

**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: XX

First Name: X

Gender: M

Date of Birth: 18/07/1992

School: Secondary School

School Type: Secondary

Semester: NA

Principal: Mr. Principal

Current Grade/Special Class: Grade 11

School Year: 2008-2009

Exceptionality (identified): Multiple exceptionalities

Placement: Special education class full-time

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

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

X XX

RELEVANT ASSESSMENT DATA

Information Source	Date	Summary of Results
Medical Assessment	04/10/2006	Reconfirms global developmental delay. Requires tracheotomy, prolonged ventilation, chronic aspiration. Tube feeding is required. Experiences seizures, stroke-like episodes and uncontrollable severe self-abusive behaviour.
Occupational Therapy Assessment	16/04/2008	Recent stroke-like activity has significantly impaired Student X's ability to use his right hand.
Speech/Language Assessment	13/02/2008	Updated Speech/Language assessment indicates a need for increase in functional communication skills. Continue to use augmentative communication systems such as Dynovox. Greater focus on increasing knowledge and use of picture symbols is required. Use of PECS program to continue.
Behavioural Assessment	25/03/2008	Updated Behavioural assessment is consistent with medical assessment. Both indicate an increase in self-injurious behaviours, that are most likely a function of organic brain impairment.
Adaptive Assessment	22/08/2008	Community agency conducted adaptive assessment outlined the need to transition to a community living, fully supported setting. Safety concerns will require constant supervision.
CCAC Assessment	01/09/2008	The need for continued support with tube feeding and catheterization during lunch hour daily. Support for suctioning is required.

STUDENT'S AREAS OF STRENGTH AND AREAS OF NEED

Areas of Strength	Areas of Need
Uses and understands a small number of picture symbols	Augmentative communication skills
Uses a tactile/visual schedule	Personal safety skills
Social skills	Personal care/self-help skills

X XX

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

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

1. Augmentative Communication skills	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input checked="" type="checkbox"/> ALT
2. Personal Safety skills	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input checked="" type="checkbox"/> ALT
3. Personal Living/Self-Help 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
Visual aids/concrete materials	Device to support student's arm	Additional time
Picture Symbols, Picture Exchange Communication system	Individualized table	Picture symbols and PECS
Highly structured activities	Physical accessibility	Large print
Large print	Helmet, padded wrist/arm guards	Dynovox (SEA)
Non-verbal signals		Individual area/room
Visual scheduling	Change table, mechanical lift, wheelchair	
Dynovox (SEA)	Assistive devices (specify)	
55 cm exercise ball		

X XX

PROVINCIAL ASSESSMENTSThis is a provincial assessment year No YesPermitted Accommodations No Yes (list below)Exemption with Rationale No Yes (list below)Deferral of Ontario Secondary School Literacy Test (OSSLT) with Rationale No Yes (list below)Ontario Secondary School Literacy Course (OSSLC) Yes

X XX

Special Education Program		
Subject or Course/Code or Alternative Skill Area Augmentative Communication skills		
Baseline Level of Achievement (usually from previous June report card): Prerequisite secondary course (if applicable): Letter grade/Mark: Curriculum grade level:	Baseline Level of Achievement for Alternative Skill Areas: Student X understands and uses some tactile picture communication symbols. Term 3 of last years report card indicates that a trial period using a Dynovox was implemented and the student was experiencing success.	
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 X will communicate with staff members using picture symbols to make 5 requests during the school day. Student X will use a visual schedule to follow activities throughout the day. Student X will use a Dynovox to increase functional communication skills.		
Learning Expectations	Teaching Strategies	Assessment Methods
Term 1/Semester		
Student X will use a pic symbol to make 2 personal requests daily.	Picture exchange communication system (PECS), Reinforcement	Checklist
Student X will answer the question "How are you feeling today?" by pressing one of the emotions symbols on the Dynovox.	Verbal and physical prompt, visual cue	Checklist
Student X will follow a visual schedule to complete his daily activities with adult assistance.	Adult prompts, Modelling	Daily Log
Term 2		
Student X will use a pic symbol to make at least 5 requests during the school day (i.e. washroom, break, snack, etc).	Gestural prompt	See Semester 1
Student X will answer the question "What would you like to do?" by pressing the correct symbol on the Dynovox.	Verbal and physical prompt, visual cue	See Semester 1
Student X will follow a visual schedule and contribute to the schedule to plan his first activity for the next school day.	Reinforcement	See Semester 1
Term 3		

Special Education Program		
Subject or Course/Code or Alternative Skill Area		
Personal Safety skills		
Baseline Level of Achievement (usually from previous June report card): Prerequisite secondary course (if applicable): Letter grade/Mark: Curriculum grade level:		Baseline Level of Achievement for Alternative Skill Areas: When Student X is engaged in a preferred activity the amount of time engaged in self-injurious activity decreases significantly. Student X has refrained from self-injurious behaviour for 2 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. By the end of the year, Student X will refrain from self-injurious behaviour and engage in a preferred activity for 5 minute.		
Learning Expectations	Teaching Strategies	Assessment Methods
Term 1/Semester		
Student X will be redirected to a preferred task when he begins to engage in self injurious behaviour and will become engaged in the task for 3 minutes.	Supervision for safety	ABC checklist to indicate the number of redirections it takes to get X to stop.
Student X will begin to wear safety equipment (helmet) when he begins to bang his head and refrain from taking it off.	Supervision for safety, prompts	ABC checklist, observation
Term 2		
Student X will wear safety equipment at all times.	Supervision for safety	Observations, checklists
Student X will be redirected to a preferred task when he begins engage in self injurious behaviour and will engage in the task for 5 minutes.	Prompts, supervision	See above
Term 3		

X XX

Special Education Program		
Subject or Course/Code or Alternative Skill Area		
Personal Living/Self-Help skills		
Baseline Level of Achievement (usually from previous June report card): Prerequisite secondary course (if applicable): Letter grade/Mark: Curriculum grade level:		Baseline Level of Achievement for Alternative Skill Areas: Student X is beginning to use his right hand for picture exchange communication to follow his visual schedule.
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 X will improve the grip of his right hand so that he can slide a picture symbol across his desk or wheelchair tray.		
Learning Expectations	Teaching Strategies	Assessment Methods
Term 1/Semester		
Student X will be able to squeeze a stress ball at least 10 times unassisted in approximately one minute.	Hand-over-hand assistance, modelling	Checklist the number of times X can squeeze the ball during timed intervals.
Student X will be able to lay his hand on a puzzle piece and slide it right to left on his wheelchair tray with support.	Same as above	Charting.
Student X will move a 55 cm exercise ball from right to left and back again with his right hand, unassisted.	Same as above	Charting and performance task.
Term 2		
Student X will be able to lay his hand on a picture symbol on his wheelchair tray and slide it from right to left unassisted.	See Semester 1	Checklist and charting during performance task.
Term 3		

X XX

HUMAN RESOURCES (teaching/non-teaching)

Type of Service	Frequency or Intensity for board staff	Location
Teacher assistant	2.0 FTE, daily	classroom, break room, outside, bus area
Teacher assistant	1.0 FTE as required for personal safety	as above
Special education teacher	at least 75 minutes of each school day	classroom, break room
Speech language pathologist	consult, once yearly to set annual goals and augmentative communication program	classroom, office
Behaviour counsellor	monthly, as required on consult	classroom, break room, outside, bus
CCAC nursing staff	consult once per semester	home, classroom, washroom area
Community Agency Resource Support	monthly, as required on consult	home, classroom, community

Health Support Services in the School Setting: No Yes

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

IEP DEVELOPMENT TEAM

Staff Member	Position
Ms. Principal	Principal
Ms. Special Education Classroom Teacher	Special Education Classroom Teacher
Mr. Head - Special Education Department	Head - Special Education Department
Ms. Behaviour Counsellor	Behaviour Counsellor
Ms. Speech/Language Pathologist	Speech/Language pathologist
Ms. Teacher Assistant	Teacher Assistant
Ms. Teacher Assistant	Teacher Assistant

Mr. Teacher Assistant	Teacher Assistant
Ms. Nurse	CCAC Nursing Staff

X XX

TRANSITION PLAN No Yes

Long-term Goal(s):

Student X will transition to a community living setting and will require significant support and supervision for his medical and safety needs.

Actions	Person(s) Responsible for Actions	Timelines
Meet with parents, behaviour counsellor and CCAC nurse to discuss Student X's strengths, needs, interests and physical/medical needs.	Principal/SERT/Parents	end of August
Meet with parents, CCAC nurse and other community stakeholders to begin discussions regarding long term planning for Student X.	Principal/SERT/Parents	end of August
Discussions will include community resources/agencies, funding, residential programs, safety concerns.	Community Stakeholders	

LOG OF PARENT/STUDENT CONSULTATION

Date	Description of Consultation	Parent/Student Feedback/Outcome of Consultation
26/08/2008	Case conference to discuss personal safety and most recent medical assessment.	Parents shared concerns that Student X will harm himself while at school. Use of a specific behaviour modification plan and the support of staff at all times to maintain safety will be attempted during the first month. Monthly case conferences to occur.
26/09/2008	Meeting to discuss IEP goals, recent progress at school and SIP application package.	Parents are happy with progress thus far and support goals outlined in the IEP and the renewal of the SIP application.
24/10/2008	Monthly case conference.	Head banging and hitting continues. Will complete a functional assessment of behaviour. Progress noted in Student X's communication skills.
28/11/2008	Monthly case conference.	Will implement the use of safety gear at all times as hitting and head banging behaviour is due to neurological function. Waive December case conference at parent request.
30/01/2009	Monthly case conference.	Communication skills using picture symbols is rapidly increasing. Parents are pleased. Grip in right hand is getting stronger.
06/03/2009	Monthly case conference.	February conference waived as X was out of school due to medical condition. At school, has regressed in all areas. Noted increase in self-injurious behaviours. Increased staff support needed until transition to school is complete and behaviours decrease in frequency/severity/duration.
24/04/2009	Monthly case conference.	Conference attended by community living representatives to begin discussions and planning for long term transition to community living setting.
22/05/2009	Monthly case conference.	Student X has shown dramatic improvement (regained skills as in Semester 1) in the use of picture symbols and right hand grip. Can now move a picture symbol across his wheelchair tray. Parents are very pleased with his progress.
12/06/2009	Monthly case conference.	Discussion of Student X's summer plans and begin to plan support and program for upcoming school year.

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