To: John Counselor

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



#### **Hastings and Prince Edward DSB**

156 Ann Street Belleville, ON 613-966-1170

Date: 01/30/2015

# **Case Conference Invitation**

Student's Name: Mary Training	Teacher's Name: Wendy O'Neill-Richardson
This is to notify you that a case conference has been sched your attendance and participation at this meeting are very i	duled for the above student. You are a valued member of the school team and mportant. The purpose of this meeting is to:
This meeting has been scheduled for: Date: 01/22/2015 Time: 11:08 AM	
Location	
The following are invited to attend and participate in the car	
John Counselor, Attendance Counsellor	Tom Thompson, Principal
Joan Thomas, Vice Principal	Leslie Abram, Attendance Counsellor
	, please contact Wendy O'Neill-Richardson at 613-962-0694.  Endance at this meeting, please notify the school in advance of the meeting date
Please complete the bottom portion of this form and return to	the school as soon as possible.
Student's Name: Mary Training	
Parent/Guardian:	
☐ I will attend the case conference on (input date/	time/location)
I am unable to attend my child's case conference	ee.
Other possible dates/times:	

To: Tom Thompson

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



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156 Ann Street Belleville, ON 613-966-1170

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Please complete the bottom portion of this form and return to t	the school as soon as possible.
Student's Name: Mary Training	
Parent/Guardian:	
☐ I will attend the case conference on (input date/ti	ime/location)
☐ I am unable to attend my child's case conference	∍.
Other possible dates/times:	

To: Joan Thomas

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



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This meeting has been scheduled for: Date: 01/22/2015 Time: 11:08 AM	
Location	
The following are invited to attend and participate in the case of	conference: (name, title)
John Counselor, Attendance Counsellor	Tom Thompson, Principal
Joan Thomas, Vice Principal	Leslie Abram, Attendance Counsellor
If you have any questions/concerns regarding this meeting, ple	ease contact Wendy O'Neill-Richardson at 613-962-0694.
If you require accessibility related accommodations for attenda so that arrangements can be made.	ance at this meeting, please notify the school in advance of the meeting date
Please complete the bottom portion of this form and return to the	school as soon as possible.
Student's Name: Mary Training	
Parent/Guardian:	
☐ I will attend the case conference on (input date/time	e/location)
I am unable to attend my child's case conference.	
Other possible dates/times:	

To: Leslie Abram

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



#### **Hastings and Prince Edward DSB**

156 Ann Street Belleville, ON 613-966-1170

Date: 01/30/2015

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Student's Name: Mary Training	
Parent/Guardian:	
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Other possible dates/times:	

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



# **Hastings and Prince Edward DSB**

156 Ann Street Belleville, ON 613-966-1170

# **IEP Cover Page**

REASON FOR DEVELOPING THE IEP	
Student identified as exceptional by IPRC  Student not formally identified but require modified/alternative learning expectations	es special education program/services, including s and/or accommodations
STUDENT PROFILE	
Name: Mary Training	Gender: F Date of Birth: 05/10/2004
School: Bayside Public School	
Student OEN: 123-456-789 Principal: Vasiliki Stelatos	
Current Grade/Special Class: Grade 6 Scho	ool Year: 2013-2014
Most Recent IPRC Date:09/15/2014 Date Annu	al Review Waived by Parent/Guardian:
Statement of Decision: X Exceptional: Communication - Autism	Not Exceptional
IPRC Placement Decision (check one)	
X Regular class with indirect support Regular class	ss with resource assistance
Regular class with withdrawal assistance Special edu	cation class with partial integration
Special education class full time	

IEP Cover Page 5

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



# **Hastings and Prince Edward DSB**

156 Ann Street Belleville, ON 613-966-1170

#### **Assessments**

#### **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	
Occupational Therapy Susan Samuelson	05/05/2014	Mary presents with average gross motor skills. Fine motor skills are delayed. Mary presents with sensitivities to sensory input and will benefit from a sensory diet.	
Developmental	07/06/2012	Report confirms a diagnosis of autism spectrum disorder.	
Dr. Samdup, Child Development Centre, Hotel Dieu Hospital Kingston			
Medical  Dr. Jones, Pediatrician	12/14/2011	Report states that Mary presents with many characteristics often associated with autism spectrum disorder. A referral to the Child Development Centre has been made.	
Audiology	06/23/2014	Report indicates that Mary's hearing is within normal range.	
Susie Smith			
Areas of Strength			

Areas of Strength
X Long Term Memory X Visual Learning Skills X Technology Skills
Areas of Need
X Expressive Language X Receptive Language Processing
Health Support Services/Personal Support Required Yes (list below) X No

Assessments Page 6

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



#### **Hastings and Prince Edward DSB**

156 Ann Street Belleville, ON 613-966-1170

#### **Courses and Accommodations**

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

Identify each as Modified (MOD), Accommodated only (AC), or Alternative (ALT)

1.	Mathematics- Geometry and Spatial Sense	X MOD	Пас	☐ ALT
2.	Science and Technology	□ мор	⊠ AC	∐ ALT
3.	Language- Reading	☐ MOD	⊠ AC	
4.	Social Studies	☐ MOD	⊠ AC	☐ ALT
5.	Mathematics- Number Sense and Numeration	☐ MOD	☑ AC	I ALT
5. 6.	Mathematics- Measurement	☐ MOD	⊠ AC	☐ ALT
		_	X AC	
7.	French- Oral Communication			∐ ALT
8.			☐ AC	∐ ALT
9.			☐ AC	☐ ALT
10.			☐ AC	
_	nentary Program Exemptions or Secondary School Compulsory Course Substitutions  (es (provide educational rationale)   No			
Com	plete for secondary students only:			
Stuc	lent is currently working towards attainment of the:			
	Ontario Secondary School Diploma Ontario Secondary School Certificate Certificate	ate of Accompli	shment	
AC	COMMODATIONS			
( ) 00	commodations are assumed to be the same for all subjects, unless otherwise indicated)			

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
Assign tasks in smaller steps - Mathematics-	Minimize transitions - Mathematics- Geometry	Computer options - Mathematics- Geometry
Geometry and Spatial Sense, Science and	and Spatial Sense, Science and Technology,	and Spatial Sense, Science and Technology,
Technology, Language- Reading, Social	Language- Reading, Social Studies,	Language- Reading, Social Studies,
Studies, Mathematics- Number Sense and	Mathematics- Number Sense and	Mathematics- Number Sense and
Numeration, Mathematics- Measurement	Numeration, Mathematics- Measurement	Numeration, Mathematics- Measurement
Computer options - Mathematics- Geometry and Spatial Sense, Science and Technology, Language- Reading, Social Studies, Mathematics- Number Sense and Numeration, Mathematics- Measurement	Opportunity to participate in sensory activities - Mathematics- Geometry and Spatial Sense, Science and Technology, Language- Reading, Social Studies, Mathematics- Number Sense and Numeration, Mathematics- Measurement	Extended time limits - Mathematics- Geometry and Spatial Sense, Science and Technology, Language- Reading, Social Studies, Mathematics- Number Sense and Numeration, Mathematics- Measurement
Copies of Notes - Mathematics- Geometry	Visual schedule - Mathematics- Geometry	Extra time for processing - Mathematics-
and Spatial Sense, Science and Technology,	and Spatial Sense, Science and Technology,	Geometry and Spatial Sense, Science and
Language- Reading, Social Studies,	Language- Reading, Social Studies,	Technology, Language- Reading, Social
Mathematics- Number Sense and	Mathematics- Number Sense and	Studies, Mathematics- Number Sense and
Numeration, Mathematics- Measurement	Numeration, Mathematics- Measurement	Numeration, Mathematics- Measurement

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



# **Hastings and Prince Edward DSB**

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# **Courses and Accommodations**

Individualized Equipment X Yes (list below) No	
Desktop Computer	
Move n Sit Cushion	
Weighted vest/hoodie	
Fine motor item (pencil grips, bead stacker/game, puzzle, scissors)	
PROVINCIAL ASSESSMENTS (Accommodations and Exemptions)  Provincial assessments applicable to the student in the current school year:	
Accommodations: Yes (list below) X No	
Exemptions: Yes (provide explanatory statement from relevant EQAO document)	X No
Deferred: Yes (provide explanatory statement from relevant EQAO document)	X No

Courses and Accommodations Page 8

Letter grade/Mark A
Curriculum grade level 3

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



#### **Hastings and Prince Edward DSB**

156 Ann Street Belleville, ON 613-966-1170

#### **Special Education Program**

#### **Mathematics- Geometry and Spatial Sense**

To be completed for each subject/course with modified expectations and/or each alternative program with alternative expectations		
Teacher:	Subject/Course/Alternative Program:	
Allison, Cindy	Mathematics- Geometry and Spatial Sense	
Current Level of Achievement:	Baseline Level of Achievement for Alternative Program:	
Prerequisite course (if applicable)		

Annual Program Goal(s): A goal statement describing what the student can reasonably be expected to accomplish by the end of the school year in a particular subject, course, or alternative program.

Mary will develop her understanding of two and three dimensional shapes and learn to use the correct mathematical terms when describing angles, shapes and transformations. Mary will be able to demonstrate her understanding of three dimensional shapes and transformations orally, using concrete materials to demonstrate her learning and by drawing pictures to show her understanding of the concepts.

Learning Expectations	Teaching Strategies	Assessment Methods	
(List modified/alternative expectations outlining knowledge and/or skills to be assessed, by reporting period. Identify grade level, where appropriate.)	(List only those that are particular to the student and specific to the learning expectations)	(Identify the assessment method to be used for each learning expectation)	
Provincial Report 2			
Mary will be able to rotate squares and triangles by 1/4 turn, 1/2 turn and 3/4 turn.		Daily Log, Demonstration of Knowledge	
<ol><li>Mary will be able to identify the characteristics, (number of faces, vertices, edges) of four different three dimensional shapes.</li></ol>		Daily Work, Demonstration of Knowledge	

Special Education Program Page 9

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



# **Hastings and Prince Edward DSB**

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# **Transition**

**Transition Goals: Activity to Activity** 

Actions Required	Action Detail	Person(s) Responsible	Timelines	
Mary will refer to a visual schedule to support to follow the daily classroom schedule.				
Visual Schedule		school team	daily from September to June	

#### **Transition Goals: Location to Location**

Actions Required	Action Detail	Person(s) Responsible	Timelines	
To travel from one classroom to another within the school building independently.				
student will move from one classroom to another in the school.				
Mary will travel to the gym without running away.				

# Transition Goals: Elementary to Secondary

Actions Required	Action Detail	Person(s) Responsible	Timelines
Know how to ride bus to school			
No supports for transition are required at this time.			

Transition Page 10

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004

Service

Date of Placement:

06/24/2014



#### **Hastings and Prince Edward DSB**

Location(s)

156 Ann Street Belleville, ON 613-966-1170

Frequency

Completion Date of IEP Development Phase

(within 30 school days following the Date of Placement):

06/23/2014

#### **Human Resources & IEP Team**

**Initiation Date** 

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

Provider

In-School Resource Teacher	HPEDSB	06/23/2014	Monthly	School
Occupational Therapist	CCAC	06/23/2014	As Delivered by 3rd Party	School
Shared Educational Assistant Support	HPEDSB	06/23/2014	Weekly	Classroom
EVALUATION				
Reporting Dates:				
Reporting Format				
X Provincial Report Card (requal Alternative Report	uired unless student's program	comprises alterna	ative expectations	only)
IEP TEAM				
IEP Developed by:				
Staff Member	Position	Staff Me	mber	Position
Karen Dinsmore	Coordinator	Stephen	McFadden	Vice-Principal
Supply Teacher				
Sources Consulted in the Dev    X   IPRC Statement of Decision   X     Other		revious IEP	Parents/0	Guardians Student
Date of Placement in Special	<u> </u>		ion)	
1) First day of attendance in				
= ' '	ol year or semester in which th			
3) First day of the student's change of placement	enrolment in a special education	on program that he	e/she begins in mid	d-year or mid-semester as the result of a

Student ID#: 000123456789 Student OEN: 123-456-789 Date of Birth: 05/10/2004



#### **Hastings and Prince Edward DSB**

156 Ann Street Belleville, ON 613-966-1170

# **Consultation Log & Signatures**

#### LOG OF PARENT/STUDENT CONSULTATION AND STAFF REVIEW/UPDATING

Date	Activity	Outcome
	(indicate parent/student consultation or staff review)	
01/06/2015	Spoke with Mary's mother regarding the recent changes made to the IEP. She is pleased with the accommodations that are now in place.	
The principal is legally required to ensure that the IED is preparly implemented and monitored		

This IEP has been developed according to the ministry's standards and appropriately addresses the student's strengths and needs. The learning expectations will be reviewed and the student's achievement evaluated at least once every reporting period.

Principal's Signature	Date
Involvement of Parent/Guardian and Student (if student is 16 or old I was consulted in the development of this IEP I declined the opportunity to be consulted in the development of this IEP I have received a copy of this IEP	Parent/Guardian Student
Parent/Guardian and Student Comments:	
Parent/Guardian Signature	Date
Student Signature (if 16 or older)	Date