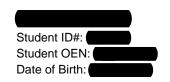




Upper Canada District School Board 225 Central Avenue West Brockville, ON K6V 5X1 1-800-267-7131

Identification, Placement & Review Committee Statement of Decision

Date:	
IPRC COMMITTEE MEMBERS	IPRC MEETING ATTENDEES
DECISION Identification, Placement and Review Committee Statement of Deci Exceptional Exceptional Behaviour Communication - Autism Communication - Speech Impairment Intellectual - Gifted Multiple Exceptionalities Physical - Medical Details of Multiple Exceptionalities Behaviour Communication - Autism Communication - Autism Communication - Speech Impairment Intellectual - Gifted Physical - Behaviour Communication - Speech Impairment Intellectual - Gifted Physical - Blind & Low Vision Physical - Physical Disability	Non-Identified Comm - Deaf & Hard of Hearing Pre-school Communication - Deaf & Hard of Hearing Communication - Learning Disability Intellectual - Development Disability Intellectual - Mild Intellectual Disability Physical - Blind & Low Vision Physical - Physical Disability Comm - Deaf & Hard of Hearing Pre-school Communication - Deaf & Hard of Hearing Communication - Learning Disability Intellectual - Development Disability Intellectual - Mild Intellectual Disability Physical - Medical
Assessments Student's Strengths:	Student's Needs:
Special Education Placement: IPRC Discharged Regular class with resource assistance Special education class with partial integration	Regular class with indirect support Regular class with withdrawal assistance Special education class full time
Documentation to Support IPRC Hearing Neuro-Psychological Physical Report Card Teacher Assessment Other	Medical OLSAT Psycho-Educational Speech and Language Vision

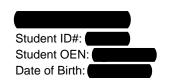




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Identification, Placement & Review Committee Statement of Decision

Recommendations: Reason(s) for Special Class Placement:			
To the Parents: This I.P.R.C. report will be forwarded to the Board withit this report with the committee, please contact the school principal in writing			
Signature of IPRC Chairperson	Date		





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Identification, Placement & Review Committee Statement of Decision

Response to Statement of Decision			
I agree with the identification: I consent to the placement: I have received a copy of the Statement of Decision:	Yes _ Yes _ Yes _	No No No	
Signature of Parent(s)/Guardian(s)/Adult Student			Date

Note to Parent: Should you disagree with the committee's decisions and wish to request a second IPRC meeting to reconsider the information, please write to the Principal within 15 days of receiving this form.