

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

Placement:

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:**

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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:

Grade:

School:

Current School Year:

Date of Birth:

**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  No

Ontario 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



**Transition to Work Place** Paid Employment Supported Employment Volunteer Other:  

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**Transition Goals**

	Transition Goal	Action	Person Responsible	Timeline
			<input type="checkbox"/> SERT <input type="checkbox"/> Guidance <input type="checkbox"/> WETC <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Elem. Transition Teacher (ETT) <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Student <input type="checkbox"/> Other	<b>From: Year:</b> <b>To: Year:</b>

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:

Date:

Description of Achievement Level

**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:

Grade:

School:

Identification:

Current School Year:

Date of Birth:

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
:			

## 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