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|  SD 50 Haida Gwaii School Year:  **Student Services Report**  **IEP** (Individual Education Plan) |

**IEP Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Profile**

|  |  |  |
| --- | --- | --- |
| **Name:** | **PEN:** | **Pupil Number:** |
| **Gender:** | **Grade:** | **Birth Date:** | **First Language:** | **Graduation Diploma Type:** |
| **Home School:** | **Case Manager:** |
| **Ministry Category:** | **Eligibility Date:** |

**Parent/Guardian Information:**

A copy of the Individual Education Plan has been given to:

|  |  |
| --- | --- |
| **1.** Contact name(s) | Home Telephone |
| Contact Address | Daytime Telephone |
| **2.** Contact name(s) | Home Telephone |
| Contact Address | Daytime Telephone |

**IEP Team**

The following persons have been consulted in the development of the Individual Education Plan:

|  |  |
| --- | --- |
| **Name** | **Title/Position** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Considerations**

* The parent(s)/guardian was offered the opportunity to be consulted about the preparation of the IEP

**Parent(s)/Guardian(s) Input**

Comments/Notes provided by the parents/guardian:

**Assessment Data**

|  |  |  |
| --- | --- | --- |
| **Date** | **Consultation/Assessment Areas** | **Consultant/Assessor** |
|  |  |  |
|  |  |  |
|  |  |  |

**Student’s Strengths and Needs**

|  |  |
| --- | --- |
| **Areas of Strength** | **Areas of Need** |
|  |  |

**Progress Report Dates**

**Goals and Objectives**

|  |  |  |
| --- | --- | --- |
| **Goal Area** | **Position Responsible** | **Transition Goal [ ]****Discontinued Goal [ ]** |
| **Current Level of Performance** |  |
| **Goal #** | **Goal Statement** |
| **Method of Measuring Progress** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objectives** | **Program Materials/ Resources/Strategies** | **Method of Evaluation** | **Person/Position Responsible** | **Status** |

|  |  |  |  |  |
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**Subjects, courses or alternative programs to which the IEP applies:**

|  |  |  |
| --- | --- | --- |
| **Course** | **Type** | **Adaptations and Associated Goals** |
|  |  | **Adaptations:** |
| **Associated Goals:** |
|  |  | **Adaptations:** |
| **Associated Goals:** |

**Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service** | **Position****Responsible** | **Agency/Service****Provider** | **Location** | **Start Date** | **Anticipated Duration (months)** | **Frequency** |
|  |  |  |  |  |  |  |
| **Service Description** |  |
| **Related Annual Goals:** |

**Provincial and District-wide Exams**

The student will use the following adaptations for provincial and district-wide exams:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam** | **Test Area** | **Participation Code** | **Adaptations** | **Notes/Comments** |
|  |  |  |  |  |

**Enclosures**

* Parent’s Guide to Individual Education Planning recommended if first IEP. Delete this section if not needed.

**Attachments**

The following documents, which form part of this IEP, are attached

|  |  |
| --- | --- |
| **Document** | **Date** |
|  |  |
|  |  |

**Acknowledgement of Participation**

This IEP has been developed in keeping with the Ministry’s standards and addresses the student’s strengths and needs.

The IEP will be reviewed and the student’s achievement evaluated at least once every reporting period.

**Parent/Guardian and Student Involvement**

[ ] Parent/Guardian [ ] Student --- was/were consulted in the development of this IEP

[ ] Parent/Guardian [ ] Student ----declined the opportunity to be consulted in the development of this IEP

[ ] Parent/Guardian [ ] Student --- has/have received a copy of this IEP

**Assistive Technology**

|  |  |
| --- | --- |
| **Equipment Description** | **Provider** |
|  |  |