Thames Valley District School Board

Individual Education Plan

Reason for IEP Development

Student identified as exceptional by IPRC

Student is not identified as exceptional but requires Special Education services that include modifications or alternative learning expectations and/or accommodations

Student Profile

Student's Legal Name:

School Year:

Student's Preferred Name:

OEN:

Gender:

Current grade:

D.O.B.(mm/dd/yyyy):

IEP #:

Home Phone:

Address:

School:

School Phone:

Principal:

Initial IPRC date (mm/dd/yyyy):

Most recent IPRC date (mm/dd/yyyy):

Date annual review dispensed with (mm/dd/yyyy):

Exceptionality(s):

Placement:

IEP Development

Program Placement Date (mm/dd/yyyy):	
Completion date of IEP development (mm/dd/yyyy):	**IEP Revised Date (mm/dd/yyyy):**

Student Strengths and Needs

Areas of Strength	Areas of Need

Program Supports / Services

Individualized Equipment: ☐ Yes No

If Yes, specify:

Specialized Health Support Services: ☐ Yes No

If Yes, specify:

Elementary Program Exemption(s) or Secondary Compulsory Course Substitution(s): ☐ Yes ☐ No

If Yes, specify program(s) or course(s) and substitution(s) and provide educational rationale:

Evaluation

Reporting format: ☐ Provincial Report Card ☐ Alternative Report Card

Reporting date(s) (mm/dd/yyyy):

Accommodations

(Assume accommodations apply to all subjects unless otherwise indicated)

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations

EQAO

N/A

Log of Consultation and Staff Review/Updating

Date		Activity	Outcome

Transition Plan for students 14 years of age or older, unless solely identified as gifted

☐ Yes ☐ No

Transition Goal:

Principal's signature _____ Date: _____

Parent/Student Consultation Form (IEP)

Reason for IEP Development

Student identified as exceptional by IPRC

Student not formally identified but requires Special Education services that include modifications or alternative learning expectations and/or accommodations

Student's Legal Name:

Gender: OEN: Current grade:

D.O.B.(mm/dd/yyyy):

Home Phone:

Address:

School: School Phone: Principal:

Initial IPRC date:

Most recent IPRC date: Date annual review dispensed with (mm/dd/yyyy):

Exceptionality(s):

Placement:

Log of Consultation and Staff Review/Updating

Date	Activity	Outcome

Please Complete and Return this form by

Parent/Guardian/Student (if 16 years or older)

· Were you consulted in the development of the IEP? ☐ Yes ☐ No

· Did you decline the opportunity to be consulted? ☐ Yes ☐ No

· Have you received a copy of the IEP? ☐ Yes ☐ No

Comments:

_____

_____

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

File in OSR ☐ Form not returned by deadline. School Official signature: _____ Date: _____