



**YEAR \*\*\*\* INDIVIDUAL EDUCATIONAL PLAN  
PHYSICALLY DEPENDENT**

<b>Student</b>	Student	<b>P.E.N. No.</b>		<b>Date of Birth (yr/mo/day)</b>	
<b>School</b>	Elementary	<b>Teacher</b>		<b>Grade Placement</b>	
<b>Program Manager</b>		<b>Parent/Guardian</b>		<b>IEP Date</b>	
<b>Contact #</b>		<b>Address/phone</b>			

**RATIONALE FOR PLACEMENT IN PHYSICALLY DEPENDENT - MULTIPLE NEEDS FUNDING CATEGORY**

The Student is funded in the Physically Dependent - Multiple Needs Ministry Category due to a diagnosis of spastic quadriplegia with hyper tonicity and developmental delay, optic nerve atrophy and severe cortical visual impairment. G-tube feeding, which has resulted in the Student being dependent upon an adult for support in all areas of adapted living (mobility, transfers, toileting, hygiene, dressing and eating) due to her physical condition.

**BACKGROUND INFORMATION / ASSESSMENT INFORMATION**

<b>Most Recent Assessments/Reports</b>	<b>From</b>	<b>Date</b>
<input type="checkbox"/> Additional relevant medical reports		
<input checked="" type="checkbox"/> Intellectual ability	<b>Sunny Hill Health Centre/</b>	
<input type="checkbox"/> Academic		
<input type="checkbox"/> Physiotherapy		
<input type="checkbox"/> Occupational Therapy		
<input checked="" type="checkbox"/> Speech & Language Therapy	<b>Sunny Hill Health Centre</b>	
<input checked="" type="checkbox"/> Vision	<b>Sunny Hill Health Centre</b>	
<input type="checkbox"/> Hearing		
<input checked="" type="checkbox"/> Adaptive Behaviour Scale, Vineland	<b>Sunny Hill Health Centre</b>	
<input checked="" type="checkbox"/> Assistive Technology Consultation	<b>Sunny Hill Health Centre</b>	

ADDITIONAL HEALTH INFORMATION	
Health Care Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Level 2 <input type="checkbox"/> No <input type="checkbox"/> Level 3 <b>Comments: Health Care Plan attached</b>  <i>Refer to G-25 Ministry Manual of Policies, Procedures and Guidelines</i>	Medication(s) (plus other medical information (e.g. allergies, etc.) <b>Dulcolax suppositories</b> <b>Losec antacid</b> <b>Has grand and petit mal seizures (care covered in Health Care Plan (attached))</b>
Vision: <b>Optic nerve atrophy and cortical visual impairment</b>	Hearing:

STUDENT SUPPORT - SCHOOL
<b>Current Supplemental Support</b> <i>(For Low Incidence Ministry Funding, at least one Supplemental Support Service must be in place.)</i>  <input checked="" type="checkbox"/> Resource Room Option <b>used for physiotherapy exercises, quiet environment and location of her PC</b> <input checked="" type="checkbox"/> Special Education Resource Teacher – Special Needs <b>5 hours per week divided among 3 Sp. Needs Student's</b> <input checked="" type="checkbox"/> Teacher Assistant <b>26.5 hours per week full time</b> <input type="checkbox"/> Other
<b>Current Additional School Support</b> <i>(These services include assessment, planning, programming, consultation and/or direct service.)</i>  <input checked="" type="checkbox"/> Physiotherapist <b>direct service/ once per week for 45 minutes, program and reports in confidential file</b> <input checked="" type="checkbox"/> Occupational Therapist <b>direct service/consult once per week</b> <input checked="" type="checkbox"/> Speech & Language Pathologist <b>consult</b> <input checked="" type="checkbox"/> Teacher of the Visually Impaired <b>consult</b>

STUDENT SUPPORT - PROVINCIAL AGENCIES
<input type="checkbox"/> Deaf Blind PRP <input checked="" type="checkbox"/> Provincial Integration Support Program <input checked="" type="checkbox"/> SET-BC <i>(specify equipment):</i> <b>Computer with Intellitalk II, IntelliPics, SAM Trackball</b>
<b>If Student has SET BC equipment, make sure goals address use and implementation of equipment.</b>

**EDUCATIONAL PATH** Dogwood School Completion Certificate Not yet Clear**CURRENT LEVEL OF FUNCTIONING (Academic Achievement)** Regular program Adapted program Modified program

<b>Student Strengths</b>	<b>Student Needs for Support/Programming</b>
<ul style="list-style-type: none"> <li>• Sociable with adults and peers</li> <li>• Initiates communication</li> <li>• Responds to simple questions</li> <li>• Enjoys working on the computer</li> <li>• Can visually identify large pictures and several colours</li> </ul>	<p>✓ Full Adult Support for all areas of Personal Care: toileting, eating, feeding, hygiene, dressing/undressing, mobility and positioning and transfers</p> <p><b>Other Needs:</b></p> <ul style="list-style-type: none"> <li>• To have a standardized, globally understood communication system</li> <li>• To work on developing functional use of her intact senses (touch and hearing) while continuing to enhance the development of vision</li> <li>• To continue to develop her knowledge base and her awareness and understanding of her environment using a variety of mediums, including her SET BC computer</li> <li>• To integrate with her peer group in a variety of classroom activities</li> <li>• To use her SET BC computer to expand her learning opportunities and to recognize the control she has over her environment</li> <li>• To make use of slant board for visual presentation of books and other materials</li> <li>• To have verbal cues provided to help in the reduction of startle responses and to aid with transitions</li> </ul>

Accommodations for Physically Dependent – Multiple Needs						
Toileting or Changing	Eating or Feeding	Hygiene	Dressing	Mobility and Positioning	Transfers	Health
<input checked="" type="checkbox"/> Student requires a change table <input type="checkbox"/> Student has a catheter <input checked="" type="checkbox"/> Safety Concerns – Student requires adult support for assisted standing transfers <input checked="" type="checkbox"/> Student needs adult to complete Personal Hygiene Routines <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Student has a G-tube or J-tube <input checked="" type="checkbox"/> Student is fed all foods by an adult <input type="checkbox"/> Student feeds her/himself some food with adult help and requires adult support for safety concerns, e.g. choking, swallowing problems. (Written Safety Plan and Staff Training are needed.) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Student requires adult support for maintaining good personal hygiene <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Student requires adult support for dressing/undressing <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Power Wheelchair but requires adult supervision due to difficulty with safety and judgment <input type="checkbox"/> Walker <input type="checkbox"/> Crutches or Canes <input type="checkbox"/> Standing Frame <input type="checkbox"/> Orthotics, e.g. AFOs, splints <input type="checkbox"/> Other equipment	<input checked="" type="checkbox"/> To alternate seating <input checked="" type="checkbox"/> For participation in physio routines including standing frame, mat exercises, etc. <input checked="" type="checkbox"/> For changing or toileting <input type="checkbox"/> Other	Health Concerns: <input checked="" type="checkbox"/> Student has a Health Care Plan <input checked="" type="checkbox"/> Seizures <input checked="" type="checkbox"/> G-Tube or J-Tube <input type="checkbox"/> Catheter <input type="checkbox"/> Medication administered at school <input checked="" type="checkbox"/> Emergency supplies for 72 hours

Student Equipment			
<b>Mobility/Transfers</b> <input checked="" type="checkbox"/> Wheelchair <input type="checkbox"/> Splints/AFOs, etc. <input type="checkbox"/> Crutches/Canes <input type="checkbox"/> Standing Frame <input type="checkbox"/> Walker <input type="checkbox"/> Stroller <input type="checkbox"/> Mechanical Lift <input type="checkbox"/> Stair Climber <input type="checkbox"/> Other	<b>Health</b> <input checked="" type="checkbox"/> Change Table <input checked="" type="checkbox"/> Medical Equipment or Supplies <b>diapers, changing wipes, gloves, pillow</b>	<b>Communication Devices</b> <i>Please list:</i> <ul style="list-style-type: none"> <li>• <b>Big Mac</b></li> <li>• <b>3-Choice Switch</b></li> </ul>	<b>Other Technology</b> <i>Please list:</i> <ul style="list-style-type: none"> <li>• <b>Computer</b></li> </ul>

**ACCOMMODATIONS AND OTHER SUPPORTS PROVIDED BY ADULTS**

(Example: One-on-one support at recess and lunch for behaviour management, visual schedules, predictable routines, relaxation techniques, social skills training).

- **Supervision at recess and lunch and for teacher assistant break times**
- **Boardmaker visuals, visual schedules, communicative aids**
- **Exercise program**

**LONG TERM GOALS (e.g. Academic, Developmental, Life Skills, Social/Behavioral/Communication)**

- **Functional use of vision**
- **Functional use of other senses**
- **Use of hands for choice making**
- **Use of SET BC computer as a Learning Device**
- **Social interactions with peers**
- **Development of functional communication**
- **Development of leisure activities**

<p><b>Long Term Goal</b> • <b>Specific Skills or Short Term Objectives</b></p>	<p><b>Team Strategies/Learning Strategies</b> <b>Person(s) Responsible</b></p>	<p><b>Evaluation</b> (How progress is being assessed and on-going comments)</p>
<p><b>Goal #1: Communication</b>  <b>Student Will Communicate Effectively With Those</b></p>	<ul style="list-style-type: none"> <li>• a) increased use of Boardmaker symbols for:</li> <li>• i] communication initiation e.g. a large symbol mounted on her tray that indicates where she is</li> </ul>	<ul style="list-style-type: none"> <li>• keep running record of the symbols used with Student and of her ability</li> </ul>

<p><b>Around Her.</b></p> <ul style="list-style-type: none"> <li>• Student will use her <u>gaze to look at people and objects</u> she is interacting with.</li> <li>• Student will use her gaze &amp;/or reach to make <u>choices</u> between two objects and/or pictures.</li> <li>• Student will indicate that she wants <u>“more”</u> of a desired activity when it is stopped through her use of gaze and gestures.</li> <li>• Student will use her expressions, vocalizations, gestures and body language to <u>communicate</u> with others</li> <li>• Student will have a <u>voice</u> to engage in social interactions by using Voice Output devices.</li> </ul>	<p>going so someone can talk to her about that (library, Rm. 11, office, gym, music)</p> <ul style="list-style-type: none"> <li>• ii] communicative intent – to allow her to communicate clearly with anyone, paired with verbalizations</li> <li>• iii] to use in choice making and to provide visual scheduling</li> <li>• b) use of Big Mac for simple responses (initially paired with yes/no vocalization and then moving on to other simple responses and relying on the verbalized yes/no if used consistently)</li> <li>• c) use of 3 choice switch as a means to expanding choices</li> <li>• d) presenting all visual symbols using the slant board whenever possible</li> </ul> <p>(In all environments: home, classroom, other rooms at school, in the community)</p> <ul style="list-style-type: none"> <li>• e) Use of SET BC computer to learn: <ul style="list-style-type: none"> <li>i] to operate a mouse so that Student can control what is happening on the computer with regard to choice making, page turning etc.</li> <li>ii] to create simple responses to her environment and to indicate preferences e.g. I like .....</li> </ul> </li> <li>• Provide Student with orientation (verbally) as to what is happening in the environment; who is entering or exiting the room she is in and who is approaching her</li> </ul>	<p>to identify them and to choose them effectively</p> <ul style="list-style-type: none"> <li>• keep daily notes of significant communicative interactions</li> <li>• record of trials using choice making devices and choices offered and when mastery is achieved</li> </ul>
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<p align="center"><b>Long Term Goal</b></p> <p><b>• Specific Skills or Short Term Objectives</b></p>	<p align="center"><b>Team Strategies/Learning Strategies</b></p> <p align="center"><b>Person(s) Responsible</b></p>	<p align="center"><b>Evaluation</b></p> <p>(How progress is being assessed and on-going comments)</p>
<p><b>Goal #2: Fine Motor</b></p> <p><b>Student Will Increase Her Participation In Functional Independent Skills At Home, School And In The Community.</b></p> <ul style="list-style-type: none"> <li>• Student will use her <u>hands</u> to help <u>hold</u> objects in functional activities.</li> <li>• Student will participate by pressing a <u>switch</u> with her hands to <ul style="list-style-type: none"> <li>- engage in <u>leisure activities</u></li> <li>- <u>help</u> others</li> <li>- have a <u>voice</u></li> <li>- <u>control her environment</u></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use spatial vocabulary with Student as she participates in her daily exercise program</li> <li>• Present Student with tape of environmental sounds and Boardmaker pictures so that Student becomes aware of key sounds in her environment; as she is able to attach significance to sounds she will be less likely to be startled or scared by these noises</li> <li>• Use of SET BC computer to listen to stories and to do visual tracking, visual identification and to learn cause and effect using the mouse</li> <li>• Use of SET BC computer as a leisure activity that can be shared with a peer so that both children can 'look' at it and 'listen' to it while interacting with each other</li> <li>• Introduce a variety of textures to Student and teach her the describing words e.g. soft, rough, cold etc.</li> <li>• Help Student to explore things with her hands e.g. to feel features of another person's face, a toy always providing ongoing descriptive vocabulary</li> <li>• Encourage Student to reach out to touch things and include a Boardmaker symbol for her to learn that says "Touch that" (home and school and other settings as opportunities present themselves)</li> <li>• Include Student in classroom learning opportunities and opportunities in the community</li> <li>• Student will be included in story times and listen to the sharing done with her peers</li> <li>• Student will be able to do 'hands-on' learning activities in the classroom; especially in science, cooking, art as well as field trips</li> <li>• Student will practice holding objects with hand over hand assistance such as: <ul style="list-style-type: none"> <li>• holding her Sony Walkman</li> <li>• TA puts her hand on balls during gym</li> </ul> </li> <li>• TAs will help her to alternate using both hands for reaching</li> </ul>	<ul style="list-style-type: none"> <li>• Running record of environmental sounds identified</li> <li>• Daily notes on startle responses to sounds and events and how orientation impacts those responses</li> <li>• Running record of textures introduced and Student's response to them (how Student learns to identify these textures)</li> <li>• Running record of items explored using tactile exploration</li> <li>• Running record of use of mouse on computer and improvements noted in visual responsiveness</li> </ul>
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		comments
<ul style="list-style-type: none"> <li>• <b>Goal #3: Socialization</b></li> </ul> <p><b>Student Will Continue To Develop Her Social Skills And Expand Her Experiences And Relationships.</b></p> <ul style="list-style-type: none"> <li>• Student will use her communication systems to interact one to one with peers</li> <li>• Student will <u>greet</u> others by turning her head towards individuals when they greet her.</li> <li>• Student will actively participate using her communication and fine motor skills in a variety of jobs, and classroom activities in the classroom and school at large</li> </ul>	<ul style="list-style-type: none"> <li>• Student's family will visit the classroom and provide information about Student and to encourage peers to ask questions so that any fears about socializing with Student can be reduced and/or eliminated</li> <li>• As above Student will be included in morning carpet activities, calendar, story time, hands-on learning, gym and music as well as field trips.</li> <li>• Student's peers will be allowed to push her wheelchair with adult supervision</li> <li>• When Student sits in her wheelchair with the class she will sit close enough for her peers to interact</li> <li>• Student will be encouraged to take a peer with her to Room 11 to join with her in computer activities</li> <li>• Student will be outside, weather permitting at recess and lunch and her peers will be encouraged to interact with her (school)</li> <li>• Communicative systems will be used to maximize Student's ability to communicate with her peers and for her peers to be able to initiate topical conversation with her (All environments)</li> <li>• Adults with Student will encourage all those who approach Student to speak to her directly and to make both physical contact and eye contact (slowly and with verbal cueing) (All environments)</li> <li>• Student will participate in activities in her community with her peers and family (home)</li> <li>• Student will sit with her peers during morning carpet time and calendar activities on some days</li> <li>• Student will participate in gym and music activities (school, all environments)</li> <li>• Student will be provided with recreational opportunities by her family that allow her to become more and more familiar with the world around her (home)</li> </ul>	<ul style="list-style-type: none"> <li>• Running record of Student's integration activities and opportunities</li> <li>• Running record of activities that Student enjoys</li> <li>• Running record of activities that Student participates in</li> <li>• Running record of activities that Student dislikes</li> <li>• All lists shared by all those people working and living with Student</li> </ul>

<p style="text-align: center;"><b>Long Term Goal</b></p> <p><b>• Specific Skills or Short Term Objectives</b></p>	<p style="text-align: center;"><b>Team Strategies/Learning Strategies</b></p> <p style="text-align: center;"><b>Person(s) Responsible</b></p>	<p style="text-align: center;"><b>Evaluation</b></p> <p>(How progress is being assessed and on-going comments)</p>
<p><b>Goal #4: Student Will Actively Participate In Routines Throughout The Day To Promote Flexibility And Comfort.</b></p> <ul style="list-style-type: none"> <li>• Student will relax to actively <u>participate in changes of position.</u> <ul style="list-style-type: none"> <li>- relax during exercises</li> <li>- relax when someone is working with her on her physio exercises</li> <li>- relax when taking off or putting on her coat</li> </ul> </li> <li>• Student will get into a “<u>ready position</u>” with decreased prompting for <u>choice</u> making.</li> <li>• Student will get into a “<u>ready position</u>” with decreased prompting when using the <u>switch</u>.</li> </ul>	<ul style="list-style-type: none"> <li>• whenever possible Student will be taken from her chair and allowed to sit with her peers on the floor (G-tube feeding does not often permit this)</li> <li>• Refer to the script for “ready position” for switch work in the Planning Tools section of the PISP binder</li> <li>• Refer to script for “ready position” for choice making in Goal #1 of the PISP binder</li> <li>• Verbally prompt Student to “relax” her arms to assist with dressing, exercises, etc.</li> <li>• Carry through on physio exercises daily as outlined by the PT</li> <li>• The team will make sure that a classroom physical arrangement of desks and equipment needs to allow for some wheelchair movement</li> </ul>	<ul style="list-style-type: none"> <li>• hysio will periodically observe Student in her physio routines and her ability to sit independently on the floor</li> <li>• hysio will report on Student’s flexibility</li> <li>• ngoing data collection and observation regarding Student’s ability to get into ready positions with verbal prompting</li> <li>• As will indicate problems of maneuvering in classroom if they arise</li> </ul>

**PERSONAL CARE PROTOCOL**

Student specific practices to ensure Student dignity, privacy, and learning include: **private bath rooming facility**

**GENDER APPROPRIATE INTIMATE CARE PROVIDER**

The IEP team has determined that the gender of the staff providing intimate personal care is not significant at this time.

The IEP team has determined that the gender of the staff providing intimate care should be **female**

*In determining if the gender of the staff providing intimate personal care is significant, the following must be considered: Student, parent, and staff needs.*

**STUDENT RESTRAINT**

Restraint is not an issue with this Student.

It is anticipated that restraint may be required. Staff anticipate using the following plan and have been trained in proper techniques:

*Restraint is used only to prevent Student's from injuring themselves and others.*

<b>IEP Team Members</b>		
<b>Name</b>	<b>Position/Role</b>	<b>Signature</b>
	<b>Principal</b>	*
	<b>Program Manager</b>	*
	<b>Teacher</b>	*
	<b>Teacher</b>	*
	<b>Teacher Assistant</b>	
	<b>Parent/Guardian</b>	**
	<b>PT/OT</b>	
	<b>Speech Language Pathologist</b>	

**IEP Review Meeting Date:**

\* Signature is required.

\*\* Parent consultation is necessary. Parent signature indicates agreement with IEP.