

# Individual Education Plan

# IEP

### REASON FOR DEVELOPING THE IEP

- Student identified as exceptional by IPRC       Student not identified by IPRC but requires special education program/services, including accommodations and/or modified/alternative learning expectations

### STUDENT PROFILE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Student OEN: \_\_\_\_\_  
 School: \_\_\_\_\_ Semester: \_\_\_\_\_  
 Principal: \_\_\_\_\_ Current Grade/Special Education Class: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Most Recent IPRC Date: \_\_\_\_\_ Date Annual Review Waived by Parent/Guardian: \_\_\_\_\_  
 Exceptionality: \_\_\_\_\_  
 IPRC Placement Decision: \_\_\_\_\_

### ASSESSMENT DATA

List relevant educational, medical/health (hearing, vision, physical, neurological), psychological, speech/language, occupational, physiotherapy, and behavioural assessments.

Information Source	Date	Summary of Results

Relevant Medical Conditions  Yes (*list below*)  No


Health Support Services/Personal Support Required  Yes (*indicate type below*)  No

\_\_\_\_\_

### STUDENT'S STRENGTHS AND NEEDS

Areas of Strength	Areas of Need

**SUBJECTS, COURSES, OR ALTERNATIVE PROGRAMS TO WHICH THE IEP APPLIES**

Identify each as Accommodated only (AC), Modified (MOD), or Alternative (ALT). Please identify courses by their codes.

\_\_\_\_\_  AC  MOD  ALT  
 \_\_\_\_\_  AC  MOD  ALT

**Elementary Program Exemptions or Secondary School Compulsory Course Substitutions**

Yes (provide educational rationale)  No

Complete for secondary students only:

**Student is currently working towards attainment of the:**

Ontario Secondary School Diploma  Ontario Secondary School Certificate  Certificate of Accomplishment

**Reporting Format**

Provincial Report Card  
 Alternative Report

Reporting Dates: \_\_\_\_\_

**ACCOMMODATIONS**

(Accommodations are assumed to be the same for all subjects/program areas unless otherwise indicated.)

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations

**Individualized Equipment**  Yes (list below)  No

\_\_\_\_\_  
 \_\_\_\_\_

**PROVINCIAL ASSESSMENTS**

**Provincial Assessment Year:**  Yes (provide name of the assessment below)  No

**Name of Assessment:** \_\_\_\_\_

**Permitted Accommodations:**  Yes (list below)  No

\_\_\_\_\_  
 \_\_\_\_\_

**Exemptions:**  Yes (provide explanatory statement from relevant EQAO document)  No

\_\_\_\_\_  
 \_\_\_\_\_

**Deferral of Ontario Secondary School Literacy Test (OSSLT):**  Yes (provide rationale below)  No

**Rationale:** \_\_\_\_\_

\_\_\_\_\_

**Ontario Secondary School Literacy Course (OSSLC):**  Yes  No

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## Special Education Program

To be completed for each subject/course with modified expectations and/or each alternative program with alternative expectations. Please identify courses by their codes.

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**Subject/Course/Alternative Program:**

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**Baseline Level of Achievement** (*refer to previous June report card*):

Prerequisite course (if applicable) \_\_\_\_\_

Letter grade/Percentage mark \_\_\_\_\_

Curriculum grade level \_\_\_\_\_

**Baseline Level of Achievement for Alternative Program** (*refer to description in previous June report card or alternative report*):

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**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 program.

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<b>Learning Expectations</b> List modified/alternative expectations outlining knowledge and/or skills to be assessed, by reporting period. Identify grade level, where appropriate.	<b>Teaching Strategies</b> List only those that are particular to the student and specific to the learning expectations.	<b>Assessment Methods</b> Identify the assessment method to be used for each learning expectation.

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## Transition Plan

Actions Required at This Time:  Yes  No

Goal(s)

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Actions Required	Person(s) Responsible for Actions	Timelines

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

Type of Service	Initiation Date	Frequency or Intensity	Location

**IEP DEVELOPMENT TEAM**

Staff Member	Role

**SOURCES CONSULTED IN THE DEVELOPMENT OF THE IEP**

- IPRC Statement of Decision (if applicable)    
  Provincial Report Card    
  Previous IEP    
  Parents/Guardians    
  Student

Other sources (*list below*)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE OF PLACEMENT IN SPECIAL EDUCATION PROGRAM** (*select the appropriate option*)

- 1) First day of attendance in new special education program  
 2) First day of the new school year or semester in which the student is continuing in a placement  
 3) First day of the student’s enrolment in a special education program that he/she begins in mid-year or mid-semester as the result of a change of placement

Date of Placement: \_\_\_\_\_

Completion Date of IEP Development Phase (within 30 school days following the Date of Placement): \_\_\_\_\_

