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## Confidential

# Personal Program Plan

School: \_\_\_\_\_

Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Ministry of Education ID # : \_\_\_\_\_

Academic Year: \_\_\_\_\_

**A Personal Program Plan is a comprehensive written education plan with goals and objectives determined through a collaborative process, driven by the strengths and needs of the student. It may or may not include outcomes articulated in NWSD curricula.**

**It includes:**

- 1. Identifying data**
- 2. A description of the student's present level of functioning**
- 3. Long term life goals**
- 4. Completion dates for achievement learning of annual student outcomes**
- 5. Method of assessment & statement of success/progress**
- 6. Special resources if required**
- 7. Suggested instructional materials, methods and strategies**
- 8. PPP implementation (meeting) and review (target) dates**
- 9. Persons responsible for implementation**
- 10. Parent's involvement and approval of program**

***\* This confidential document must be filed in the student's cumulative/confidential file.***

**School Name:** \_\_\_\_\_ **Principal:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**PERSONAL PROGRAM PLAN FOR** \_\_\_\_\_

**D.O.B. :** \_\_\_\_\_ **Gender:** M/F

**School Year:** \_\_\_\_\_ **Class Placement:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**e mail:** \_\_\_\_\_ **e mail:** \_\_\_\_\_

**Student's Primary Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Does a PPP exist for this student? Y/N**

**Does this PPP have any attachments identifying targeted Learning Outcomes from approved NWSD curricula? Y/N**

**1. a) Strengths**

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**b) Challenges**

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**c) Functioning Levels**

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**d) Assessment Information**

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**e) Relevant Medical Information**

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**f) Additional Information (Home life)**

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**2. a) Long Term Life Goals (From person centered planning)**

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**b) Priorities for Annual Student Outcomes**

<u>Area of Development</u>	<u>Target Skill</u>
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<hr/>	<hr/>
<hr/>	<hr/>
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<hr/>	<hr/>
<hr/>	<hr/>

<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>1. CURRENT LEARNING ACHIEVEMENT</b>	<hr/> <hr/> <hr/>
<b>b) Current Level of Performance</b>	
<hr/> <hr/> <hr/>	
<b>c) Annual Student Outcome (SMART goal)</b>	
<hr/> <hr/> <hr/>	
<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>2. COMMUNICATION</b>	<hr/> <hr/> <hr/>
<b>b) Current Level of Performance</b>	
<hr/> <hr/> <hr/>	
<b>c) Annual Student Outcome (SMART goal)</b>	
<hr/> <hr/> <hr/>	
<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>3. INDEPENDENCE/PROBLEM- SOLVING/WORK HABITS</b>	<hr/> <hr/> <hr/>
<b>b) Current Level of Performance</b>	
<hr/> <hr/> <hr/>	
<b>c) Annual Student Outcome (SMART goal)</b>	
<hr/> <hr/> <hr/>	
<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>4. Motor Skills/Sensory</b>	_____ _____ _____
<b>b) Current Level of Performance</b>	
_____ _____ _____	
<b>c) Annual Student Outcome (SMART goal)</b>	
_____ _____ _____	
<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>5. SAFETY</b>	<hr/> <hr/> <hr/>
<b>b) Current Level of Performance</b>	
<hr/> <hr/> <hr/>	
<b>c) Annual Student Outcome (SMART goal)</b>	
<hr/> <hr/> <hr/>	
<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
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<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
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<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>6. PERSONAL/SOCIAL WELL-BEING</b>	<hr/> <hr/> <hr/>
<b>b) Current Level of Performance</b>	
<hr/> <hr/> <hr/>	
<b>c) Annual Student Outcome (SMART goal)</b>	
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<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
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<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
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<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>7. PHYSICAL HEALTH/MEDICAL PERSONAL CARE</b>	<hr/> <hr/> <hr/>
<b>b) Current Level of Performance</b>	
<hr/> <hr/> <hr/>	
<b>c) Annual Student Outcome (SMART goal)</b>	
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<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
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<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
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<b>3. a) Area of Development</b>	<b>Target Skill</b>
<b>8. Transition</b>	_____ _____ _____
<b>b) Current Level of Performance</b>	
_____ _____ _____	
<b>c) Annual Student Outcome (SMART goal)</b>	
_____ _____ _____	
<b>d) Short Term Learning Objectives</b>	<b>e) Instructional Strategies and Responsibilities</b>
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
<b>f) Evaluation Method</b>	<b>g) Student Progress</b>
_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

**4. a) Support Personnel in Place (and Assistance they provide)**

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**b) Support Personnel to be Put in Place (and Assistance they will provide)**

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**c) Classroom Accommodations/Adaptations in Place**

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**d) Classroom Accommodations/Adaptations to be Put in Place**

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**5. a) Transition Plans**

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**b) Additional PPP Comments**

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**7. a) Implementation**

**This PPP will begin on:** \_\_\_\_\_

**A review meeting will be held on:** \_\_\_\_\_

**b) Signatures of Team Members**

For Senior secondary students and their parents:

I understand that credits will be earned for meeting the objectives of this PPP.

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**Parent/Guardian** **Date**

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**Student (if applicable)** **Date**

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**Administrator/Principal** **Date**

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**Program Support Teacher** **Date**

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**Teacher(s)** **Date**

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**Other** **Date**

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**Other** **Date**

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**Other** **Date**