

Student ID#: [REDACTED]
Student OEN: [REDACTED]
Date of Birth: [REDACTED]



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: [REDACTED]

IPRC COMMITTEE MEMBERS

IPRC MEETING ATTENDEES

DECISION

Identification, Placement and Review Committee Statement of Decision

Exceptional Not Exceptional Non-Identified

Exceptionality and Identification: Primary

- Behaviour
- Communication - Autism
- Communication - Language Impairment
- Communication - Speech Impairment
- Intellectual - Gifted
- Multiple Exceptionalities
- Physical - Medical

- 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

Details of Multiple Exceptionalities

- Behaviour
- Communication - Autism
- Communication - Language Impairment
- Communication - Speech Impairment
- Intellectual - Gifted
- 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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Recommendations: Reason(s) for Special Class Placement:

To the Parents: This I.P.R.C. report will be forwarded to the Board within the next thirty (30) days. Should you wish to discuss this report with the committee, please contact the school principal in writing prior to these thirty days.

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: Yes _____ No _____
I consent to the placement: Yes _____ No _____
I have received a copy of the Statement of Decision: Yes _____ 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.