

**Individual Education Plan**

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| **School:** Choose a school. | **Year:** 2012-2013 |
| **Case Manager:** |  |

1. **Identifying Data**

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| **Name:** |  | | | | | **M.E.T. #:** | |  | | | | | | | |
| **Funding:** | Choose level and category of funding. | | | | | **Funding Renewal Date:** | | | | | Click here. | | | | |
| **D.O.B:** | Click here. | | | | | **Grade:** | | Choose a grade. | | | | | | | |
| **Age:** |  | | | | | **Health Plan:** | | | URIS | | | | Non-URIS | | None |
| **Transportation Plan:** | | Yes | | No | | **Behaviour Plan:** | | | Yes | | | | No | | |
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| **Parent/Legal Guardian:** | | |  | | | | | | | | | | | | |
| **Foster Parent:** | | |  | | | | | | | | | | | | |
| **Address** | | | P.O. Box | | Town:      , MB | | | | | | | Postal Code: | | | |
| **Home Phone #:** | | |  | | **Email Address:** | | | | |  | | | | | |
| **Cell Phone # (Mother):** | | |  | | **Cell Phone # (Father):** | | | | |  | | | | | |
| 1. **Signature:** The IEP has been interpreted and discussed with all members of the educational support team. Parent/guardian signature indicates understanding of the IEP. | | | | | | | | | | | | | | | |
| **Parent/Legal Guardian:** | | |  | | | |  | | | Date: | | | |  | |
| **Classroom Teacher:** | | |  | | | |  | | | Date: | | | |  | |
| **Student Services Teacher:** | | |  | | | |  | | | Date: | | | |  | |
| **Administration:** | | |  | | | |  | | | Date: | | | |  | |

1. **School History**

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| **First Language:** |  | **Schools Attended:** |  |
| **Grade Completed:** | Choose a grade. | **Attendance:** |  |

1. **Support Services:** (Counsellor, Psychologist, Mental Health, SLP, CSS, VR, SMD, MSD, OT, PT, CFS, etc.)

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| **Name:** |  | | |
| **Agency:** |  | **Title:** |  |
| **Phone #:** |  | **Cell #:** |  |
| **Email:** |  | | |

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| --- | --- | --- | --- |
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1. **Medical Information:** (medical condition/diagnosis that has impact on learning)

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| **Related Medical Issues:** |  | |
| **Feeding/Special Diet:** |  | |
| **Mode of Communication:** |  | |
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| **Diagnosis** | **Date** | **Practitioner** |
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1. **Most Recent Assessments:** (psych, SLP, resource, OT/PT, etc: include date, who, summary). More specific information is available upon request.

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| **Assessment** | **Date** | **Clinician/Resource Teacher** | **Summary** |
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1. **Roles/Responsibilities of the Team Members**

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|  | **Student:** Follow the rules and routines directed by teacher/school. Follow instructions of adult in charge. Complete all tasks assigned by adult in charge. |
|  | **Classroom Teacher:** Provide adaptations to educational programming in accordance with IEP with guidance and support from resource teacher. Attend regular meetings regarding with student. Consult regularly with resource teacher regarding progress and program. Support and provide direction for EA working with student. |
|  | **Educational Assistant:** Support, guide and monitor the student following IEP. Consult with teacher and resource teacher regarding progress, program changes, incidents, etc. |
|  | **Resource Teacher/Case Manager:** Support the classroom teacher on a consultative approach with regards to material suggestions, management techniques, further referrals, action plans, intervention plans and other supports to the EA/teacher working with this student. Make appropriate referrals to outside agencies and other professionals as needed. Set up regular round table meetings and contact parents, social workers, foster parents, clincians, Student Services coordinator as needed. |
|  | **Counsellor/Case Manager:** Support classroom teacher/EA/Resource Teacher with programming using a consultative and/or direct service model. Attend IEP meetings as appropriate, assisting with behaviour intervention plans. Individual/group counselling as required. Make appropriate referrals to outside agencies and other professionals as needed. |
|  | **Clinicians:** Support program implementation, monitoring and reviewing program, attend ITP/IEP meetings. May provide assessments and recommendations for programming and follow-up to existing program. |
|  | **Parents/Legal Guardian:** Support IEP/ITP designed for your child. Attend regular meetings. Notify school case manager of any family, medical or other important issues/changes. Share progress and difficulties/success at home with the school personnel. |
|  | **Foster Parent:** Support IEP/ITP designed for your foster child. |
|  | **Principal:** Contact parents when required; support IEP/ITP, attend IEP meetings. |
|  | **Vocational Counsellor:** Assist in exploring vocational goals based on the individual’s interests, abilities and skills. |
|  | **Others:** |

1. **Student Specific Programming**

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|  | **Adapted Program:** Adaptation means a change made in the teaching process, resources, assignments, or student products to help a student achieve the expected learning outcomes. Adaptation addresses identified student-specific needs. |
|  | **Modified Program:** Modification is appropriate for students who have a significant cognitive disability and refers to altering the number, essence and content of the curricular learning outcomes that the student is expected to meet. Students receiving modification will have an IEP that details the curriculum modifications and an implementation of the plan.  In High School, students with significant cognitive disabilities can register for Modified (M) courses. M-designated courses are intended for students who will benefit from department-developed or approved curricula, providing they have been modified significantly to meet the student's unique learning requirements. |
|  | **Individualized Program:** Individualized programming is intended for students whose cognitive disabilities are so significant that curricula developed or approved by Manitoba Education do not meet their specific learning needs; they require individualized learning experiences that are functionally appropriate. Students receiving individualized programming will have an IEP that details their student-specific outcomes and implementation plan. |

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| **Domain:** | Choose a domain. |
| **Personnel**  **Responsible:** |  |
| **Current Level**  **of Performance:** |  |

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| **Student Outcome** | **Materials/Methods/Strategies** | **Assessment Procedures** |
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| **IEP Meeting Update:** | Team meeting held on Click here to enter a date. | |
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| **IEP Meeting Update:** | Team meeting held on Click here to enter a date. | |
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1. **Adaptations:** Adaptation means a change made in the teaching process, resources, assignments, or student products to help a student achieve the expected learning outcomes. Adaptation addresses identified student-specific needs.

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| **Environmental:** | | | |
|  | Preferential seating |  | Alter physical arrangements |
|  | Reduce distractions |  | Adapt writing utensils |
|  | Provide quiet corner/room |  | Use of study carrel (voter boxes) |
|  | Modify equipment |  | Assistance in maintaining uncluttered space |
|  | Space for movement or breaks |  | Provide Sensory Input devices (fidget toys, ball seat, wedges, etc.) |

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| **Instructional**: | | | |
|  | One-on-one/resource instruction |  | Note take, Outlines, Study Guides |
|  | Vary method/content of instruction |  | Modify workload length time/remove time constraints |
|  | Alternative assignments |  | Answers can be dictated/use of scribe |
|  | Extra visual/verbal cues and prompts |  | Provide word bank |
|  | Augmentative communication devices |  | Hands-on activities |
|  | Computer, calculator, recorder, iPad, reading pen |  | Highlight materials |
|  | Books on tape, MP3, DVD |  | Use of manipulatives |
|  | Textbooks for at home use |  | No penalty for spelling, handwriting |
|  | Follow routine or schedule |  | Kurzweil 3000/Dragon Naturally Speaking/Dragon Dictate |
|  | Homework Block |  | Limit/change copying or note taking tasks |
|  | Pre-teach new vocabulary/Preview new units |  | Study skills instruction |
|  | Chunk materials/assignments into steps |  | Explicitly teach/support organizational skills |

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| **Social/Behavioural:** | | | |
|  | Provide immediate feedback/reinforcement |  | Peer buddies/cooperative learning groups |
|  | Rest/movement/cool down breaks |  | Counselling |
|  | Behavioural intervention strategies |  | Ask open-ended questions |
|  | Provide alternatives/choices |  | Verbal/visual cues for transitions/directions/staying on task |
|  | Social skills training/management skills instruction |  | Clear, concise expectations/consequences |
|  | Circle of Friends |  | Agenda book |
|  | Visual daily schedule |  | Give warning before activity change |
|  | Adjust assignment timelines |  | Daily check-in with case manager/teacher |
|  | Emphasize the positive |  | Avoid conflict/diffuse rather than escalate |

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| **Testing Accommodations:** | | | |
|  | Allow answers to be dictated/scribed |  | Shorten test/exam |
|  | Allow frequent rest breaks |  | No penalizations for spelling/handwriting |
|  | Remove time constraints |  | Read test to student |
|  | Oral testing format |  | Review answers/limit testing |
|  | Adjust format for demonstrating knowledge |  | Provide study guide prior to test/exam |
|  | Alter test type (multiple-choice, essay, T/F) |  | Highlight key directions |
|  | Accept short answers |  | Give test/exam in alternate site |
|  | Allow open book or open note tests |  | Allow assistive technology (Kurzweil, calculator, iPad, etc.) |