 3		
Recognize when his message has not been understood in all conversations and clarify his message with graphics from his communication book with 100%	See Term 1	Rubric, observation, checklist, videotape analysis of conversation by teacher and student

accuracy.		
Use a Dynavox to enhance his communication using a noun, verb sentence with 100 % accuracy.	See Term 1	Videotape of conversation attempts, checklist, observation

Student B BB

Special Education Program		
Subject or Course/Code or Alternative Skill Area		
Fine Motor Skills		
Baseline Level of Achievement (usually from previous June report card): Prerequisite secondary course (if applicable): Letter grade/Mark: NA Curriculum grade level: NA		Baseline Level of Achievement for Alternative Skill Areas: Student B is more efficient and accurate using a computer for written work than paper and pencil. He is currently letter spelling on an adapted keyboard and completes 2 sentence responses in 30 minutes.
Annual Program Goal(s): 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. Student B will increase the efficiency and the quantity (number of sentences of his written output) using an adapted keyboard.		
Learning Expectations	Teaching Strategies	Assessment Methods
Term 1/Semester		
Independently type written responses of 3 complete (grammatically correct, properly spelled) sentences within a 30 minute time period	Timer, task prompting	Chart/checklist, visual chart for Student B to observe success, goal setting
Term 2		
Independently type written responses of 4 complete (grammatically correct, properly spelled) sentences within a 30 minute time period	Timer, task prompting	Chart/checklist, visual chart for Student B to observe success, goal setting
Term 3		
Independently type written responses of 5 complete (grammatically correct, properly spelled) sentences within a 30 minute time period	Timer, task prompting	Chart/checklist, visual chart for Student B to observe success, goal setting

Special Education Program		
Subject or Course/Code or Alternative Skill Area		
Gross Motor Skills		
Baseline Level of Achievement (usually from previous June report card): Prerequisite secondary course (if applicable): Letter grade/Mark: NA Curriculum grade level: NA		Baseline Level of Achievement for Alternative Skill Areas: Student B maintains postural control sitting in a straight back chair for up to 5 minutes. He is able to walk with the aid of a walker for distances of up to 50 ft. with stand by supervision on level floors and unlevel surfaces for 25 ft with frequent breaks.
Annual Program Goal(s): 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. Using a Buggy 4 Walker and with standby supervision, Student B will display functional mobility (as defined in the Physiotherapy Assessment) and increased endurance (# of breaks required, time taken, physical condition) when walking on a variety of surfaces (hallways, asphalt) of distances up to 200 feet.		
Learning Expectations	Teaching Strategies	Assessment Methods
Term 1/Semester		
Using his Buggy 4 Walker, Student B will walk from the classroom to the gym (100 ft) within 15 minutes, with two, 2 min. breaks.	Real life walking situations, stand by supervision	Charting of length of walk, time taken, # of breaks taken, physical condition of student, videotape of performance, gait analysis, anecdotal records, Gross Motor Function Measurement Tool
Term 2		
Using his Buggy 4 Walker, Student B will walk from the classroom to the therapy room (150 ft) within 15 minutes, with two, 2 min. breaks.	Real life walking situations, stand by supervision	Charting of length of walk, time taken, # of breaks taken, physical condition of student, videotape of performance, gait analysis, anecdotal record, Gross Motor Function Measurement Tool
Term 3		
Using his Buggy 4 Walker, Student B will walk from the classroom to his bus (200 ft) within 15 minutes, with two, 2 min. breaks.	Real life walking situations, stand by supervision	Charting of length of walk, time taken, # of breaks taken, physical condition of student, videotape of performance, gait analysis, anecdotal records, Gross Motor Function Measurement Tool

Student B BB

HUMAN RESOURCES (teaching/non-teaching)

Type of Service	Frequency or Intensity for board staff	Location
Special education resource teacher	Consultation-as needed	Classroom/Resource Room
Occupational therapist	Once per week, 60 minutes, 10 sessions	Classroom/Therapy Area
Physical therapist	Once every other week, 60 minutes, 8 sessions	Gymnasium, hallways, school yard, classroom
Speech language pathologist	Once per week, 40 minutes, 20 sessions	Classroom, Resource Room
Teacher assistant	Daily up to 100 minutes	Classroom, school yard, washroom
Augmentative Communication Resource Teacher	Once every other week, 45 minutes	Classroom

Health Support Services in the School Setting: No Yes

- | | | |
|--|---|--|
| <input type="checkbox"/> Administration of prescribed medication | <input checked="" 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 checked="" type="checkbox"/> Occupational therapy |
| <input checked="" type="checkbox"/> Physiotherapy | <input checked="" type="checkbox"/> Speech and language therapy | <input type="checkbox"/> Suctioning |
| <input checked="" type="checkbox"/> Toileting | | |

IEP DEVELOPMENT TEAM

Staff Member	Position
Mr. Teacher	Classroom Teacher
Ms. SERT	Special Education Resource Teacher
Mr. ACR Teacher	Augmentative Communication Resource Teacher
Ms. Occupational	Occupational Therapist
Ms. Physio	Physiotherapist
Mr. Speak	Speech Language Pathologist

TRANSITION PLAN No Yes

Student B BB

LOG OF PARENT/STUDENT CONSULTATION		
Date	Description of Consultation	Parent/Student Feedback/Outcome of Consultation
08/09/2008	IEP Questionnaire sent home to parents/guardian	Questionnaire returned, parents indicated that communication was a key area of focus for them.
09/10/2008	Parent Meeting to discuss the draft IEP.	Parents pleased to see the inclusion of Augmentative Communication as an area on the IEP.
11/12/2008	Student progress and IEP review meeting.	Parents pleased with progress and in agreement with direction of IEP for Term 2.
10/02/2009	Phone call to parents regarding IEP goals.	IEP requires revision in gross motor area as Student B has surpassed annual goal. Parent and student will identify new priority in this area. Follow up meeting on 17/02/09.
06/03/2009	IEP Review completed and sent home with report card.	Report Card p.3 and IEP consultation form returned with parent signature and supportive comments.
16/05/2009	Parent called and stated they are moving to another school district, expressed concern over status of IEP.	Meeting arranged for May 30, 2009 at 2:15 pm to review current IEP with receiving school.

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