

Individual Education Plan (IEP) Cover Sheet

Use this form for students with exceptionalities who have modified courses, alternate programs/ courses, or alternate curriculum.

Identifying Information

Student :	Date of Birth:
Parent/Guardian:	Grade:
Address:	Phone Number:
School Name and #:	School Year:
Contact Teacher:	

NOTE: A student's exceptionality(s) and associated assessment data informs a student's programming. Assessment findings must be reviewed with program planning teams before programming decisions are made.

Educational Services

- | | |
|--|--|
| <input type="checkbox"/> Instructional Resource Teacher
<input type="checkbox"/> Student Assistant
<input type="checkbox"/> Educational Psychologist
<input type="checkbox"/> Visual Itinerant Teacher
<input type="checkbox"/> Special Transportation
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Guidance Counsellor
<input type="checkbox"/> Speech-Language Pathologist (S-LP)
<input type="checkbox"/> Audio Verbal Therapist (AVT)
<input type="checkbox"/> Hearing Itinerant Teacher |
|--|--|

Attachments

- | | |
|--|---|
| <input type="checkbox"/> Record of Accommodations (Instruction around accommodation as required)
<input type="checkbox"/> Modified Course(s)
<input type="checkbox"/> Alternate Course(s)
<input type="checkbox"/> Alternate Curriculum
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Alternate Program(s)
<input type="checkbox"/> Behaviour Management Plan
<input type="checkbox"/> Transition Plan |
|--|---|

**Student Strengths and Needs
(Program Planning Team Consensus)**

Student Name: _____ **Date:** _____

Strengths	Needs

If applicable, please indicate the percentage of time and the subject or area from which the student is removed when alternate programs are offered.

Acknowledgement of Educational Programming

We have reviewed this educational plan, including all attachments, and understand its significance with respect to prescribed curriculum and possible implications on graduation and post secondary options.

Parent/Guardian: _____

Student: _____

Principal: _____

Date: _____

Date of next meeting: _____