



Golden Hills Individualized Program Plan (Modified Program)

This document is designed for use when the focus of the student's programming is outside of the Alberta Education Program of Studies.

General Information:	
Student: Date of Birth: Age: School: Grade:	Special Education Code: Parent(s)/Guardian(s): IPP Created By: Date:
Program Description:	
Parental Input and Involvement:	

Strengths:	Challenges:
Medical Conditions That Impact Schooling:	Coordinated Support Services:

Most Recent Assessment Data:		
Date	Type	Findings

Current Level of Program-Based Achievement:	Progress:

Specialized Accommodations:		
Type:	Required for:	
	Reader/Audio	
	Text-to-Speech	
	Scribe/Transcriber of Recorded Responses	
	Speech-to-Text	
	Frequent Breaks	
	Braille	
	Covered Paper and Overlays	
	Ambient Noise	
	Large Print	
	Sign Language Interpreter	
	10 x 10 Multiplication Table	
	Unique Accommodations (please list):	
Essential Universal Accommodations:		

Conceptual Goal:		
Short-Term Objectives	Assessment Procedures	Progress Review

Social Goal:		
Short-Term Objectives	Assessment Procedures	Progress Review

Practical Goal:		
Short-Term Objectives	Assessment Procedures	Progress Review

Year-End Summary:

Transition Plan:

Initial:

I understand and agree with the information contained in this Individualized Program Plan.

Parent(s)/Guardian(s)

Date:

Teacher

Date:

Principal

Date:

Mid-Year:

I understand and agree with the information contained in this Individualized Program Plan.

Parent(s)/Guardian(s)

Date:

Teacher

Date:

Principal

Date:

Year-End:

I understand and agree with the information contained in this Individualized Program Plan.

Parent(s)/Guardian(s)

Date:

Teacher

Date:

Principal

Date: