

## 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: Student N

First Name: NN

Gender: F

Date of Birth: 31/12/1995

School: New Secondary School

School Type: Secondary

Semester: 2

Principal: Ms. Principal

Current Grade/Special Class: Grade 9

School Year: 2008-2009

Placement: Regular class with indirect support

#### Presenting characteristics (non-identified):

Student's reading and writing skills are significantly below the provincial standard. Elementary teachers flagged her as a student with special education needs and requiring additional support. She continues to have difficulty in her academic classes after extensive remediation in the elementary panel.

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

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

NN Student N

<b>RELEVANT ASSESSMENT DATA</b>		
<b>Information Source</b>	<b>Date</b>	<b>Summary of Results</b>
CAT-3 Level 17 and CCAT	15/10/2008	CAT-3 and CCAT results indicate difficulties in the areas of Reading (receptive) and Writing (expressive) Language

  

<b>STUDENT'S AREAS OF STRENGTH AND AREAS OF NEED</b>	
<b>Areas of Strength</b>	<b>Areas of Need</b>
Visual learner	Receptive language skills -- reading
Social skills with adults	Expressive language skills -- writing
Expressive language skills -- speaking	Self-advocacy skills
Ability to follow routines	

NN Student N

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

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

1.ENG 1P	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
2.CGC 1P	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
3.MFM 1P	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
4.SNC 1P	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
5.PPL 1O	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
6.FSF 1P	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
7.GLS 1O	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
8. BTT 1O	<input type="checkbox"/> AC <input type="checkbox"/> MOD <input 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

<b>Instructional Accommodations</b>	<b>Environmental Accommodations</b>	<b>Assessment Accommodations</b>
Computer with grammar and spell check		Computer with grammar and spell check
Extra time for processing		Additional time
Graphic organizers		Verbatim reading of instructions and questions
Individual study carrel		Individual or quiet setting
		Individual study carrel

NN Student N

**PROVINCIAL ASSESSMENTS**This is a provincial assessment year  No  Yes

Type of assessment: Grade 9 -- Mathematics

Permitted Accommodations  No  Yes (list below)

Additional time, to a maximum of double the allotted time

An individual or small-group setting or an individual study carrel

Verbatim reading of the instructions and/or questions

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

NN Student N

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

Type of Service	Frequency or Intensity for board staff	Location
Special education teacher	Once a week (15 minutes)	Resource room

Health Support Services in the School Setting:  No  Yes

**IEP DEVELOPMENT TEAM**

Staff Member	Position
Miss SE	Special Education Teacher
Miss E	English teacher
Mr. G	Geography teacher

TRANSITION PLAN  No  Yes

**Long-term Goal(s):**

Student wants to pursue summer employment opportunities in area of career interest and prepare for entry into post secondary program (college).

Actions	Person(s) Responsible for Actions	Timelines
Set up meeting with adult-Special Education Resource teacher	Spec Ed resource teacher	Sept. 08
Discuss with student process to complete community hours	Guidance Counsellor	Sept. 08
Set up meeting with Guidance to review career goals	Guidance Counsellor	Oct. 08
Review Transition Plan annually	Sped Ed team	ongoing

**LOG OF PARENT/STUDENT CONSULTATION**

<b>Date</b>	<b>Description of Consultation</b>	<b>Parent/Student Feedback/Outcome of Consultation</b>
17/09/2008	Student meeting to discuss IEP content	Student seemed receptive to support and discussed ways in which to self advocate re: learning needs
22/09/2008	Call to parents to discuss IEP content and setting up testing	Parent agreed to sign permission form for in school testing
14/10/2008	IEP sent home	Parent returned IEP Consult form October 16
16/10/2008	Testing results discussed with student and parents	Results indicated that psycho-educational assessment would be appropriate to assist with programming-parent will sign consent form
03/03/2009	Parent and student meeting to discuss results of assessment with psych staff	IPRC process described to parents and student-parents supportive of next step due to indication from the testing of a specific learning disability

**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.

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 Principal Signature

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 Date

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 Parent/Guardian Signature

(Please sign and return this page to the school for the OSR)

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 Date

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 Student Signature (if 16 years of age or older)

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 Date