

SOUTH SHORE REGIONAL SCHOOL BOARD

INDIVIDUAL PROGRAM PLAN

PART 1

Student Name:	School:	
Student ID:	DOB:	Grade:
Parent/Guardian:		
Address:		
Phone: (H)	(W)	Implementation Date:

Program Planning Team Members:	Position:

Student Profile: Description of Exceptionality

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Assessments:	Date:

Summary Of:	Strengths:	Challenges:
Academic/ Cognitive		
Communication (expressive/receptive)		
Social / Behavioural		
Physical / Motor		

Parent Initial

Services Provided:

Service	Provider	<u>Time Per Day Cycle</u>	Location

Special Materials/Equipment Provided:

Check applicable boxes and attach:

- | | |
|--|--|
| <input type="checkbox"/> Schedule/Timetable Attached | <input type="checkbox"/> Emergency Response Plan |
| <input type="checkbox"/> Health Care Plan | <input type="checkbox"/> Medication |
| <input type="checkbox"/> BMP | <input type="checkbox"/> IPP for all subject areas |
| <input type="checkbox"/> IA | <input type="checkbox"/> IPP for |

SIGNATURES

IPP Agreement

I/we agree to the Individualized Program Plan (IPP) developed for _____
 Implemented during the _____ school year.

_____ School Personnel

_____ Parent/Guardian

_____ Principal

_____ Implementation Date

_____ Review Date

_____ Review Date

Copies To:

- Classroom Teacher(s) Parent/Guardian Cumulative Card

Part 2

**SOUTH SHORE REGIONAL SCHOOL BOARD
INDIVIDUAL PROGRAM PLAN**

Student: _____ **DOB:** _____ **School:** _____ **Grade:** _____

Subject/Curriculum Area: _____

Annual Outcome #1

Specific Outcome	Assessment	Strategies	Materials	Personnel	Specific Outcome Evaluation		Comments
					Date	Date	

Specific Outcome Evaluation Key:

- A. The student consistently demonstrates achievement of this outcome during the current reporting period.
- B. The student is consolidating knowledge, skills, and attitudes required by this outcome.
- C. The student is demonstrating initial understanding, knowledge, skills, and attitudes required by this outcome.
- D. The student is experiencing difficulty with this outcome.
- N/A This outcome was not addressed in the current reporting period.

Parent Initial

PART 3 – TRANSITION PREPARATIONS

Moving From _____ (school/program) To _____ (school/program)

Meeting Dates:

Transition Team Members: (sending and receiving)

Sending Team Members

Receiving Team Members

Special Arrangements:

- Tour Facility
 - Bussing/Conveyance
 - Orientation Day(s)
 - Transfer of Files
 - Other: _____
- Transfer of Equipment
 - Professional Staff On-Site Visit
 - Specialized Training
 - Modification of Facilities

Transition Goals	Personnel	Review Dates	Comments

Goals for Independence	Personnel	Review Dates	Comments

All IPP Courses (Grade 10, 11, 12) must be documented and attached to the transcript. All students including those on full IPP must meet the 18 credit requirements for graduation diploma as outlined in the Public School Program.

Projected Graduation Date (for senior high only):

Parent Initial

