

Individual Education Plan

Student Details		
Student Name: ET	Student PEN: 111111111	IEP Date: September 2016
Grade: 7 DOB:	School Name: Elementary	Case Manager: RD
Ministry Designation: <i>Primary: Chronic Health (D)</i>	Student Support Team: <i>Inclusion Specialist: RD Principal: DR</i> <i>Classroom Teacher: PH Education Assistant: TA/NA</i>	

Accessibility		
Support Plans	Essential Supports	Universal Supports
	<ul style="list-style-type: none"> Targeted iPad apps Modified academic curriculum Alternative communication (signs) 	<ul style="list-style-type: none"> Visual supports Consistent routines Peer pairing

Current Level of Performance										
Inclusive Lens	Core Competency	Continuum						Focus Area		
Personal	Personal Awareness/ Responsibility	①	2	3	4	5		Yes		
	Positive Personal & Cultural identity	①	2	3	4	5		No		
	Strengths			Stretches						
<ul style="list-style-type: none"> Shows a sense of accomplishment and joy Expresses some wants and needs with signs Identifies people that are important to her 			<ul style="list-style-type: none"> Participating in activities that support her well being Explaining likes or dislikes 							
Social	Communication	①	2	3	4	5	6	7	8	Yes
	Social Responsibility	①	2	3	4	5				No
	Strengths			Stretches						
<ul style="list-style-type: none"> With support, she can be part of a group Can interact with her friends 			<ul style="list-style-type: none"> Responding meaningfully to communication from peers Asking for help 							
Intellectual	Critical Thinking	①	2	3	4	5	6			No
	Creative Thinking	①	2	3	4	5				No
	Strengths			Stretches						
<ul style="list-style-type: none"> Can explore materials and actions Can show when she like something Her play ideas are fun for her and make her happy 			<ul style="list-style-type: none"> Using simple criteria 							

Assessment Rubric

Review Date:

Goal	Approaching Expectations (AE)	Minimally Meeting Expectations (MM)	Fully Meeting Expectations (FM)	Exceeding Expectations (EE)
E will participate in physical activity with during Gym	<ul style="list-style-type: none"> ▪ Requires extensive prompting to leave the room 	<ul style="list-style-type: none"> ▪ Requires some prompting to leave to the classroom 	<ul style="list-style-type: none"> ▪ Follows class outside/to Gym without prompting ▪ Compliance may be person specific (only for Classroom Teacher) 	<ul style="list-style-type: none"> ▪ Generalizes compliance/participation to any adult working in the classroom
E will use “thumbs up/down” to express her likes and dislikes	<ul style="list-style-type: none"> ▪ Communicates yes/no with alternative body language/gesturing that may not be universally understood 	<ul style="list-style-type: none"> ▪ Chooses a visual symbol of “thumbs up/down” and points in response to a “Yes/No” question 	<ul style="list-style-type: none"> ▪ Responds with “thumbs up/down” to explicit questions when they are asked (“Do you want to go on the swings?”) 	<ul style="list-style-type: none"> ▪ Spontaneously uses “thumbs up/down” to communicate joy/boredom/etc. ▪ Generalizes communication to both peer group and adults
E will use signs to communicate, “Happy,” “Mad,” and “Sad”	<ul style="list-style-type: none"> ▪ Uses alternative body language/gesturing that may not be universally understood 	<ul style="list-style-type: none"> ▪ May use rehearsed signs to describe pictures, but not to describe her own feelings ▪ Uses only one or two signs consistently ▪ May be “person specific” communication to those she is most comfortable with 	<ul style="list-style-type: none"> ▪ Uses signs in response to a specific, direct question: “How are you feeling?” 	<ul style="list-style-type: none"> ▪ Uses signs spontaneously to communicate happiness/anger/sadness

Evidence/Student Samples (e.g. photos, videos, work samples)				
Date:	Date:	Date:	Date:	Date: