

## 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

IPRC Date: 06/05/2013

Placement: Regular class with indirect support

Exceptionality (identified): Physical: Physical Disability

### STUDENT PROFILE

Student OEN: 123456789

Last Name: ABC

First Name: ABC

Gender: F

Date of Birth: 02/01/1999

School: Secondary Placement Date: 03/09/13

School Type: Secondary

Principal: Mr. Principal

Current Grade/Special Class: Grade 9

School Year: 2013-14

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

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

### Reporting Period

Secondary-Semester

- One

**RELEVANT ASSESSMENT DATA**

<b>Information Source</b>	<b>Date</b>	<b>Summary of Results</b>
Occupational Therapy Assessment	03/12/2012	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 software/computer for use the the secondary school setting.
Physical Therapy Assessment	15/10/2012	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.
Medical note	10/08/2012	Medical diagnosis of Cerebral Palsy. Impacts student's ability to perform physical activities and continues to impact level of independence.

**STUDENT'S AREAS OF STRENGTH AND AREAS OF NEED**

<b>Areas of Strength</b>	<b>Areas of Need</b>
Social Skills	Personal care/self-help skills
Expressive language skills -- speaking	Fine motor skills
General knowledge	Gross motor skills
	Expressive language skills -- writing

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

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

1.Principles of Mathematics MPM1D	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
2.English Academic ENG1D	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
3.Healthy Active Living Education PPL10	<input checked="" type="checkbox"/> AC <input type="checkbox"/> MOD <input type="checkbox"/> ALT
4.Visual Arts AVI10	<input checked="" 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>
Speech to text software	Suggestions by Occupational Therapist for art and phys ed	Computer software with spell check
Computer software with spell check or word prediction	Use of walking frame/walker	Speech-to-text software
Copy of teacher notes/peer notes (digital or photocopy)		Oral, multiple choice for content only to avoid fatigue
Text to speech software		Text-to-speech software
Concept webbing software/graphic organizers		Provide assessment over extended period of time

**PROVINCIAL ASSESSMENTS**

This is a provincial assessment year  No  Yes

Type of assessment: Grade 9 -- Mathematics

Permitted 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

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

Type of Service	Frequency or Intensity for board staff	Location
Occupational Therapist (OT)	Consult per semester (Sept.-June) (as determined by CCAC)	Resource room
Physical Therapist (PT)	Consult per semester (Sept.-June) as determined by CCAC	Resource room
Teacher assistant	Daily (up to 100 minutes) (Sept.-June)	School and community
IT Support Staff	Consult per semester or as needed (Sept.-June)	Resource room/classrooms
Special Education Resource Teacher (SERT)	Consult per semester (October and May)	Resource room

**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 type="checkbox"/> Speech and language therapy         | <input type="checkbox"/> Suctioning                      |
| <input type="checkbox"/> Toileting                               |  |  |

**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 will earn an Ontario Secondary School Diploma in June 2017, with post-secondary studies at a university in the area of Public Administration.

<b>Actions</b>	<b>Person(s) Responsible for Actions</b>	<b>Timelines</b>
Visit secondary school with parents and OT to review changes made to the school washroom and to obtain locker locations.	Parents, Student, OT, SERT	August of gr. 9
Student and SERT meet with teachers to share accommodations needed to ensure success in the class.	Student, Principal, SERT, classroom teachers	Each semester
Annual Transition Planning meeting to update IEP and goals. Align planning results with Individual Pathway Plan (IPP).	IEP team, student, parent	Annually-May
Meet with guidance staff to explore career choices in the field of Public Administration (Business)	Guidance, Student	Gr. 9 semester 2
Research and visit possible post-secondary institutions and Accessibility Services	Student, parent, accessible services (post-secondary institutions)	Gr. 11
Create Transition Portfolio and add to IPP with required documentation for post-secondary Accessible Services	Student, parent	Gr. 12
Transition Planning Meeting for post-secondary needs	Student, parent, community support representative, post-secondary accessibility staff	Graduation year

**LOG OF PARENT/STUDENT CONSULTATION**

Date	Description of Consultation	Parent/Student Feedback/Outcome of Consultation
26/08/2013	Meeting with student, parents and staff to review accommodation recommendations from Spring Mtg.	Student and parents reviewed accommodations (physical needs) in place. No further recommendations required. Note accommodations on IEP.
27/09/2013	Draft IEP sent home for parents and student to review	IEP consultation returned on October 7 (IEP consultation meeting).
07/10/2013	IEP consultation with student and staff.	Student reviewed IEP with semester 1 teachers. Asked that specific assessment accommodations be included. (T/F tests etc.). Changes made to IEP.
07/11/2013	Student requested meeting. Assistive equipment/software has not been working this week.	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

IEP completion date:07/10/2013