



INDIVIDUAL EDUCATIONAL PLAN PHYSICALLY DEPENDENT

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

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 hypertonicity and developmental delay, optic nerve atrophy and severe cortical visual impairment (20/270). G-tube feeding. (Dr.) 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

Most Recent Assessments/Reports	From	Date
<input type="checkbox"/> Additional relevant medical reports		
<input checked="" type="checkbox"/> Intellectual ability	Sunny Hill Health Centre/ Dr.	06/02
<input type="checkbox"/> Academic		
<input type="checkbox"/> Physiotherapy		
<input type="checkbox"/> Occupational Therapy		
<input checked="" type="checkbox"/> Speech & Language Therapy	Sunny Hill Health Centre/	06/02
<input checked="" type="checkbox"/> Vision	Sunny Hill Health Centre/	06/02
<input type="checkbox"/> Hearing		
<input checked="" type="checkbox"/> Adaptive Behaviour Scale, Vineland	Sunny Hill Health Centre/Dr.	06/02
<input checked="" type="checkbox"/> Assistive Technology Consultation	Sunny Hill Health Centre/	06/02

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 Comments: Health Care Plan attached <i>Refer to G-25 Ministry Manual of Policies, Procedures and Guidelines</i>	Medication(s) (plus other medical information (e.g. allergies, etc.) Dulcolax suppositories Losec antacid Has grand and petit mal seizures (care covered in Health Care Plan (attached))
Vision: Optic nerve atrophy and cortical visual impairment	Hearing:

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

JAN 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> Computer with Intellitalk II, IntelliPics, SAM Trackball
If Jan has SET BC equipment, make sure goals address use and implementation of equipment.

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

- Regular program
- Adapted program
- Modified program

Student's Strengths

- **Sociable with adults and peers**
- **Initiates communication**
- **Responds to simple questions**
- **Enjoys working on the computer**
- **Can visually identify large pictures and several colours**

Student Needs for Support/Programming

- ✓ Full Adult Support for all areas of Personal Care: toileting, eating, feeding, hygiene, dressing/undressing, mobility and positioning and transfers
- Other Needs:**
 - **To have a standardized, globally understood communication system**
 - **To work on developing functional use of her intact senses (touch and hearing) while continuing to enhance the development of vision**
 - **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**
 - **To integrate with her peer group in a variety of classroom activities**
 - **To use her SET BC computer to expand her learning opportunities and to recognize the control she has over her environment**
 - **To make use of slant board for visual presentation of books and other materials**
 - **To have verbal cues provided to help in the reduction of startle responses and to aid with transitions**

Accommodations for Physically Dependent – Multiple Needs						
Toileting or Changing	Eating or Feeding	Hygiene	Dressing	Mobility and Positioning	Transfers	Health
<input checked="" type="checkbox"/> Jan requires a change table <input type="checkbox"/> Jan has a catheter <input checked="" type="checkbox"/> Safety Concerns – Jan requires adult support for assisted standing transfers <input checked="" type="checkbox"/> Jan needs adult to complete Personal Hygiene Routines <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Jan has a G-tube or J-tube <input checked="" type="checkbox"/> Jan is fed all foods by an adult <input type="checkbox"/> Jan 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"/> Jan requires adult support for maintaining good personal hygiene <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Jan 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 judgement <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"/> Jan 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			
Mobility/Transfers	Health	Communication Devices	Other Technology
<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	<input checked="" type="checkbox"/> Change Table <input checked="" type="checkbox"/> Medical Equipment or Supplies diapers, changing wipes, gloves, pillow	<i>Please list:</i> <ul style="list-style-type: none"> • Big Mac • 3-Choice Switch 	<i>Please list:</i> <ul style="list-style-type: none"> • Computer

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>Long Term Goal • Specific Skills or Short Term Objectives</p>	<p>Team Strategies/Learning Strategies Person(s) Responsible</p>	<p>Evaluation (How progress is being assessed and on-going comments)</p>
<p>Goal #1: Communication/Socialization</p> <p>Jan Will Communicate Effectively With Those Around Her and increase her friendships and social skills.</p> <ul style="list-style-type: none"> • Jan will answer a variety of questions (e.g., who, what, where and yes/no) by pointing or vocalizing within both familiar and unfamiliar routines, with 80% accuracy. 	<ul style="list-style-type: none"> • a) increased use of Boardmaker symbols for: <ul style="list-style-type: none"> • i] communication initiation e.g. a large symbol mounted on her tray that indicates where she is going so someone can talk to her about that (library, Rm. 11, office, gym, music) • ii] communicative intent – to allow her to communicate clearly with anyone, paired with verbalizations • iii] to use in choice making and to provide visual scheduling • 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) 	<ul style="list-style-type: none"> • keep running record of the symbols used with Jan and of her ability to identify them and to choose them effectively • keep daily notes of significant communicative interactions
<ul style="list-style-type: none"> • Jan will use her gaze, voice, and/or reach to make choices between <ul style="list-style-type: none"> a) two objects b) two pictures or symbols c) three spoken items for auditory scanning 	<ul style="list-style-type: none"> • c) use of 3 choice switch as a means to expanding choices • d) presenting all visual symbols using the slant board whenever possible (In all environments: home, classroom, other rooms at school, in the community) • e) Use of SET BC computer to learn: <ul style="list-style-type: none"> i] to operate a mouse so that Jan can 	<ul style="list-style-type: none"> • record of trials using choice making devices and choices offered and when mastery is achieved

<p>without verbal prompting, 80% of the time.</p> <ul style="list-style-type: none"> • Jan will indicate that she wants “<u>more</u>” of a desired activity when it is stopped through her facial expressions, vocalizations or Partner 4, within 10 seconds, 4/5 times. • Jan will increase her volitional use of her expressions, vocalizations, gestures and body language to <u>communicate</u> with others. (Personal Dictionary reinforced) • Jan will respond to greeting others by looking towards them and vocalizing, within 10 seconds, 4/5 times. • Jan will anticipate familiar activities when using her calendar/sequence system by... <ul style="list-style-type: none"> • removing the card from the sequence box and putting it into the finished container at the end of the activity, ... with only 1 verbal prompt, 4/5 times • Jan will spontaneously make requests by vocalizing or pointing, at least 5 times a day. 	<p>control what is happening on the computer with regard to choice making, page turning etc. ij] to create simple responses to her environment and to indicate preferences e.g. I like</p> <ul style="list-style-type: none"> • Provide Jan 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 • develop with input from local SLP some key objects and pictures for use with the calendar/sequence box. • the resource teacher and SLP will make pictures from the board maker for use with comprehension and other activities as they see fit • Jan’s family will visit the classroom and provide information about Jan and to encourage peers to ask questions so that any fears about socializing with Jan can be reduced and/or eliminated • As above Jan will be included in morning carpet activities, calendar, story time, hands-on learning, gym and music as well as field trips. • Jan’s peers will be allowed to push her wheelchair with adult supervision • When Jan sits in her wheelchair with the class she will sit close enough for her peers to interact • Jan will be encouraged to take a peer with her to Room 11 to join with her in computer activities • Jan will be outside, weather permitting at recess and lunch and her peers will be encouraged to interact with her (school) • Communicative systems will be used to maximize Jan’s ability to communicate with her peers and for her peers to be able to initiate topical conversation with her (All environments) • Adults with Jan will encourage all those who approach Jan to speak to her directly and to make both physical contact and eye contact (slowly and with verbal cueing) (All environments) • Jan will participate in activities in her community with her peers and family (home) • Jan will sit with her peers during morning carpet time and calendar activities on some days • Jan will participate in gym and music activities (school, all environments) • Jan will be provided with recreational opportunities by her family that allow her to become more and more familiar with the world around her (home) 	
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<p>Long Term Goal • Specific Skills or Short Term Objectives</p>	<p>Team Strategies/Learning Strategies Person(s) Responsible</p>	<p>Evaluation (How progress is being assessed and on-going comments)</p>
<p>Goal #2: Fine Motor</p> <p>Jan Will Increase Her Participation In Functional Independent Skills At Home, School And In The Community.</p> <ul style="list-style-type: none"> • Jan will use her <u>arms and hands to take weight and reach</u> within functional activities, with no physical assistance, at least 4 times a day. • Jan will increase the use of her <u>left hand to hold at least 15 seconds and release objects</u> within functional activities, with only verbal prompting, 70% of the time. • Jan will learn to wait to participate using a switch when appropriate with her left hand to... <ul style="list-style-type: none"> - engage in <u>leisure activities</u> - <u>help</u> others - have a <u>voice</u> - <u>control her environment</u> ... 80% of the time. 	<ul style="list-style-type: none"> • Use spatial vocabulary with Jan as she participates in her daily exercise program • Present Jan with tape of environmental sounds and Boardmaker pictures so that Jan 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 • 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 • 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 • Introduce a variety of textures to Jan and teach her the describing words e.g. soft, rough, cold etc. • Provide Jan with a variety of sensory integration activities to reduce her tactile defensiveness • Help Jan to explore things with her hands e.g. to feel features of another person's face, a toy always providing ongoing descriptive vocabulary • Encourage Jan 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) • Include Jan in classroom learning opportunities and opportunities in the community • Jan will be included in story times and listen to the sharing done with her peers • Jan will be able to do 'hands-on' learning activities in the classroom; especially in science, cooking, art as well as field trips • Jan will practice holding objects with hand over hand assistance such as: <ul style="list-style-type: none"> • holding her Sony Walkman • TA puts her hand on balls during gym • TAs will help her to alternate using both hands for reaching 	<ul style="list-style-type: none"> • Running record of environmental sounds identified • Daily notes on startle responses to sounds and events and how orientation impacts those responses • Running record of textures introduced and Jan's response to them (how Jan learns to identify these textures) • Running record of items explored using tactile exploration • Running record of use of mouse on computer and improvements noted in visual responsiveness • Running record of Jan's integration activities and opportunities • Running record of activities that Jan enjoys • Running record of activities that Jan participates in • Running record of activities that Jan dislikes • All lists shared by all those people working and living with Jan

<p>Long Term Goal • Specific Skills or Short Term Objectives</p>	<p>Team Strategies/Learning Strategies Person(s) Responsible</p>	<p>Evaluation (How progress is being assessed and on-going comments)</p>
<p>Goal #3: Jan Will Actively Participate In Routines Throughout The Day To Promote Flexibility And Comfort.</p> <ul style="list-style-type: none"> • Jan will actively <u>participate in changes of position by</u> <ul style="list-style-type: none"> - pushing out of her wheelchair when verbally requested - bearing her weight for 30 min. in her stander - walking for short distances in her walker for at least 30 min. a day 	<ul style="list-style-type: none"> • Whenever possible Jan will be taken from her chair and allowed to sit with her peers on the floor (G-tube feeding does not often permit this) • Verbally prompt Student to “relax” her arms to assist with dressing, exercises, etc. • Carry through on physio exercises daily as outlined by the PT • The team will make sure that a classroom physical arrangement of desks and equipment needs to allow for some wheelchair movement 	<ul style="list-style-type: none"> • Physio will periodically observe Jan in her physio routines and her ability to sit independently on the floor • Physio will report on Jan’s flexibility • Ongoing data collection and observation regarding Jan’s ability to get into ready positions with verbal prompting • TAs will indicate problems of maneuvering in classroom if they arise

PERSONAL CARE PROTOCOL

Student specific practices to ensure Jan dignity, privacy, and learning include: **private bathrooming 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: Jan, parent, and staff needs.

JAN 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 students from injuring themselves and others.

Empty rectangular box for additional notes or comments.

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

IEP Review Meeting Date:

Comments: Provincial Integration Support Program will visit. During and after that visit the IEP will be reviewed and additions/deletions may be considered at that time. Any modifications to the IEP will be done in the form of a dated Addendum.

* Signature is required.

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