

Student Strengths and Needs
(Consensus of Program Planning Team)

Student Name: _____ **Date:** _____

Strengths	Needs
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Programming Summary Checklist

- Section A: Please complete for each subject/course/program/domain
- Section B: Choose one option for each subject/course/program or domain
- Section C: Indicate whether or not accommodations are required. (Accommodations can be applied to prescribed, modified and alternate programs, courses, and curriculum.)

Section A		Section B						Section C		
Subject, Program, Course or Domain	Teacher(s)	Prescribed	Modified Prescribed	Alternate Program *		Alternate Course**		Alternate Curriculum	Accommodations	
				PP	NCP	CAC	NCC		Y	N

***For Alternate Program please indicate:**
PP (prerequisite program)
NCP (non-curricular program)

****For Alternate Course please indicate:**
CAC (curricular alternate course)
NCC (non-curricular course)

Acknowledgement of Educational Programming

We have reviewed this educational plan and its attachments and understand its significance with respect to possible implications on graduation and post secondary options.

Parent/Guardian: _____

Student (where appropriate): _____

Principal: _____

Date: _____

Date of next meeting: _____

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Record of Modified Prescribed Course

Most curriculum outcome templates are available online at
www.gov.nl.ca/edu/k12/curriculum/cots_curriculum_outcome_templates.html

Use this form if no template is available.

Identifying Information

Student Name:	School Year:
Course Name and Grade:	Classroom/Subject Teacher:

R - Retain D - Delete C - Change A - Add

GENERAL CURRICULUM OUTCOME:					
Specific Curriculum Outcomes	R	D	C	A	Changed or Added Outcome

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Specific Curriculum Outcomes	R	D	C	A	Changed or Added Outcome

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Record of Alternate Program

Student Name:		Starting Date of Program:	
Name of Program:	Program Developer(s):	Projected: Duration (how long) Frequency (how often)	
Type of Alternate Program (√): <input type="checkbox"/> Prerequisite program <input type="checkbox"/> Non-curricular program		Accommodations Required (√): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rationale:			
General Learning Outcome:			
Specific Learning Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes:

Reproduce as necessary

General Learning Outcome:			
Specific Learning Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes:

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Summary of:

Instructional Strategies:
Assessment and Evaluation Strategies:
Learning Resources:

If the alternate program is to be delivered in a setting outside of the student's classroom, complete the following table.

Subject(s) and amount of time the student will miss:
Plan to address material missed:
Plan for regular review of the student's placement outside of the regular classroom:

The completed program becomes part of the student's IEP and is placed in the cumulative file. A copy will be maintained by the teacher(s) as a working document.

Record of Alternate Course

Student Name:			School Year:		
Name of Course:		Course Developer(s):			
Type of Alternate Course (√): <input type="checkbox"/> Curricular Course <input type="checkbox"/> Non-curricular Course			Accommodations Required (√): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rationale:					
General Learning Outcome:					
Specific Learning Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

Reproduce as necessary

General Learning Outcome:					
Specific Learning Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

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Summary of:

Instructional Strategies:
Assessment and Evaluation Strategies:
Learning Resources:

If the alternate course is to be delivered in a setting outside of the student's classroom, complete the following:

Plan for Regular Review of the Student's Placement Outside of the Regular Classroom:
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The alternate course becomes part of the student's IEP and is placed in the cumulative file. A copy will be maintained by the teacher(s) as a working document. Progress notes must be updated by the teacher(s) at the end of each reporting period.

Record of Alternate (Functional) Curriculum

Student Name:					School Year:
Accommodations Required (√): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Domain: Career Development				Developed by:	
Strand:		Topic:			
Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

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Domain: Functional Academics				Developed by:	
Strand:	Topic:				
Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

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Domain: Personal Development				Developed by:	
Strand:		Topic:			
Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

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Domain: Independent Living				Developed by:	
Strand:	Topic:				
Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes Term 1	Progress Notes Term 2	Progress Notes Term 3

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Summary of:

Instructional Strategies:
Assessment and Evaluation Strategies:
Learning Resources:

The completed alternate curriculum becomes part of the student's IEP and is placed in the cumulative file. A copy will be maintained by the teacher(s) as a working document. Progress notes must be updated by the teacher(s) at the end of each reporting period.