



ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD
 151 Dairy Avenue, Napanee, ON K7R 4B2 Telephone: (613) 354-2255 or 1-800-581-1116 Fax: (613) 354-9850
 The information gathered on this form is pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

IDENTIFICATION, PLACEMENT AND REVIEW COMMITTEE STATEMENT

Student: _____ School: _____ Gender: M F
 D.O.B. _____ OEN: _____ Address: _____ Postal Code: _____
Year / Month / Day
 Parents / Guardians: _____ Present: Yes No
 IPRC Members: _____
 Others in Attendance: _____ Initial IPRC: Yes No

Strengths of Student:	Needs of Student:
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Committee Decision: (i) Is the student exceptional? Yes No (For each Identification, check sub-category that applies)

Behaviour <input type="checkbox"/>	Communication <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Physical <input type="checkbox"/>	Multiple <input type="checkbox"/>
<input type="checkbox"/> Autism	<input type="checkbox"/> Deaf & Hard of Hearing	<input type="checkbox"/> Giftedness	<input type="checkbox"/> Physical Disability	
<input type="checkbox"/> Language Impairment	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Mild Intellectual Disability	<input type="checkbox"/> Blind & Low Vision	
<input type="checkbox"/> Learning Disability		<input type="checkbox"/> Developmental Disability		

Reason for change in Identification: _____

(ii) Placement:

School IPRC <input type="checkbox"/>	System IPRC <input type="checkbox"/>
<input type="checkbox"/> Regular Class with Indirect Support	<input type="checkbox"/> Special Education Class with Partial Integration / Life Skills Developmental Centre
<input type="checkbox"/> Regular Class with Resource Assistance	<input type="checkbox"/> Special Education Class with Partial Integration / Student Support Centre Gr. 5 to 8
<input type="checkbox"/> Regular Class with Withdrawal Assistance	

Date: _____ Signature of Chairperson: _____

Committee Recommendations: _____

Parental (student if 16 yrs of age or older) Agreement:
 (i) I agree to the Identification of Exceptionality Yes No (ii) I agree to the Placement Yes No

Date: _____ Signature of Parent / Guardian / Student: _____

Statement Mailed to Parents:
 Date: _____ Signature of Chairperson: _____

Date: _____ Signature of Board Official: _____

White Original signed and dated form to: BOARD OFFICE Yellow Copy to PARENT Pink Copy to OSR SCHOOL FILE SS 105 June 2015