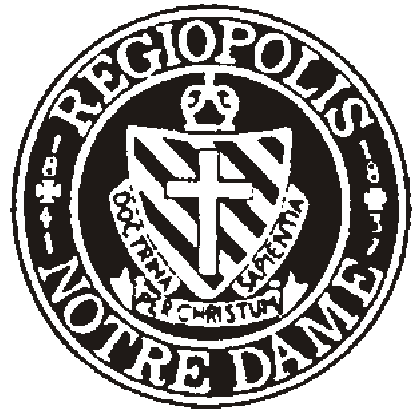
**Regiopolis – Notre Dame Catholic High School**



130 Russell St. Kingston, ON K7K 2E9 • Tel (613)-545-1902 • Fax (613)548-4024

**Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent / Guardian:

Your child’s special education resource teacher (SERT) is currently developing an Individual Education Plan (IEP) for your child. An IEP is a written plan that describes the strengths and needs of individual students and which summarizes the expectations for a student’s learning during the school year. As a parent you play an important role in the development of the IEP because you have valuable insight into how your child learns as well as their strengths and needs. We ask that you **complete the enclosed IEP consultation form** which will help inform your child’s SERT of relevant information which can be incorporated into the IEP.

If your child has worked with, or is currently working with relevant community agencies or agency personnel and you would like them to provide input into the IEP, please list the personnel and the associated agency below. Your permission is required for us to engage these individuals in discussions about your child.

Thank you,

Mr. Paul Melim

Principal

□ The suggestions I wish to make in the development of my child’s IEP are stated in the comments I have provided on the attached consultation form.

□ I do not wish to consult in the development of my child’s IEP.

□ I give permission for the following community/agency personnel to provide input into the development of my child’s IEP.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian Date

**INDIVIDUAL EDUCATION PLAN (IEP) PARENT CONSULTATION FORM**

Completing this form will help teachers to create a profile of your child as a learner and to develop a program that addresses their needs by capitalizing on their strengths. Please complete all sections that are applicable.

|  |  |
| --- | --- |
| **AREA** | **FROM THE PARENT PERSPECTIVE …** |
| LEARNING GOALS  What are the most important things you want your child to learn? |  |
| AREAS OF STRENGTH  What does your child do well? |  |
| AREAS OF NEED  In what areas does your child have difficulty or show limitations? |  |
| DISABILITY/MEDICAL CONDITION  Do you have any new or additional information about your child’s disability / medical condition? |  |
| SPECIAL EQUIPMENT  Is there any special equipment that your child will use at school? |  |
| ENGAGEMENT  How does your child learn best? |  |
| AVOIDANCE  What frustrates, distracts or disengages your child? |  |
| INDEPENDENCE  In what areas would you like to see your child demonstrate more independence? |  |

|  |  |
| --- | --- |
| SAFETY / VULNERABILITY  Are there any issues unique to your child that we should be aware of? |  |
| RESPONSE TO INAPPROPRIATE BEHAVIOUR  What are the best strategies to use when your child has inappropriate behaviour? |  |
| SOCIAL INTERACTION  How does your child relate to other students in one-to-one, small group, and large group situations? |  |
| LITERACY  LISTENING, SPEAKING, READING, WRITING  What does your child do well in these areas?  What areas does your child have difficulty in? |  |
| NUMERACY  CONCEPTS, COMPUTATION, PROBLEM SOLVING  What does your child do well?  What area(s) does your child have difficulty in? |  |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What does your child do well in this area?  What does your child have difficulty with? |  |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What does your child do well in this area?  What does your child have difficulty with? |  |
| TRANSITION PLAN  What actions need to be considered now in planning for your child’s life after high school? |  |
| KEY INFORMATION  Is there any additional information that you would like to share that you feel is important that we know? |  |