

# Turtle Mountain School Division

## Individual Education Plan

School:

Date:

### A. Identifying Data

Name

Funding Category

Level:

M.E.T. #:

Funding Renewal Date:

D.O.B.:

Previously Funded:  Yes

No

Age:

Grade

Parent/Legal Guardian:

Foster Parent:

Address:

Home Phone #:

Cell # (Mother):

Cell # (Father):

Email:

IEP Review Dates: Fall

Spring

### B. School History

First Language

Schools Attended:

Grade Completed:

Attendance:

### C. Support Services

Case Manager:

Grade:  Expected Graduation Date:

Agency:

Social Worker:

Address:

Phone #:  Cell #:

Email:

### D. Current Student Profile: (include special considerations and type of programming - Individualized/Modified/Adapted)

Areas of Strength	Areas of Need

### D. Medical Information: (vision, hearing, medication, healthcare plan, medical condition/diagnosis and how it impacts on learning)

Family Doctor:

Phone #:  Address:

Medication:  Yes  No

Related Medical Issues:

Feeding/Special Diet:

Mode of Communication:

Vision:

Yes

No

Date Tested:

Corrective Lenses

Hearing:

Yes

No

Date Tested:

Outcome:

Health Care Plan:

Yes

No

Diagnosis	Date	Practitioner
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Most Recent Assessments: (psych, SLP, resource, OT/PT, etc: include date, who summary). More specific information is available upon request.

Assessment	Date	Clinician/Resource Teacher	Summary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## F. Roles/Responsibilities of the Team Members

- Student:** Follow the rules and routines directed by teacher/school. Follow instructions of adult in charge. Complete all tasks assigned by adult in charge.
- Classroom Teacher:** Provide adaptations to educational programming in accordance with IEP with guidance and support from resource teacher. Attend regular meetings regarding with student. Consult regularly with resource teacher regarding progress and program. Support and provide direction for EA working with student.
- Educational Assistant:** Support, guide and monitor the student following IEP. Consult with teacher and resource teacher regarding progress, program changes, incidents, etc.
- Resource Teacher/Case Manager:** Support the classroom teacher on a consultative approach with regards to material suggestions, management techniques, further referrals, action plans, intervention plans and other supports to the EA/teacher working with this student. Make appropriate referrals to outside agencies and other professionals as needed. Set up regular round table meetings and contact parents, social workers, foster parents, clinicians, Student Services coordinator as needed.
- Counsellor/Case Manager:** Support classroom teacher/EA/Resource Teacher with programming using a consultative and/or direct service model. Attend IEP meetings as appropriate, assisting with behaviour intervention plans. Individual/group counselling as required. Make appropriate referrals to outside agencies and other professionals as needed.
- Clinicians:** Support program implementation, monitoring and reviewing program, attend ITP/IEP meetings. May provide assessments and recommendations for programming and follow-up to existing program.
- Parents/Legal Guardian:** Support IEP/ITP designed for your child. Attend regular meetings. Notify school case manager of any family, medical or other important issues/changes. Share progress and difficulties/success at home with the school personnel.
- Foster Parent:** Support IEP/ITP designed for your foster child.
- Principal:** Contact parents when required; support IEP/ITP, attend IEP meetings.
- Others:**

## G. Student Specific Programming

### Regular Program

- Adapted Program:** Adaptation means a change made in the teaching process, resources, assignments, or student products to help a student achieve the expected learning outcomes. Adaptation addresses identified student-specific needs.

- Modified Program:** Modification is appropriate for students who have a significant cognitive disability and refers to altering the number, essence and content of the curricular learning outcomes that the student is expected to meet. Students receiving modification will have an IEP that details the curriculum modifications and an implementation of the plan.

In High School, students with significant cognitive disabilities can register for Modified (M) courses. M-designated courses are intended for students who will benefit from department-developed or approved curricula, providing they have been modified significantly to meet the student's unique learning requirements.

**Individualized Program:** Individualized programming is intended for students whose cognitive disabilities

- are so significant that they do not benefit from participating in curricula developed or approved by Manitoba Education. Individualized learning experiences that are functionally appropriate. Students receiving individualized programming will have an IEP that details their student-specific outcomes and implementation plan.

Domain:

Personnel  
Responsible:

Current Level of Performance:

Student Outcome	Methods/Materials/Strategies	Assessment Procedures

Domain:

Personnel  
Responsible:

Current Level of Performance:

Student Outcome	Methods/Materials/Strategies	Assessment Procedures

Domain:

Personnel  
Responsible:

Current Level of Performance:

Student Outcome	Methods/Materials/Strategies	Assessment Procedures

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Domain:

Personnel Responsible:

Current Level of Performance:

Student Outcome	Methods/Materials/Strategies	Assessment Procedures

Domain:

Personnel Responsible:

Current Level of Performance:

Student Outcome	Methods/Materials/Strategies	Assessment Procedures

Domain:

Personnel  
Responsible:

Current Level of Performance:

Student Outcome	Methods/Materials/Strategies	Assessment Procedures

## Adaptations:

### Environment

- Preferential seating
- Reduce distractions
- Provide quiet corner/room
- Modify equipment
- Space for movement or breaks
- Alter physical arrangements
- Adapt writing utensils
- Use of study carrel (voter boxes)
- Assistance in maintaining uncluttered space

### Instructional

- One-on-one/resource instruction
- Vary method/content of instruction
- Alternative assignments
- Extra visual/verbal cues and prompts
- Augmentative communication devices
- Computer, calculator, recorder, Ipod use
- Books on tape
- Textbooks for at home use
- Follow routine or schedule
- Note take, Outlines, Study Guides
- Modify workload length time
- Answers can be dictated
- Provide word bank
- Hands-on activities
- Highlight materials
- Use of manipulatives
- No penalty for spelling, handwriting



## Social Behavioural

- |  |  |
|--|--|
| <input type="checkbox"/> Provide immediate feedback          | <input type="checkbox"/> Peer buddies  |
| <input type="checkbox"/> Rest breaks                         | <input type="checkbox"/> Provide counselling   |
| <input type="checkbox"/> Behavioural intervention strategies | <input type="checkbox"/> Verbal/visual cues for transitions/directions/staying on task |
| <input type="checkbox"/> Develop crisis intervention plan    | <input type="checkbox"/> Study skills instructions                                     |
| <input type="checkbox"/> Use reinforcement system            | <input type="checkbox"/> Management skills instructions                                |
| <input type="checkbox"/> Develop circle of friends           | <input type="checkbox"/> Agenda book   |
| <input type="checkbox"/> Visual daily schedule               | <input type="checkbox"/> Give warning before activity change                           |
| <input type="checkbox"/> Adjust assignment timelines         | <input type="checkbox"/> Daily check-in with case manager/teacher                      |

## Testing Accommodations

- |  |  |
|--|--|
| <input type="checkbox"/> Allowing answers to be dictated               | <input type="checkbox"/> Shortening test                     |
| <input type="checkbox"/> Allowing frequent rest breaks                 | <input type="checkbox"/> No penalizations for spelling       |
| <input type="checkbox"/> Additional time                               | <input type="checkbox"/> Read test to student                |
| <input type="checkbox"/> Oral testing format                           | <input type="checkbox"/> Review answers/limit testing        |
| <input type="checkbox"/> No timed tests                                | <input type="checkbox"/> Providing study guide prior to test |
| <input type="checkbox"/> Alter test type (multiple-choice, essay, T/F) | <input type="checkbox"/> Highlighting key directions         |
| <input type="checkbox"/> Accept short answers                          | <input type="checkbox"/> Giving test in alternative site     |
| <input type="checkbox"/> Allowing open book or open note tests         | <input type="checkbox"/> Allowing calculator, word processor |

### **Modified Program**

I, \_\_\_\_\_, have reviewed \_\_\_\_\_'s Individual Education Plan (IEP)  
(parent/legal guardian) (child's name)

with my child's IEP team. I understand that my child has a significant cognitive disability and is not able to meet the Manitoba curricula outcomes even with adaptations. Therefore, my child's curricular outcomes will be modified (altered) to meet his/her learning needs.

I also understand that my child will receive an M-designate for courses and that these designations will be reported on the report card. I also understand that modified courses are not typically accepted at post-secondary institutions and thereby may limit my child's ability to further his/her education after high school.

\_\_\_\_\_  
(parent/legal guardian)

\_\_\_\_\_  
(date)

