

## York Region District School Board Individual Education Plan

### Student Information

Student Name:

Preferred Name:

Student Number:

School:

Principal:

IEP Completed:

Safety Plan: ☐ Yes ☐ No

Student Number:

OEN:

Date of Birth  
(mm/dd/yy):

Grade:

Current School Year:

IEP Coordinated By:

Health Support ☐ Yes ☐ No

Services:

☐ Emergency Health Care  
Services Plan☐ Routine Healthcare Services  
Plan

### Rationale for developing the IEP

☒ Student identified as exceptional by IPRC☒ Student not formally identified by IPRC but requires special education

Rationale for No IPRC:

Date Special Education Support Initiated:

### Placement Information

Identification:

- 1.
- 2.
- 3.
- 4.
- 5.

Placement:

Placement Date:

Last IPRC/Continuation Date:

Date Annual Review Waived:

### Subjects, Courses or Alternative Programs to which the IEP Applies

The following staff members were consulted in the development of the IEP.

Course	Teacher	Program Type
:		

### Evaluation

Reporting Dates:

Reporting Format: ☐ Provincial Report Card and ☐ Attachment to the Ontario Report Card

Student is currently working towards attainment of the:

Human Resources (teaching/non-teaching)

Human Resource	Type of Service	Frequency	Location

Human Resource	Type of Service	Frequency	Location

**Additional Information:**

### Principal/Teacher Signatures

**The principal is legally required to ensure that the IEP is properly 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/Vice-Principal Signature	SERT/Teacher Signature

### Parent/Guardian and Student (if student is 16 or older) Signature

**I was consulted in the development of the IEP**

☐ Parent/Guardian ☐ Student

**I have declined the opportunity to be consulted in the development of the IEP**

☐ Parent/Guardian ☐ Student

**I have received a copy of the IEP**

☐ Parent/Guardian ☐ Student

Parent/Guardian and Student Comments:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 16 or older)

\_\_\_\_\_  
Date

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**York Region District School Board  
Sources Consulted**

**Sources Consulted**

**Student Information**

Student Name:  
Grade:  
School:

Current School Year:  
Date of Birth:

**Assessment Summary**

**Source**

Description:

☐ Assessment results shared with parents:

**Strengths**

**Needs**

**Source**

**Date/Results/Recommendations**

**Informal Assessment**

- ☐ Observations
- ☐ Checklists
- ☐ Report Card
- ☐ Growth Plan

Educational Assessment

**Health Medical**

- ☐ Hearing
- ☐ Vision
- ☐ Medication
- ☐ Other

PT/OT Consultation/Assessment

Speech-Language Consultation/Assessment

Psychological/Psychiatric Consultation/Assessment	
Outside Agencies	

**York Region District School Board  
Accommodations****Student Information**

Student Name:

Current School Year:

Grade:

Date of Birth:

School:

**Accommodations for Learning, Including Required Equipment Accommodations described in the IEP should include only those strategies and supports that differ from the ones that are regularly provided during classroom instruction. All accommodations documented in the IEP must be made readily available to the student**

**Instructional Accommodations****Environmental Accommodations****Assessment Accommodations****Individualized Equipment****Comments:****Provincial Assessments**This is a provincial assessment year ☐ Yes ☐ NoOntario Secondary Literacy Course (OSSLC) with Rationale ☐ Yes ☐ No**Permitted Accommodations:**

**Exemption with Rationale** ☐ Yes ☐ No

**Deferral of Ontario Secondary School Literacy Test (OSSLT) with Rationale** ☐ Yes ☐ No

## York Region District School Board Transition Plan

### Student Information

Student Name:  
Preferred Name:  
SERT:  
School:  
Identification:

Student Number:  
OEN:  
Date of Birth:  
Grade:  
Principal:  
Placement:  
Anticipated Secondary  
School Graduation  
Year:

### Transition Meeting Information

Meeting Date	Type of Transition	Staff

Student Interests	Student Strengths	Student Needs

☐ No Transition Support is required at this time.

### Education, Career, Community and Life Goals

#### Next steps to achieve this goal

### Long Term Post-Secondary Goals

#### Community Living Goals

- ☐ Day programs
- ☐ Residential support
- ☐ Social/recreation program
- ☐ Personal care supports
- ☐ Circle of Support
- ☒ Other:

#### Vocation/Career Goals

- ☐ Supported employment
- ☐ Paid employment
- ☐ Volunteer
- ☒ Other:

#### Post-Secondary Education Goals

- ☐ College vocational program/CICE
- ☐ Adult programs-continuing education
- ☐ College/university
- ☐ Apprenticeships
- ☒ Other:

#### Personal life Goals

- ☐ Social goals
- ☐ Self advocacy goals
- ☒ Other:

### Essential Skills

Skills	Explain
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**Key points of transition planning for Community Class students**

Responsibility	Actions/Strategies	Target Date/Date Completed

**Actions To Date**

Actions	Responsibility	Timelines

**Future Recommendations**

Actions	Responsibility	Timelines



York Region District School Board  
Program

Student Information

Student Name:

Grade:

School:

Current School Year:

Date of Birth:

Baseline Level of Achievement

Letter Grade/Mark:

Source:

Instructional Grade  
Level:

Description of Achievement Level

Date:

Annual Program Goals

Month/Year	Learning Expectations	Strategies, Resources and Support Services	Assessment Methods
:			
Month/Year	Learning Expectations	Strategies, Resources and Support Services	Assessment Methods
:			
Month/Year	Learning Expectations	Strategies, Resources and Support Services	Assessment Methods



York Region District School Board  
Program

Student Information

Student Name:

Current School Year:

Grade:

Date of Birth:

School:

Identification:

Placement:

- 1.
- 2.
- 3.
- 4.
- 5.

Baseline Level of Achievement

Letter Grade/Mark:

Source:

Instructional Grade  
Level:

Description of Achievement Level

Date:

Annual Program Goals

Term/Semester	Learning Expectations	Strategies, Resources and Support Services	Assessment Methods
:			
:			

Term/Semester	Learning Expectations	Strategies, Resources and Support Services	Assessment Methods
:			
:			

Term/Semester	Learning Expectations	Strategies, Resources and Support Services	Assessment Methods
:			

## Report to Teachers

## Student Information

Student Name:

Preferred Name:

Grade:

School:

Primary Identification:

Secondary

Identification:

Student Number:

Current School Year:

Date of Birth:

SERT:

Placement:

## Subjects, Courses or Alternative Programs to which the IEP Applies

Course	Semester	Teacher	Program Type

## Human Resources (teaching/non-teaching)

Human Resource	Type of Service	Frequency	Location

Human Resource	Type of Service	Frequency	Location

Additional Information:

Strengths

Needs

Individualized Equipment

Comments:

Accommodations for Learning, Including Required Equipment

Instructional Accommodations

**Environmental Accommodations**

**Assessment Accommodations**

York Region District School Board  
Progress Report

Teacher Name:

Course/Subject:

Student Information

Student Name:

Grade:

School:

Current School Year:

Date of Birth:

SERT:

Subjects, Courses or Alternative Programs to which the IEP Applies

Course	Semester	Teacher	Program Type
:			

Human Resources (teaching/non-teaching)

Human Resource	Type of Service	Frequency	Location

Human Resource	Type of Service	Frequency	Location

Additional Information:

Attending class	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
On time	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Prepared for class	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
On task	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Appropriate Behaviour	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Participation	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Organized notebook	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Homework completion	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always
Assignment completion	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> usually	<input type="checkbox"/> always

Number of incomplete assignments:

Mark estimate:

☐ 0-39    ☐ 40-49    ☐ 50-59    ☐ 60-69    ☐ 70-79    ☐ 80+

Is the credit in jeopardy? ☐ Yes ☐ No

Comments/Concerns:

## IEP Consultation Log

### Student Information

Student Name:  
Preferred Name:  
School:

Current School Year:  
Date of Birth:  
Grade:

### Log Information

Date	Person Contacted	Type of Contact	Actions or Outcomes

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## Individual Education Plan Consultation Form

### Student Profile Information

Student Name	Student Number
Preferred Name	OEN
School	Grade
Date of Birth	Principal
Primary Identification	Placement
Secondary Identification	

Parental/Guardian input is valued and supports the IEP Team in the development of an Individual Education Plan (IEP) that is personalized to your child's strengths, needs, interests and goals. You may wish to share information about your child's strengths and needs in the following areas: School life; School Subjects; Home life; Community involvement; Extra curricular activities; Hobbies; Personality; Skills.

- **Interests:**

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- **Strengths:**

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- **Needs:**

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- **Priorities/Goals for this year:**

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- **Long term goals (Post-secondary/Vocational/Social/Recreational/Volunteer Work/etc.):**

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- **Additional Information/Comments:**

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Completed By

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Date

Thank you for your input

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**Individual Education Plan Report  
Attachment to the Ontario Report Card**

**Student Information**

Student Name:

Grade:

School:

Current School Year:

Date of Birth:

Report Date:

**Subjects / Courses**

Course	Semester	Teacher	Comments

**Principal/Teacher Signatures**

Principal/Vice-Principal Signature

SERT Signature