Individual Education Plan

**Year:**

**School:** Choose an item. **Case Manager:**

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| **Identifying Data** | | | | | | |
| **Name:** | | | **M.E.T. #:** | | | |
| **D.O.B.:** enter a date | | | | **Age:** | **Grade:** | |
| **Transportation Plan: Yes  No** | | | **Behaviour Plan: Yes  No** | | | |
| ***Parents/Legal Guardians*:** | | | | | | | |
| **Home Phone:** | | **Email Address:** | | | | |
| **Address:** | | | | | | |
| **Father Work Phone:** | | **Cell:** | | | | |
| **Mother Work Phone:** | | **Cell:** | | | | |
| ***Foster Parents*:** | | | | | | | |
| **Home Phone:** | | **Email Address:** | | | | |
| **Address:** | | | | | | |
| **School History** | | | | | | | |
| **First Language:** | **Schools Attended:** | | | | | **Grade Completed:** | |
| **Subjects (High School Students only)**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Semester 1:** |  |  |  |  |  |  |  |  |  | | **Semester 2:** |  |  |  |  |  |  |  |  |  | | | | | | | | |

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| **Student Profile:**  **Current Level of Performance/Strengths/Learning Style/Interests/Interventions** |
| **Cumulative File/Pupil File Reviewed By:**      Date Reviewed: |

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| **Medical Information:** (medical condition/diagnosis that has impact on learning) | | |
| **Family Doctor:** | | **Medical Condition:** |
| **URIS Health Care Plan: Yes  No** | | **Medication: Yes  No** |
| **Related Medical Issues:** | | **Medication Name:** |
| **Feeding/Special Diet:** | | |
| **Mode of Communication: Verbal**  **Non-Verbal**  **AAC**  **ASL** | | |
| **Corrective Lenses*:* Yes  No** | **Hearing Aids*:* Yes  No  FM System*:* Yes  No** | |

**Most Recent Assessments:** (Cognitive, Adaptive Functioning, Communication, Audiology, Medical Assessment Results, OT/PT, Resource).

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| **Assessment** | **Date**  **day/month/year** | **Professional** | **Summary** |
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**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. |
|  | **Parents/Legal Guardian:** Support IEP 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 designed for your foster 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. |
|  | **Classroom Teacher:** Provide adaptations and facilitate IEP goals 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. |
|  | **Principal:** Contact parents when required; support IEP, attend IEP meetings. |
|  | **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, clinicians, Student Services Coordinator as needed. |
|  | **Counsellor:** 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 IEP meetings. May provide assessments and recommendations for programming and follow-up to existing program. |
|  | **Student Service Coordinator:** Support program implementation, monitoring and reviewing program, attend IEP meetings. |
|  | **Others:** Choose an item. |
|  | **Others:** Choose an item. |
|  | **Others:** Choose an item. |
|  | **Others:** Choose an item. |

**Student Specific Programming**

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|  | **Adaptations to regular curriculum:** Adaptation means a change made in the teaching process, resources, assignments, or student products to help a student achieve the expected learning outcomes. Adaptations address 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. | |
|  | **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. | |
| **Domain:** | | | Choose a domain. | |
| **Current Level of Performance:** | | | (specific description of student’s achievement) | |
| **Student Specific Outcome:** | | |  | |

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| **Performance Objectives** | **Materials/Methods/Strategies** | | **Assessment Procedures** |  |
|  |  | | Met  Not Yet Met    **1st** |  |
|  |  | | Met  Not Yet Met    **2nd** |  |
|  |  | | Met  Not Yet Met    **3rd** |  |
| **IEP Meeting Review Notes and Update/Date:** | |  | | |
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| **Domain:** | Choose a domain. |
| **Current Level of Performance:** | (specific description of student’s achievement) |
| **Student Specific Outcome:** |  |

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| **Performance Objectives** | **Materials/Methods/Strategies** | | **Assessment Procedures** |  |
|  |  | | Met  Not Yet Met    **1st** |  |
|  |  | | Met  Not Yet Met    **2nd** |  |
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|  |  | | Met  Not Yet Met    **1st** |  |
|  |  | | Met  Not Yet Met    **2nd** |  |
|  |  | | Met  Not Yet Met    **3rd** |  |
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| **Current Level of Performance:** | (specific description of student’s achievement) |
| **Student Specific Outcome:** |  |

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| **Current Level of Performance:** | (specific description of student’s achievement) |
| **Student Specific Outcome:** |  |

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|  |  | | Met  Not Yet Met    **2nd** |  |
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| **Current Level of Performance:** | (specific description of student’s achievement) |
| **Student Specific Outcome:** |  |

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|  |  | | Met  Not Yet Met    **2nd** |  |
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| **Current Level of Performance:** | (specific description of student’s achievement) |
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| **Domain:** | Choose a domain. |
| **Current Level of Performance:** | (specific description of student’s achievement) |
| **Student Specific Outcome:** |  |

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| **Performance Objectives** | **Materials/Methods/Strategies** | | **Assessment Procedures** |  |
|  |  | | Met  Not Yet Met    **1st** |  |
|  |  | | Met  Not Yet Met    **2nd** |  |
|  |  | | Met  Not Yet Met    **3rd** |  |
| **IEP Meeting Review Notes and Update/Date:** | |  | | |
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**Adaptations**: Adaptation means a change made in the teaching process, resources, assignments, or student products to help a student achieve the expected learning outcomes. Adaptations address identified student-specific needs.

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| **Adapting Presentation:** (pull down menus below) |  |
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| **Adapting Materials:** (pull down menus below) |  |
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| **Adapting the Product or Evidence of Learning:** (pull down menus below) | |  |
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| **Environmental Adaptations:** (pull down menus below) |  |
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| **Behaviour/Attention:** (pull down menus below) |  |
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| Comments/Other Adaptations |

**Attendance:** The IEP has been interpreted and discussed with members of the educational support team. Those in attendance please initial in order to acknowledge changes and revisions.

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|  | **Name** | **1st**  **Date** | **2nd**  **Date** | **3rd**  **Date** |
| **Student** |  |  |  |  |
| **Parents/Legal Guardians** |  |  |  |  |
| **Teacher** |  |  |  |  |
| **Teacher** |  |  |  |  |
| **Principal/Vice-Principal** |  |  |  |  |
| **Resource Teacher** |  |  |  |  |
| **Guidance Counsellor** |  |  |  |  |
| **Speech Language Pathologist** |  |  |  |  |
| **Student Service Coordinator** |  |  |  |  |
| **Others** |  |  |  |  |
| **Others** |  |  |  |  |
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**Signatures:** The IEP has been interpreted and discussed with members of the educational support team. Signature indicates understanding and agreement with revisions of the IEP.

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| **Date** |  | **Student** |
| **Parent/Legal Guardian** |  | **Parent/Legal Guardian** |
| **Principal** |  | **Vice-Principal** |
| **Resource Teacher/Case Manager** |  | **Teacher** |
| **Teacher** |  | **Teacher** |
| **Teacher** |  | **Teacher** |
| **Teacher** |  | **Teacher** |