

Case Study Report!

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Weeks 1 & 2: No IEPs

1. ***“I am not sure what else I want to know or need to know at this point . . . but I’m pretty sure of what I have learned. Now I know that “No IEPs does not mean ‘no needs’.” Discuss! (is this consistent with group members’ experiences?)***

- Every CHILD that struggles is unfortunately not guaranteed an IEP, so we cannot assume that no IEPs mean no needs!
- When planning our lessons, we need to make sure we include the needs of ALL students, not just those with IEPs (Differentiation)
- Each student is different, so their learning styles can vary, and so do their needs.
- Sometimes students from other countries/ provinces take some time to adjust to their new environment, and as teachers, we need to cater to their needs for space and time to accommodate.
- Parents sometimes refuse to have their kids assessed for an IEP, but that does not mean that they have no needs. (It can be a cultural thing)

2. **What resource would you suggest as helpful for supporting students with cystic fibrosis in the school environment?**

- Give the student(s) with CF unlimited access to the bathroom and make sure that they don’t feel uncomfortable. (Do not draw attention to them)
- Due to the possibility of fatigue, a child with cystic fibrosis might need to rest during the school day. This should be done in the nurse's office or another location away from the other students.
- Being active can help loosen mucus in the lungs. Students with CF should be encouraged to participate in physical exercise, sports, and other school activities.
- Students with CF tend to miss a lot of class time due to medical appointments or other treatments they need, so I need to provide a great deal of flexibility when the child has been absent. Give plenty of time to complete missed work.
- Make sure the class website (ex. Google classroom) is always up to date.
- Be flexible for assignment submissions.
- Have mini-conferences regularly with them to see how they feel and provide a moment for them to tell you where they need help.
- Provide time for extra help.
- Provide any Assistive Technology that is needed for the child to complete their work.

3. **How would you accommodate unlimited bathroom access in the classroom? Briefly explain what steps you would take.**

- Provide students who need unlimited bathroom breaks with a colour-coded card, so when they leave the classroom, they show you the card and know where they are headed.
- Make sure all staff members in the hall are aware of the card.
- If they need hallway passes, make sure you provide them with those too.
- If there is a seating plan in the classroom, make sure they are seated near the door.

4. **Locate an Ontario school board-based policy specific to EpiPens. Summarize this policy noting one or more “aha” moments for you from reading this document.**

OCSB:

<https://www.ocsb.ca/our-board/policies/>

OCDSB:

https://ocdsb.ca/about_us/policies_and_procedures

<https://weblink.ocdsb.ca/WebLink/0/edoc/2977064/P%20108%20SCO%20-%20Care%20of%20Students%20with%20Severe,%20Life-threatening%20Medical%20Conditions.pdf>

<https://www.ipc.on.ca/wp-content/uploads/2019/01/guide-to-privacy-access-in-ont-schools.pdf>

Anaphylaxis: Students with Life-Threatening Allergies

https://docs.google.com/document/d/1bhPg9NVGYZCQLJCo6ZGck-iDrdlO0_jROoGFjCqSuQ/edit?usp=sharing

Each Principal of a school shall develop and maintain a Medical File for each anaphylactic student. The Medical File shall contain:

- a. the current medication(s);
- b. a Plan of Care;
- c. a copy of any medical documentation and prescription information;
- d. instructions from the pupil's physician or nurse;
- e. a current emergency contact list;

- f. information pertaining to the transportation of the student;
 - g. a copy of the *Anaphylaxis Emergency - Transportation Form*, as required.
 - h. any written communication from the parent or medical professional;
 - i. staff reports;
 - j. emergency procedure for use of an epinephrine auto-injector;
 - k. any other relevant information provided to the Principal for a student with life-threatening allergies.
- The parent/guardian/adult student will provide to the school the appropriate number of epinephrine auto-injectors as set out by the emergency response treatment plan.
 - The General Manager/designate of the Ottawa Student Transportation Authority will ensure that each of the carriers provides appropriate personnel with a copy of the *Anaphylaxis Emergency - Transportation Form* for each student and that drivers are trained on an annual basis for anaphylaxis and the emergency use of epinephrine auto-injectors.
 - Parent(s) or guardian(s) and/or the student will provide epinephrine auto-injector pens and carry the epinephrine auto-injector pens on his/her person, as required in the student's Medical File, should his/her allergies be severe.

5. Do you think the use of profiles with health information posted publicly on a classroom wall could potentially violate any privacy and/or health-care legislation? Explain, with reference to related provincial legislation.

- It depends on which "health information" we are talking about, if it's a life threatening allergy, then yes it should be on the classroom wall but if it's a learning disability, then no it should not be on the classroom wall.
- Reference: Sabrina's Law
[Healthy Schools: Sabrina's Law \(gov.on.ca\)](http://gov.on.ca)
- Teachers and administrators should be aware of the health information of all students in the school.
- On the OCSB, students who have an allergy have their profile in the staff room.
- Legislation:

<https://www.ipc.on.ca/wp-content/uploads/2019/01/guide-to-privacy-access-in-ont-schools.pdf>

- According to the above document

WHEN CAN A SCHOOL BOARD USE A STUDENT'S PERSONAL INFORMATION?

School boards are not permitted to use a student's personal information unless certain conditions apply.²⁴ Under MFIPPA, school boards may only use personal information:

- for the purpose for which it was collected, or for a consistent purpose or a consistent purpose is one which the parent or student would reasonably expect, such as using the information for the improvement of instruction of the student
- with consent
- for a purpose for which the information may be disclosed to the school board under MFIPPA. For example, if another institution disclosed information to the school board in a situation affecting an individual's safety, the school board may use the information for this purpose²⁵.

Week 3: Peyton's Passions - Gathering Information

This information-gathering exercise will help with the IEP writing process, your task for Weeks 4 and 5.



**Put your detective hats on:
What do we know? What do we need to know?**

Peyton's age:	13
Grade level:	8th grade
Current placement:	Regular Classroom
Does the student currently have an Individual Education Plan? (highlight your answer)	Yes No Not sure
If yes, how long has the student had an IEP?	Since grade 4
Has the student been identified as exceptional through the Identification, Placement and Review Committee (IPRC?) (highlight your answer)	Yes No Not sure
If yes, please specify relevant Exceptionalities and/or Definitions (see A14 of Special Education in Ontario Guide, 2017)	
Peyton has been diagnosed with Communication Learning Disability and ADHD	
Definition A14: Special Education in Ontario Guide, 2017 Information related to Peyton is highlighted	
<u>Categories and Definitions of Exceptionalities</u>	
<u>BEHAVIOURAL</u> Behavioural Exceptionality:	

A learning disorder characterized by specific behaviour problems over such a period of time, and to such a marked degree, and of such a nature, as to adversely affect educational performance and that may be accompanied by one or more of the following:

Everything that applies to Peyton is highlighted from the original doc

- A. an inability to build or to maintain interpersonal relationships;
- B. excessive fears or anxieties;
- C. a tendency to compulsive reaction;
- D. an inability to learn that cannot be traced to intellectual, sensory, or other health factors, or any combination thereof

COMMUNICATIONAL

Learning Disability:

One of a number of neurodevelopmental disorders that persistently and significantly has an impact on the ability to learn and use academic and other skills and that:

- ✧ affects the ability to perceive or process verbal or non-verbal information in an effective and accurate manner in students who have assessed intellectual abilities that are at least in the average range;
- ✧ results in (a) academic underachievement that is inconsistent with the intellectual abilities of the student (which are at least in the average range), and/or (b) academic achievement that can be maintained by the student only with extremely high levels of effort and/or with additional support;
- ✧ results in difficulties in the development and use of skills in one or more of the following areas: reading, writing, mathematics, and work habits and learning skills;
- ✧ may typically be associated with difficulties in one or more cognitive processes, such as phonological processing; memory and attention; processing speed; perceptual-motor processing; visual-spatial processing; executive functions (e.g., self-regulation of behaviour and emotions, planning, organizing of thoughts and activities, prioritizing, decision making);
- ✧ may be associated with difficulties in social interaction (e.g., difficulty in understanding social norms or the point of view of others); with various other conditions or disorders,

What accommodations (i.e., instructional, environmental, assessment) are evident either in the IEP or in-school team recommendations? (see page E39 in Spec. Ed in Ontario Guide). Describe below:

Instructional:

- Scaffolding learning: Video Modelling
- Video recordings of lessons for intensive review at a later time (video modelling)
- Assistive technology, such as text-to-speech software (Word Q)
- Reinforcement incentives

Non-Verbal signals
Graphic Organizers
Pictorial schedules to assist in transitions
Dramatizing information

Environmental:

Quiet setting
Use of headphones
Assistive devices
Adaptive equipment

Assessment:

Oral responses, including recorded responses (audio or video)
More frequent breaks
Assistive devices or adaptive equipment
Prompts to return student's attention to task
Assistive technology, such as speech-to-text software

What, if any, curricular **modifications** are evident either in the IEP or in-school team recommendations?

Unlike accommodations, which do not change the instructional level, content, or performance criteria, modifications alter one or more of those elements on a given assignment. Modifications are changes in what students are expected to learn, based on their individual abilities.
Examples of modifications include use of alternate books, pass/no pass grading option, reworded questions in simpler language and so on.

Is there evidence of **alternative programming**? Yes **No** Not sure
If yes, describe below:

March: Potential Options for placement next year prior to IPRC meeting.

What **information sources** are evident in the case study?
Identify each source and provide a brief summary of the results (For example, psycho-educational report indicates exceptional verbal skills; SLP report indicates delay in receptive and expressive language, teacher has observed x or y).

Psych Ed Assessment:

Full psychoeducational assessment complete. Summary report said "**Peyton's results are characteristic of a learning disability.**"

SLP:

All results now in the average range. Suggested an updated visit to the audiologist.

Teacher Observations:

Strengths and needs are accurate.

What strengths and needs are noted on Peyton's current IEP?

Strengths:

Social Skills
Physical Education
Energy
Enthusiasm

Needs:

Organization
Planning
Task Completion
Assistive Technology Skills

What was discussed and/or recommended in the IEP meeting with Peyton's parents?

- Flipped Classroom
- Using the strengths based approach
- Typing Skills
- Assistive Technology
- Lots of modelling and repetition for her to get it.
- Peyton hates to be treated differently from the rest of her class
- She is not fond of Assistive Technology

What was discussed and/or recommended in previous meetings?

- Peyton needs to figure out what her strengths are and how she can use them to decide what high school she may be applying to.

Describe the various professionals supporting Peyton
(e.g., Classroom Teacher, Learning Resource Teacher, Speech Language Pathologist, family doctor, etc.)

Classroom Teacher
Family Doctor
Audiologist

Include any background information about Peyton that may be helpful
(e.g., family situation, parental involvement, her interests, social considerations, etc.)

- Parent are medical professionals
- Only child
- Highly involved parents
- Peyton enjoys Video games
- Active in gymnastics and dance
- Volunteers at Kindergym

Are there any terms or concepts in the case study that are unfamiliar to you?

Not really

Is there anything else you would like to know about Peyton before drafting her IEP?

We can manage with what we have but any extra info is welcome :)

Weeks 4 & 5: Peyton's Passions - Draft and Revise IEP

For the next two weeks you will be focusing on drafting and revising an IEP for Peyton. Although this task may seem a bit daunting, don't panic! You've already done some of the leg work in Week 3.

The readings you have completed in the [Special Education in Ontario, K-12: Policy and Resource Guide](#) will help you to tackle each section of the IEP template in a step-by-step fashion. Having this document open as you work will be a big help.

You may also find these [sample IEPs on EduGains](#) helpful. Note that an older version of the IEP template may have been used, but the general info will be the same.

There are additional resources on Brightspace: go to Resource Library → IEP Resources.

P.S. I've left some comment prompts to get you going, but feel free to ask me for support at any time!

Shari

Individual Education Plan

IEP

REASON FOR DEVELOPING THE IEP *(highlight the appropriate option)*

- Student identified as exceptional by IPRC
 Student not formally identified but requires special education program/services, including modified/alternative learning expectations and/or accommodations

STUDENT PROFILE

Name: **Peyton Van Houten** Date of Birth: **July 1, 2007**
 Student OEN: **Student number 012345678**
 School: **Springfield Elementary** Semester: **Winter**
 Principal: **Seymour Skinner** School Year: **2021**
 Current Grade/Special Education Class: **8**
 Most Recent IPRC Date: **May, 2020** Date Annual Review Waived by Parent/Guardian: **n/a**
 Exceptionality: **Peyton has been diagnosed with Communication Learning Disability and Behaviour**

IPRC Placement Decision *(highlight appropriate option)*

- Regular class with indirect support
 Special education class with partial integration
 Regular class with resource assistance
 Special education class full-time
 Regular class with withdrawal assistance

ASSESSMENT DATA

List relevant educational, medical/health (hearing, vision, physical, neurological), psychological, speech/language, occupational, physiotherapy, and behavioural assessments.

Information Source	Date	Summary of Results
Psychoeducational Assessment	4 November	Full psychoeducational assessment complete. Summary report said "Peyton's results are characteristic of a learning disability."
Speech/Language Assessment	19 October	All results now in the average range. Suggested an updated visit to the audiologist.
Medical Report	27 July	Diagnosed with ADHD by the family doctor.

Relevant Medical Conditions Yes (list below) No

Health Support Service/Personal Support Required Yes (indicate type below) No

STUDENT'S STRENGTHS AND NEEDS

Areas of Strength	Areas of Need
Social Skills	Organization
Physical Education	Task Completion
Energy	Assistive Technology Skills
Enthusiasm	Planning
Enjoys gaming, gymnastics, track and field	

SUBJECTS, COURSES, OR ALTERNATIVE PROGRAMS TO WHICH THE IEP APPLIES

Identify each as Modified (MOD), Accommodated only (AC), or Alternative (ALT). Please identify courses by their codes.

- | | | | | | | | |
|-------------|------------------------------|--|------------------------------|-------------------|------------------------------|--|------------------------------|
| 1. English | <input type="checkbox"/> MOD | <input checked="" type="checkbox"/> AC | <input type="checkbox"/> ALT | 5. Arts | <input type="checkbox"/> MOD | <input checked="" type="checkbox"/> AC | <input type="checkbox"/> ALT |
| 2. Math | <input type="checkbox"/> MOD | <input checked="" type="checkbox"/> AC | <input type="checkbox"/> ALT | 6. Social Studies | <input type="checkbox"/> MOD | <input checked="" type="checkbox"/> AC | <input type="checkbox"/> ALT |
| 3. Sciences | <input type="checkbox"/> MOD | <input checked="" type="checkbox"/> AC | <input type="checkbox"/> ALT | 7. FSL | <input type="checkbox"/> MOD | <input checked="" type="checkbox"/> AC | <input type="checkbox"/> ALT |
| 4. PE | <input type="checkbox"/> MOD | <input type="checkbox"/> AC | <input type="checkbox"/> ALT | 8. | <input type="checkbox"/> MOD | <input type="checkbox"/> AC | <input type="checkbox"/> ALT |

Elementary Program Exemptions or Secondary School Compulsory Course Substitutions

Yes (provide educational rationale below) No

Complete for secondary students only:

Student is currently working towards attainment of the:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Ontario Secondary School Diploma | <input type="checkbox"/> Ontario Secondary School Certificate | <input type="checkbox"/> Certificate of Accomplishment |
|--|---|--|

Reporting Format (highlight one)

Provincial Report Card Alternative Report

Reporting Dates: Elementary schedule

ACCOMMODATIONS

(Accommodations are assumed to be the same for all subjects, unless otherwise indicated)

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations
Scaffolding learning: Video Modelling	Quiet setting Use of headphones Assistive devices	Oral responses, including recorded responses (audio or video)

<p>Video recordings of lessons for intensive review at a later time (video modelling)</p> <p>Assistive technology, such as text-to-speech software (Word Q)</p> <p>Reinforcement incentives</p> <p>Non-Verbal signals</p> <p>Graphic Organizers</p> <p>Pictorial schedules to assist in transitions</p> <p>Dramatizing information</p> <p>Kinesthetic (hands on) Learning</p> <p>Use repetition</p> <p>Provide frequent breaks</p> <p>Use checklists</p>	<p>Adaptive equipment</p> <p>Provide alternative work space</p>	<p>Chunking</p> <p>More frequent breaks</p> <p>Assistive devices or adaptive equipment</p> <p>Prompts to return student's attention to task</p> <p>Assistive technology, such as speech-to-text software</p> <p>Extra time for tests/assignments</p> <p>Allow use of Word Q</p> <p>Provide written instruction sheets and rubrics</p>
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Individualized Equipment Yes (list below) No

Chromebook, Headphones, Wobble chair, Calculator.

PROVINCIAL ASSESSMENTS

Provincial Assessment Year: Yes (provide name of the assessment below) No

Name of Assessment: Grade 9 Math EQAO

Permitted Accommodations: Yes (list below) No

Extra time, quiet space, frequent breaks, scribe, chunking, calculator.

Exemptions: Yes (provide explanatory statement from relevant EQAO document) No

Deferral of Ontario Secondary School Literacy Test (OSSLT): Yes (provide rationale below) No

Rationale: Currently on track to complete the test however this will be re-evaluated.

Ontario Secondary School Literacy Course (OSSLC): Yes No

Special Education Program

To be completed for each subject/course with modified expectations and/or each alternative program with alternative expectations. Please identify courses by their codes.

Subject/Course/Alternative Program:

Baseline: Level of Achievement: (refer to previous June report card)

Prerequisite course (if available)

Letter grade/% mark

Curriculum grade level

Baseline Level of Achievement for Alternative Program (*Refer to description in previous June report card or alternative report:*)

Annual Program Goal(s): A goal statement describing what the student can reasonably be expected to accomplish by the end of the school year (or semester) in a particular subject, course, or alternative program

Learning Expectations List modified/alternative expectations outlining knowledge and/or skills to be assessed, by reporting period. Identify grade level, where appropriate.	Teaching Strategies List only those that are particular to the student and specific to the learning expectations	Assessment Methods Identify the assessment method to be used for each learning expectation

Transition Plan

Actions Required at This Time: Yes No

Websites we can use:

- <http://www.edu.gov.on.ca/eng/teachers/studentsuccess/transition.html>
- [http://www.edugains.ca/resourcesSpecEd/IEP&Transitions/BoardDevelopedResources/TransitionPlanning/Samples/TransitionPlanfortheIndividualEducationPlan\(IEP\)_Sample_NCD_SB.pdf](http://www.edugains.ca/resourcesSpecEd/IEP&Transitions/BoardDevelopedResources/TransitionPlanning/Samples/TransitionPlanfortheIndividualEducationPlan(IEP)_Sample_NCD_SB.pdf)

Effective transition planning is important. Individualized transition plans that reflect a student's strengths and needs provide the foundation for successful transitional experiences that support the building of student resiliency.

Key points for educators to be aware of regarding **TRANSITIONS in Ontario:**

- ❖ The school principal is responsible for ensuring that transition plans are developed, implemented and maintained.
- ❖ Transition plans *must* be developed for all students who have an IEP, whether they are exceptional or not.
- ❖ Transition plans *must* be developed in consultation with the parent(s), student (as appropriate), post-secondary institutions (where appropriate), and relevant community agencies or partners (as necessary).
- ❖ Transition plans will identify specific goals, support needs, actions to achieve the goals, roles, responsibilities and timelines.
- ❖ The Individual Pathway Planning (IPP) supports students in grade 8 with the planning they need to do in order to have a successful transition from elementary to secondary school.

Goals for Peyton's transitions divided into 3 parts: Instructional, Environmental and Assessment

Instructional

- Determine Peyton's transition needs and develop a transition plan with a team consisting of her teachers, resource teacher, administrator, parent/guardian, and especially Peyton herself.
- Use a visual schedule and timer for new daily transitions.
- Give her a calendar and an agenda for planning.
- Utilize non-teacher professional reports and suggestions to design the transition plan.

- The transition plan is to be revised throughout the school year, typically at reporting periods or as dictated by changes in Peyton’s needs.
- Include specific steps/plans with deadlines and strategies.

Environmental

- Show Peyton pictures of the new school, and organise several trips for her to familiarize herself with the new environment/building.
- Provide her with calming tools such as a stress ball.
- Peyton should receive and review information about the school routines and rules beforehand

Assessment: Make sure she is provided with these

- Provide advance notice of tests/assignments.
- Provide additional time.
- Provide a familiar alternative location.
- Provide a choice of assessments.
- Chunk assignments/test questions.
- Provide breaks.

Actions Required	Person (s) Responsible for Actions	Timelines
Review IEP and Profile with new teachers	Resource teacher	June end of school year
Support student to increase self-advocacy	Teacher, Parent, support staff	Weekly
Arrange a transition meeting to identify programming and support needs that the student requires	ERT	Fall Winter spring
Attend Orientation session to become familiar with new surroundings	Parent, Student	January/February
Transition Guide or video for student (map, photos etc)	ERT	Fall Winter Spring
Student and parent to visit the school in late august to walk through and provide timetable	ERT	Spring
Support student in selecting courses relative to their strengths and needs	Student, Parent, Guidance Counsellor, ERT	Spring
Prepare transition booklet	ERT	Option Sheet completion date
	ERT	June

HUMAN RESOURCES (Teaching/Non teaching)

Type of Service	Initiation Date	Frequency or Intensity	Location
Family Doctor	27 July		
Audiologist	19 October		
Teacher			

IEP DEVELOPMENT TEAM

Staff Member	Role
LRT	Supports the classroom Teacher
Classroom Teacher	Responsible for drafting of the IEP

SOURCES CONSULTED IN THE DEVELOPMENT OF THE IEP (highlight all that apply)

IPRC Statement of Decision (if applicable)
 Provincial Report Card
 Previous IEP

Parents/Guardians
 Student

Other sources (if applicable, list below):

PsychoEducational
 Assessment 4th
 November
 Speech Language
 assessment 19 Oct
 Medical Report 27
 July

DATE OF PLACEMENT IN A SPECIAL EDUCATION PROGRAM (highlight the appropriate option)

1) First day of attendance in a new special education program

2) First day of the new school year or semester in which the student is continuing in a placement

3) First day of the student's enrolment in a special education program that he/she begins in mid-year or mid-semester as the result of a change of placement

Date of Placement:

Completion Date of IEP Development Phase Date of Placement:
(within 30 school days following the Date of Placement):

Sept. 2021

LOG OF PARENT/STUDENT CONSULTATION AND STAFF REVIEW/UPDATING

Information Source	Description of activity	Feedback/Outcome
Adapted from Ontario Ministry of Education, 2004	Met with parents to discuss year so far and make suggestions for goals, referrals, and interventions for next year (e.g. mental health referral)	Excellent meeting. Decided on video modelling and focusing on keyboarding skill.
Adapted from Ontario Ministry of Education, 2004	Discussed potential options for placement next year prior to the yearly IPRC meeting.	No change to placement desired by family.
Adapted from Ontario Ministry of Education, 2004	Discussed trialling assistive tech software with student and family.	Tried for two weeks but students did not like these options.

The principal is responsible for each student's IEP and must ensure that it is implemented according to the ministry's guidelines and that a monitoring plan is in place.

This IEP has been developed according to the ministry's standards and appropriately addresses the student's strengths and needs.

Seymour Skinner

May, 2021

Principal's Signature

Date

I was consulted in the development of this IEP

Parent/Guardian Student

I declined the opportunity to be consulted in the development of this IEP

Parent/Guardian Student

I have received a copy of this IEP

Parent/Guardian

Student

Parent/Guardian and Student Comments:

Parent/Guardian Signature

Date

Student Signature (if 16 or older)

Date

Appendix E-3: An IEP Checklist

The IEP must include the following items: ✓

<input checked="" type="checkbox"/>	Reasons for developing the IEP
<input checked="" type="checkbox"/>	A profile of the student, including the student's name, date of birth, student number, current grade, exceptionality, and placement, as well as the name of the student's school and its principal and the date of the student's most recent IPRC.
<input checked="" type="checkbox"/>	Relevant assessment data
<input checked="" type="checkbox"/>	The student's strengths and needs
	Specialized health support services required by the student
<input checked="" type="checkbox"/>	The subjects, courses, or alternative programs to which the IEP applies
<input checked="" type="checkbox"/>	Accommodations required by the student
<input checked="" type="checkbox"/>	Any accommodations for or exemptions from provincial assessments
	The student's current level of achievement in every subject or course in which modified expectations are required and in every alternative program
	Modified or alternative expectations for the reporting period
<input checked="" type="checkbox"/>	Teaching strategies and other accommodations tailored to the student's strengths, needs, learning style, and interests, to support learning and determine progress in achieving modified or alternative expectations
<input checked="" type="checkbox"/>	Human resources (both teaching and non-teaching) to be provided

<input checked="" type="checkbox"/>	Reporting dates for evaluations and an indication of the way in which student progress will be reported to parents
<input checked="" type="checkbox"/>	A transition plan that identifies the student's goals and the steps and actions required to enable the student to achieve those goals
<input checked="" type="checkbox"/>	A record of parent/student consultations
<input checked="" type="checkbox"/>	A record of staff review and updating of the IEP
<input checked="" type="checkbox"/>	Signatures of the principal, parent, and student if 16 or older

From http://www.edu.gov.on.ca/eng/document/policy/os/onschools_2017e.pdf

Week 6: Max's Behaviour - Gathering Information

This information gathering exercise will help you to better understand FASD and how to respond to the questions for the Max's Behaviour case study next week.

Definition of Fetal Alcohol Spectrum Disorder:

"FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects include physical, mental, behavioural, and/or learning disabilities with possible lifelong implications."

<https://canfasd.ca/>

These are the resources you will need:

- Guest speaker's lecture
- <https://canfasd.ca/fasd-faqs/>
- <https://canfasd.ca/fasd-facts/>
- <http://www.fasdinfectsaf.ca/en/faqs/>

1. FASD is recognized as one of the leading known causes of developmental disability in the western world. Compared with other common disabilities, at an estimated prevalence of 4%. FASD is at least:
 - 2.5 times more common than Autism Spectrum Disorder
 - 19 times more common than Cerebral Palsy
 - 28 times more common than Down Syndrome
 - 40 times more common than Tourette's Syndrome

[Source:](#) canfasd.ca

What is your group's reaction to these statistics?

- I think it is interesting because we probably hear more about the other disorders more often. I wonder if this is because the other disorders are not a direct result of a parents behaviour.
- More should be done to raise awareness of the Effects of Alcohol Use During Pregnancy in Canada.

2. How is FASD diagnosed?

Different FASD diagnoses are based on particular symptoms and include:

- Fetal Alcohol Syndrome (FAS): FAS represents the most involved end of the FASD spectrum. People with FAS have central nervous system (CNS) problems, minor facial features, and growth problems. People with FAS can have problems with learning, memory, attention span, communication, vision, or hearing. They might have a mix of these

problems. People with FAS often have a hard time in school and trouble getting along with others.

- Alcohol-Related Neurodevelopmental Disorder (ARND): People with ARND might have intellectual disabilities and problems with behavior and learning. They might do poorly in school and have difficulties with math, memory, attention, judgment, and poor impulse control.
- Alcohol-Related Birth Defects (ARBD): People with ARBD might have problems with the heart, kidneys, or bones or with hearing. They might have a mix of these.

So, FASD itself is not a diagnostic term, but rather an umbrella term under which four specific medical diagnoses can be made.

They are:

- Fetal Alcohol Syndrome (FAS)
- Partial Fetal Alcohol Syndrome (pFAS)
- Alcohol Related Neurodevelopmental Disorder (ARND)
- Alcohol Related Birth Defects (ARBD)

These diagnoses need to be made through a multidisciplinary assessment.

3. What are the signs and symptoms of FASD?

FASDs refer to a collection of diagnoses that represent the range of effects that can happen to a person whose mother drank alcohol during pregnancy. These conditions can affect each person in different ways, and can range from mild to severe.

Symptoms include :

Low body weight.

Poor coordination.

Hyperactive behavior.

Difficulty with attention.

Poor memory.

Difficulty in school (especially with math)

Learning disabilities.

Speech and language delays.

Intellectual disability or low IQ

Poor reasoning and judgment skills

Sleep and sucking problems as a baby

Vision or hearing problems

Problems with the heart, kidneys, or bones

Shorter-than-average height

Small head size

Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)

4. **What are some commonly held misconceptions about individuals with FASD?**

- ❖ Students with FASD are as different from each other as any group of children. Each child presents a complex individual portrait of competencies and challenges. Students with FASD must be recognized as individuals rather than as members of a homogeneous group. FASD can affect individuals in varying degrees, from mild to severe

5. **What are some strengths of individuals with FASD? (think of Tanya, and check [this](#) out)**

Many people with FASD have strengths which mask their cognitive challenges.

They are:

- Likeable, Athletic
- Highly verbal and may be good storytellers
- Bright in some areas, Have points of insight
- Artistic, musical, mechanical, Friendly, outgoing, affectionate, even cuddly
- Determined, persistent
- Willing, Hard worker, Helpful, Generous
- Good with younger children or animals
- Not a malicious bone in their body
- Willing to forgive; don't hold grudges
- Every day is a new day, Caring
- Non-judgmental; like people for who they are, not for what they have or what they can offer. Often protect weaker kids from bullies.

From Tanya:

- **Difficulty understanding cause and effect.**
- **Impulse control is a problem.**
- **Physical Disability: short attention span, intense frustration, showed remarkable concentration when needed, if the child is genuinely.**
- **Interested can show a lot of focus albeit for a short period of time.**
- **May experience sensitivity overload, can be hypersensitive or insensitive to stimulus.**
- **Can be diagnosed with Dyslexia instead.**
- **Speech can also be a problem.**
- **See things inside out, backwards etc**
- **Difficulty learning names of objects**
- **Regular school can be a nightmare if school is not supportive**
- **Hard to stick to one place for a long period of time.**
- **Ontario according to Tanya is doing well in terms of advocacy for FASD.**
- **It is known to be an invisible disability.**
- **It is the responsibility of both men and women.**

6. **What would you do if you observed signs and symptoms of FASD in one of your students? (and what would you not do)**

- I would first discuss with the SpecEd person and if needed the principal.
- Invite parents in and get ready for that difficult conversation.
(It's a delicate matter and I would consider the best ways to bring this to the parent's attention because I feel that it would be a difficult conversation to have. Parents might think we are shaming them if we do not have the right language)
- List their strengths and needs and where they are struggling.
- Recommend for a Psychoeducational Assessment.
- Be aware that psyEd assessment can take a long time so in the meantime, basing myself off their strengths and weaknesses, I will try to make some accommodations for their learning.

7. **As educators, what is our role in helping to prevent FASD? (curriculum connections?)**

- **HPE - Substance Abuse**
- **English/French class** - Research projects, drafting of reports and presentation.
- Use the issue as a debate question, for example, ***“Is Canada doing enough to raise awareness on the Effects of Alcohol Use During Pregnancy?”***
- **Science class:** How does drinking alcohol during pregnancy affect our systems? And that of the baby?

What is FASD¹?

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe the range of disabilities and diagnoses that result from drinking alcohol during pregnancy. First described in 1973, FASD is a complex disorder. People who live with this disability experience a wide range of effects.

The impact and effects of FASD vary. Specific birth defects and the degree of the disability can depend on how much alcohol was drunk, how often and when during the pregnancy; they can also depend on the state of health of the pregnant woman. Alcohol in the mother's blood passes to the baby through the umbilical cord. No amount or type of alcohol during pregnancy is considered safe.

Alcohol can cause problems for a developing baby throughout pregnancy, including before a woman knows she's pregnant. All types of alcohol are equally harmful, including all wines and beer.

¹<https://www.canada.ca/en/health-canada/services/healthy-living/your-health/diseases/fetal-alcohol-spectrum-disorder.html>

To prevent a child from having an FASD, a woman should not drink alcohol while she is pregnant, or might be pregnant. This is because a woman could get pregnant and not know for up to 4 to 6 weeks.

If a woman is drinking alcohol during pregnancy, it is never too late to stop drinking. Because brain growth takes place throughout pregnancy, the sooner a woman stops drinking the better it will be for her and her baby.

Areas Evaluated for FASD Diagnosis²

- The term FASDs is not meant for use as a clinical diagnosis.
- Diagnosing FASDs can be hard because there is no medical test, like a blood test, for these conditions. And other disorders, such as ADHD (attention-deficit/hyperactivity disorder) and Williams syndrome, have some symptoms like FASD.
- To diagnose FASDs, doctors look for:
 - Prenatal alcohol exposure; although confirmation is not required to make a diagnosis
 - Central nervous system problems (e.g., small head size, problems with attention and hyperactivity, poor coordination)
 - Lower-than-average height, weight, or both
 - Abnormal facial features (e.g., smooth ridge between nose and upper lip)

² <https://www.cdc.gov/ncbddd/fasd/facts.html>

Week 7: Max's Behaviour Questions

1. In the description of Max's alternative course in social skills (p. 41), "social narratives" are mentioned. What is a social narrative (also called "social stories")?

A social narrative is a tool that can be used by educators to help teach students. It is usually in a story format and explains situations and how students can deal with them or what to do in specific situations and addresses challenges the learner might be facing.

In general, a social narrative should include the following:

- An **introductory** sentence that includes the "who, what, when, where, and why" of the situation
- One or more **descriptive** sentences that acknowledges how the child may feel about the situation
- One or more **perspective** sentences describing the proper social protocol the child should use
- One or more **directive** sentences that explain how the child should behave
- One or more **affirmative** sentences that describe how the social situation will play out.

2. Cut and paste an example of a social narrative/story below.

[Step by Step Implementation of Social Narratives \(unc.edu\)](#)

For example:

- (introductory) I have school each day. My friends are at school every day.
- (descriptive) Sometimes when I get angry, I hit my friends.
- (perspective) It is okay to be angry, but it is not okay to hit my friends. When I hit my friends, it scares them and makes them sad.
- (directive) The next time I am at school and I get angry, I will not hit my friends. I will use my words and tell the teacher why I am angry.
- (affirmative) When I don't hit my friends, they will feel happy, and I will feel proud that I didn't hit them.

[What is Meant by Social Narratives in the Context of Applied Behavior Analysis? \(appliedbehavioranalysisedu.org\)](#)

3. **What other student populations might benefit from the use of social narratives?**

A wide variety of students can benefit from using social narratives. They can help any student facing internal or external barriers in completing a task or facing a situation and are an example of UDL. They can be especially helpful for students on the Autism spectrum. Students with FASD and students with Developmental Disabilities.

4. **After the principal (Mr. Pawley) reads the email from Max's parents about his recent FASD diagnosis, he decides that modifications to core academic subjects like Math and Language will be necessary. What will this mean for Max's teachers? (refer to the [Special Education in Ontario](#) document if you need a refresher on accommodations vs. modifications)**

Curricular modifications means changing the basic elements of the curriculum meaning altering learning activities and altering assessment strategies. This also means going through the IPRC process to decide specific programming.

The teacher responsibilities around special education

- carries out duties as outlined in the Education Act, regulations, and policy documents, including policy/program memorandum;
- follows board policies and procedures regarding special education;
- works with the special education teacher to acquire and maintain up-to-date knowledge of special education practices;
- works with special education staff and parents to develop the IEP for an exceptional student;
- where appropriate, works with other school board staff to review and update the student's IEP;
- provides the program for the exceptional student in the regular class, as outlined in the IEP;
- communicates the student's progress to parents.

The teacher will make sure that his work and summative tasks are modified to meet the needs outlined in his IEP.

5. **Mr. Pawley also notes that he had been "dragging his heels" on suggesting modifications as "it's such an important decision with potentially long-term consequences for Max". What potential consequences can you imagine for Max?**

This can alter Max's pathways as he moves into high school, moving to a locally developed curriculum can alter his ability to make choices in regards to the classes he takes, or programs that he has access to, limiting his options in regards to post secondary.

6. **Have you seen or used a “Power Card” or similar self-regulation tool in the classroom? If so, describe the tool (or cut and paste examples below) and discuss the tool’s effectiveness in developing self-regulation skills.**



Five-Finger Breathing

- Stretch your hand out like a star.
- Get the pointer finger of your other hand ready to trace your fingers up and down.
- Slide up each finger slowly, and then slide it down the other side.
- Every time you slide your pointer finger up, breathe in through your nose. Every time you slide your finger down, breathe out through your mouth.
- Keep going up and down all of your fingers until you finish tracing your hand and repeat until calm.

The student has a chance to identify what they are feeling and understand that they need to step back and take time to self regulate.

Week 8: Mock IPRC Annual Review Meeting for Peyton

In this week's class you will conduct a mock IPRC Annual Review meeting to discuss next steps for Peyton as she transitions to high school.

Refresher notes:

- Peyton is a **Grade 8** student who has already been identified as an exceptional student (Communication – LD, Behaviour). She is currently placed in an inclusive classroom.
- At some point Peyton's pediatrician recommended ADHD medication, however, this treatment was declined by her parents. **Peyton's doctor also raised concerns about symptoms of depression and/or anxiety.**
- In October of last year it was suggested that assistive tech (including WordQ) be trialed with Peyton. She tried this for two weeks without much success and is now refusing these accommodations.
- Peyton **has become increasingly involved in a social life that revolves around gaming and digital devices. As she is not able to regulate her cell phone use in school she has to turn in her phone during the school day.**
- Peyton is an only child. Her parents are "highly involved in her life at school". **Both work in high paying jobs in the medical field and have expectations for Peyton to attend medical school.**
- The school team has some suggestions about how to best support Peyton going forward:
 - **Encourage and teach Peyton to use computer technology as a teaching/learning tool rather than just for entertainment**
 - **Using video modelling for new concepts and skills;**
 - **Trial the flipped classroom approach for a social studies class, and;**
 - **Teach Peyton keyboarding skills to minimize her frustration.**
- Peyton will be transitioning to high school next year, **something the in-school team has been talking about: "...we think Peyton is at an important juncture where she needs to start figuring out where she wants to go in high school – and beyond high school – and to really start to self-advocate for her needs, rather than try to avoid and escape from any demands or supports that are provided. But we also think it's really important to get buy-in from Peyton by figuring out how to work with her strengths, and what she enjoys."**

In addition to that we know that Peyton's:

Strengths are:

Social Skills
Physical Education
Energy
Enthusiasm

Needs are:

Organization
Planning
Task Completion
Assistive Technology Skills

She is active in gymnastics and dance and volunteers at Kindergym. It has been advised that Peyton identifies what her strengths are and also maybe what she is passionate about. This could help in choosing the right high school.

Need to discuss whether her parents and her are happy with the Transition Plan drafted by the committee?

Questions to help you prepare for your mock IPRC review meeting:

- ❖ Who will assume each role? (Principal/Chair, Classroom Teacher, Parent(s), Peyton...and depending on the size of your group, Learning Resource Teacher, Parent Supporter).
- ❖ How will you "play" your role? (for example, if you are playing Peyton, imagine how she might feel about her current IEP? How might she be feeling about transitioning to high school? What are Peyton's interests and goals)
- ❖ What are Peyton's current strengths and needs, and how might you highlight her strengths in the meeting?
- ❖ How might the team involve Peyton in the meeting and provide opportunities for her voice to be heard?
- ❖ How will the team present and discuss the transition plan?
- ❖ What strategies could you use if there is disagreement between school staff and parents, (or between Peyton and her parents!) regarding the IEP and/or transition plan?
- ❖ What happens after the meeting? (refer to the refer to the [Special Education in Ontario](#) document if you need a refresher)

Here's a short video of an IEP meeting made by the Ontario Institute for Studies in Education (OISE).

<https://www.youtube.com/watch?v=D8fZhAMcQJU>



IPRC Meeting for an Individual Education Plan

Here's a role play script for your mock IPRC review meeting:

1. The Principal/Chair welcomes and introduces everyone, states purpose of meeting.
2. The Principal/Chair starts with a positive statement about the student to set the tone.
3. Presentation and discussion of:
 - Student's strengths and needs
 - Exceptionality and category
 - Current placement
 - Any Spec. Ed. Programs and Services offered (Alternative programs, Specialized programs, EA, SLP, OT etc.)
 - Goals (educational, social, etc.)
 - Transition planning
 - A general discussion that may help to inform elements of the IEP
4. Chair asks, "Are you happy with your child's placement/with what we discussed today?"

What is an IPRC meeting?

Ontario Regulation 181/98 defines the committee (IPRC) as a Special Education Identification, Placement and Review Committee. The Regulation outlines the requirements and procedures under which such Board-appointed committees must operate. The committee consists of at least three people one of whom must be a school principal or a supervisory officer employed by the school board.

The committee that meets and decides if a student should be identified as exceptional (has additional needs) according to established Ministry of Education categories. They also decide the Placement within the school and the decision is reviewed annually.

- o I = Identification – Decide whether your child is “exceptional”
- o P = Placement – Decide on the best placement for your child
- o R = Review – Each year Review whether the Identification and Placement is still appropriate
- o C = Committee – The Principal (or designate), Classroom Teacher, Resource Teacher, Parents and maybe the students themselves.

Who is playing who during our IPRC meeting?

Spec Ed Teacher: Bree

Principal: Yixin

Parent 1: Bonny

Parent 2: Tyler

Notes Taker/ Parent Supporter: Ashweena

Classroom Teacher: Flory-Ann

Peyton: Paul

Following your mock IPRC review meeting, reflect on the process by briefly answering the following questions:

What Went Well? Even Better If?

I think that once we got organized and defined our roles things went well. It was a little challenging to organize who would speak first but eventually we found our flow.

Was Peyton's voice heard in the meeting? If so, describe. If not, what could have been done to encourage her participation?

Peyton was given a chance to speak and express her feelings around her future goals and career choices even though the parents were not in agreement. The principal did a good job of making sure she was being heard by mitigating the parents interruptions.

Would you say that the meeting focused more on Peyton's strengths, or her needs?

It was more focused on her parents' wants but the spec ed teacher did a great job of coming up with solutions/ideas that really focused on her strengths. The classroom teacher also did a great job of showcasing her strengths and balancing that with her needs.

Do you think the mock IPRC review meeting has helped you to prepare you for the "real thing"? Why or why not?

The process was interesting and forced us to see how we would organize ourselves, who would contribute how and what the best strategy was to create a productive meeting. There were a few bumps but it definitely allowed us to see how it could potentially work.

What questions do you still have?

How long would a typical IPRC meeting last?

Rubric for Case Study Report (25%)

	C - C C+	B - B B+	A - A A+
Content (/15)	Case study report demonstrates limited evidence of engagement with the case studies and relevant resources.	Case study report demonstrates some evidence of engagement with the case studies and relevant resources. Some inconsistencies across the case studies are noted.	Case study report demonstrates thorough engagement with case studies and relevant resources. A+ work demonstrates deep connections between the weekly readings, course work, and includes additional external resources.
Completion (/10)	Some case study report tasks completed and/or submitted each week (as evidenced in version history)	Most case study report tasks completed and submitted each week.	Case study report tasks consistently completed and submitted each week.