

Appendix E



Hastings and Prince Edward District School Board

IEP

156 Ann Street Belleville, ON K8N 3L3

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 John Doe Date of Birth: 1/22/2009

Student OEN: 123-456-789

School Foxboro Public School IEP Completion: 10/19/2021

Principal _____ Grade Level 07 Term FY School Year: 2021-2022

Most Recent IPRC Date: 6/15/2021 Date Annual Review Waived by Parent/Guardian: _____

Exceptionality Autism

Placement : Indirect Service Program _____

ASSESSMENT DATA

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

Information Source	Date	Summary of Results
Pediatric	2/20/2020	
Psychological Consult by HPEDSB	3/30/2020	
Benchmark Assessment System (Fountas & Pinnell)	10/4/2021	
Read Theory	3/1/2022	

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
Academic Ability	Safety Awareness
Computation Skills	Self Regulation Skills
Gross Motor Skills	Social skills

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

Courses are identified as Accommodated only (AC), Modified (MOD), or Alternative (ALT).

DANCE - GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
Drama -Grade 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
French -Core - Grade 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
GEOGRAPHY - GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
HEALTH - GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
HISTORY - GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
Language Arts - Grade 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
Mathematics - Grade 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
MUSIC - GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
PHYSICAL EDUCATION - GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
SCIENCE AND TECHNOLOGY- GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT
VISUAL ARTS - GRADE 7	Full Year	<input checked="" type="checkbox"/> AC	<input type="checkbox"/> MOD	<input type="checkbox"/> ALT

Program Exemptions or School Compulsory Course Substitutions

Yes (provide educational rationale) No

Educational Rationale

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: 6/29/2022

ACCOMMODATIONS

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

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
No instructional accommodations required	Strategic seating (Environment)	No accommodations for assessment required

Individualized Equipment Yes (list below) No

Transition Plan**Actions Required at This Time:** Yes No Transition Support is required at this time.**Goal**

John will use practiced strategies to deal with frustrations if they arise. He will ask the teacher for support whenever needed.

Actions Required	Person(s) Responsible for Actions	Timelines
Self-advocacy - John will speak to teacher for support.	Student and teacher	Ongoing

Goal

John will successfully transition to grade 8.

Actions Required	Person(s) Responsible for Actions	Timelines
Share relevant assessment data with receiving teacher.	Teacher	June

HUMAN RESOURCES (teaching/non-teaching)

Type of Service	Initiation Date	Frequency or Intensity	Location
Learning Support Teacher	9/7/2021	Monthly	Classroom

IEP DEVELOPMENT TEAM

Staff Member	Role
	Classroom Teacher
	Classroom Teacher
	Learning Support Teacher
	Principal
	Classroom Teacher
	Classroom Teacher

SOURCES CONSULTED IN THE DEVELOPMENT OF THE IEP

- OSR Parents/Guardians Previous IEP
 Provincial Report Card Student Teacher Assessments
 Other sources (list below)

DATE OF PLACEMENT IN SPECIAL EDUCATION PROGRAM

- 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:

9/7/2021

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

10/19/2021

LOG OF PARENT/STUDENT CONSULTATION AND STAFF REVIEW/UPDATING

Name _____

Grade Level 07

Homeroom: _____

Date	Staff	Type	Reason	Description of Activity	Feedback / Outcome

The principal is responsible for each student's IEP and must ensure that it is implemented according to the ministry's guidelines and that a monitoring plan is in place.

This IEP has been developed according to the ministry's standards and appropriately addresses the student's strengths and needs.

Principal's Signature _____

Date _____

Involvement of Parent/Guardian and Student (if student is 16 or older)

I was consulted in the development of this IEP

Parent / Guardian Student

I declined the opportunity to be consulted in the development of this IEP

Parent / Guardian Student

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