

Individual Education Plan

**Student Information**

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_  
**Preferred Name:** \_\_\_\_\_ **OEN:** \_\_\_\_\_  
**Gender:** \_\_\_\_\_ **Date of Birth (mm/dd/yy):** \_\_\_\_\_  
**Student Number:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Current School Year:** \_\_\_\_\_  
**Principal:** \_\_\_\_\_ **IEP Coordinated By:** \_\_\_\_\_  
**IEP Completed:** \_\_\_\_\_ **Health Support Services:** \_\_\_\_\_  
**Safety Plan:** \_\_\_\_\_

**Rationale for developing the IEP**

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

**Placement Information**

**Identification:** 1. **Communication** - Learning Disability **Placement:** Regular Class with Resource Assistance

**Placement Date:** 08/29/2017 **Last IPRC/Continuation Date:** 09/27/2017

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

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

Course Code	Course	Semester	Teacher	Program Type
ENG3CB	English	1		AC
MEL3EB	Mathematics for Work and Everyday L	1		AC
MEL3EK	Mathematics for Work and Everyday L	1		AC

**Evaluation**

**Reporting Dates:** November 2017 February 2018 April 2018 June 2018

**Reporting Format:**  Provincial Report Card  Attachment to the Ontario Report Card

Student is currently working towards attainment of the: Ontario Secondary School Diploma

**Human Resources (teaching/non-teaching)**

Semester 1

Human Resource	Type of Service	Frequency	Location
SERT	Program Consultation to the Regular Classroom Teacher		Regular classroom

**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.

\_\_\_\_\_ Date  
 Principal Signature

\_\_\_\_\_ Date  
 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:

\_\_\_\_\_ Date  
 Parent Signature

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

The information gathered on this form is gathered pursuant to the Education Act. The information will be used for the purpose of program planning for the student. Any general questions about the information gathered on this form may be discussed with the principal of your child's school. School phone numbers are listed alphabetically in the phone book under York Region District School Board or through the Board's website: [www.yrdsb.ca](http://www.yrdsb.ca)