

# 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

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**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

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**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

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**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.

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

**Goal**

John will successfully transition to grade 8.

<b>Actions Required</b>	<b>Person(s) Responsible for Actions</b>	<b>Timelines</b>
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:

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Parent / Guardian Signature

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Date

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Student Signature (if 16 or older)

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Date