



(dd/mm/yy)

Individual Education Plan
(must be after Sept.30th, previous school year)

Q

Student Information

Name:	Grade:	DOB:	PEN:
School:			Other Ministry Category Met (not claimed): <input type="checkbox"/> No <input type="checkbox"/> Yes:

Parent/Guardian Information

1. Contact name(s)	Contact Phone Numbers	Email
	Home: Work: Cell:	
2. Contact name(s)	Contact Phone Numbers	Email
	Home: Work: Cell:	

IEP Planning Team (The following persons have been meaningfully consulted in the development of the Individual Education Plan)

Name	Title/Position

Acknowledgement of Participation

Parent/Guardian and Student Involvement

Parent/Guardian Student --- was/were meaningfully consulted in the development of this IEP Date:
 Parent/Guardian Student --- declined the opportunity to be meaningfully consulted in the development of this IEP Date:
 reason:

Parent(s)/Guardian(s) Input

Student Profile	
Strengths	Stretches

Goal Statement
 [Student name] will meet curricular and/or individualized Learning Standards/Competencies with the recommended supports indicated.

Specific Objectives	Programs / Strategies / Supports	Person / Position Resp.	Methods of Measuring Progress	Status C = cont. M = met
#1			<input type="checkbox"/> Informal observations/assessment <input type="checkbox"/> Anecdotal comments <input type="checkbox"/> Work Samples <input type="checkbox"/> Tally sheets	<input type="checkbox"/> C <input type="checkbox"/> M
#2			<input type="checkbox"/> Informal observations/assessment <input type="checkbox"/> Anecdotal comments <input type="checkbox"/> Work Samples <input type="checkbox"/> Tally sheets	<input type="checkbox"/> C <input type="checkbox"/> M
#3			<input type="checkbox"/> Informal observations/assessment <input type="checkbox"/> Anecdotal comments <input type="checkbox"/> Work Samples <input type="checkbox"/> Tally sheets	<input type="checkbox"/> C <input type="checkbox"/> M

Progress Review Notes Report 1 Date:

Objective #1	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):
Objective #2	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):
Objective #3	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):

Progress Review Notes Report 2 Date:

Objective #1	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):
Objective #2	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):
Objective #3	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):

Progress Review Notes Report 3 Date:

Objective #1	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):
Objective #2	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):
Objective #3	<input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Extending	Notes (optional):

Universal Supports

Required Adjudication Accommodations (as per Ministry guidelines and current assessments and/or medical reports):

- | | | |
|--|--|---|
| <input type="checkbox"/> Reader / Text-to-Speech | <input type="checkbox"/> Computer | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Scribe / Speech-to-Text | <input type="checkbox"/> Spell-Checker | <input type="checkbox"/> Extra-time (more than 50%) |

Content

- provide alternative format of text (ie. ebook, PDF, audio book, simplified)
- provide copy of notes during note-taking on board (with or without an expectation of highlighting key points)
- other:

Process

- front loading and regular repetition of core concepts, skills, and vocabulary
- ask student to paraphrase instructions to ensure understanding of task
- provide written outline for oral instructions
- break large projects into sequential and manageable chunks
- give work sheets one at a time
- use of reminder cards (key words, formulas, etc.); attention focusers
- ask student to show you completed agenda at end of class
- provide notes "fill in the blank" component
- allow use of electronic device to record lectures
- allow student use of scanning software to scan in worksheets and complete on a laptop
- other:

Environment

- provide a place to store extra supplies.
- set attainable periods of time in which students are to stay focused on task; follow with individualized breaks
- provide opportunities for movement (ie. leave classroom to get drink of water / assign a helping job)
- seat student near teacher and/or away from windows and other distractions
- provide noise cancelling headphones
- other:

Assessment / Evaluation

- complete test in alternate location
- reduce number of questions in an assignment, (ie. do every second question on math worksheet)
- extended time to complete assignments and tests
- provide examples of correct responses for assignments / tests
- provide reminders / cheat sheets or examples during tests to help with memory issues
- give immediate feedback often, both positive and corrective
- use of calculator where the application of a math skill is the outcome, not computational ability
- use of scribe / word processor (without penalty for spelling errors on non-word processed writing assignments)
- accept oral / visual representations when and where applicable (oral reports, verbal/visual essays, diagrams, sociograms, etc.)
- give test sheets one page at a time
- allow retests
- other:

Supporting Documentation

1. Diagnosis of Learning Disability						
Specific Diagnosis / Diagnoses	Diagnosed by	Person Providing Diagnosis	Date			
	<input type="checkbox"/> School psychologist <input type="checkbox"/> Private psychologist <input type="checkbox"/> BC Children's/Sunnyhill					
2. Assessment documentation shows. . .						
<input type="checkbox"/> persistent difficulties in the acquisition of pre-academic and/or academic skills such as recognition of letters and numbers in the early primary years or acquisition of reading, written language, and/or numeracy, in spite of appropriate opportunities to learn; and <input type="checkbox"/> average to above average cognitive ability; and <input type="checkbox"/> weaknesses in cognitive processing that contribute to persistent difficulties with learning						
Academic Difficulties (check all that apply)		Cognitive Processes Deficits (check all that apply)				
<input type="checkbox"/> Word recognition <input type="checkbox"/> Reading comprehension <input type="checkbox"/> Mathematical computations	<input type="checkbox"/> Problem solving <input type="checkbox"/> Written expression <input type="checkbox"/> Spelling	<input type="checkbox"/> Perception <input type="checkbox"/> Language processing <input type="checkbox"/> Planning & decision making <input type="checkbox"/> Processing speed	<input type="checkbox"/> Attention <input type="checkbox"/> Visual-spatial processing <input type="checkbox"/> Phonological processing <input type="checkbox"/> Auditory processing <input type="checkbox"/> Memory			
3. Other Past Consultations & Assessments (listed for information only; originals in file)						
Date	Consult. / Assess. Area	Pertinent Results (i.e. "below average in math ability")				
4. Support Services (school / district / contracted)						
	Service (ex. academics, mobility, social-emotional)	Position / Person(s) Responsible	Location	Start Date (can be ongoing)	Anticipated Duration (can be ongoing)	Frequency (ex. 1x/day, shared)
<input type="checkbox"/>	Resource Teacher					
<input type="checkbox"/>	EA					
<input type="checkbox"/>	SLP					
<input type="checkbox"/>	CYCW					
<input type="checkbox"/>	School Counsellor					
5. Support Plans attached <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No						
Date:	<input type="checkbox"/> Positive Behaviour Support Plan	Date:	<input type="checkbox"/> Medical Intervention Plan			
Date:	<input type="checkbox"/> Staff Safety Plan	Date:	<input type="checkbox"/> Nursing Services Support Plan			
Date:	<input type="checkbox"/> Personal Inventory / Profile	Date:	<input type="checkbox"/> Other			
6. IEP Review Date(s)						
						<input type="checkbox"/> Notes log completed and placed in file

1701 Registry Review					
Position	Name	Signature			
Case Manager		N/A			
Principal Name					
		<i>District Admin Initials</i>			
		September		February	
District Administrator	<i>Bruce Cunnings</i>		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		