

A group of four diverse students are sitting around a table in a library, engaged in a collaborative study session. They are looking at a laptop and some papers. The background shows bookshelves filled with books. The scene is overlaid with semi-transparent orange and blue geometric shapes.

Competency Based IEPs

Module 2: Personal and Learning Profile

FISA

Student Profile

Demographic & Team Info

Personal Profile

- Student interests
- Student learning preferences
- What you need to know about me

Learning Profile

- Student strengths
- Student stretches

School:		CB IEP Student Profile		
Student Details				
My photo	Student Name	Marco Polo	Primary Designation	H
	Grade	9	Additional Designation	Q
	Student #	123 456 789	IEP Date	October 4, 2022
	Date of Birth	January 1, 2011	Case Manager	Mr. Happy
	Student Support Team		Role	
	Mary Polo		Mother	
	Matthew Polo		Father	
	Mr. Happy		Learning Support Teacher	
	Mrs. Helpful		Education Assistant	
	Mr. Delightful		Behaviour Consultant	
Parent/Guardian Consultation Date			September 10, 2022	
My Personal Profile	Link to Student Evidence:			
	My thoughts		Thoughts from my team	
My Interests	Hanging out with friends, mountain biking, being outside, gaming with my friend.		Marco likes drawing & motorcycles.	
My Learning Preferences	I like to move and talk when I learn. I like to watch videos of a new topic before learning. I need lots of time to work and think		Marco likes to connect learning with the real world. Marco likes to understand the 'why' and the bigger Context	
Things you need to know about me	I am pretty quiet. I have a job I work on weekends and 2 afternoons. I want to improve my writing.		Marco overwhelmed when things go too fast.	
My Learning Profile	Location of Evidence: Learning Services Teacher Binder			
	Personal	Social	Intellectual/Learning	
	What I can do on my own.	What I can do with others.	How I think.	
My Strengths	My thoughts: I like to help people. I am good at getting to know people	My thoughts: I can solve some problems myself. I can work with others to achieve a goal.	My thoughts: I get ideas when I talk with others. I like to experiment with different ways of doing things.	
	Thoughts from my team: Marco can understand & share things about a topic that is important to him.	Thoughts from my team: Marco can work with others with support.	Thoughts from my team: Marco gets inspired by the ideas of others.	
My Stretches	My thoughts: I can get angry quickly. I get anxious during tests and can't think well.	My thoughts: I have a hard time focusing during conversations. I don't like talking with people I don't know well.	My thoughts: I have difficulty understanding what I read. I can't focus on taking in information by listening for long.	
	Thoughts from my team: Marco has difficulty concentrating. Marco has difficulty persevering through a challenging task. Marco can easily become explosive when stressed and he takes a long time to calm down and be ready to re-engage.	Thoughts from my team: Marco has difficulty seeing the perspective of others. Marco is learning to trust others.	Thoughts from my team: Marco needs help with reading plans to complete assignments.	

CB IEP Word - Template

Student Name, Year

School	Competency Based Individual Education Plan (CB IEP)
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Student Details				
Student Photo	Student Name		Primary Designation	Choose an item.
	Grade		Additional Designation	Choose an item.
	Student Number		IEP Date	Click or tap to enter a date.
	Date of Birth		Case Manager	
	Student Support Team		Role	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
Parent/Guardian Consultation Date		Click or tap to enter a date.		

My Personal Profile	(Evidence from student survey, interview, questionnaire, talking maps)	Thoughts from my family & team
My Interests		
My Learning Preferences		
Some things you need to know about me		

My Learning Profile	Link to Evidence: (Core competency chart, interview, talking mats, etc.)		
	Personal	Social	Learning/ Intellectual
My Strengths	*My thoughts:	*My thoughts:	*My thoughts:
	*Thoughts from my team	*Thoughts from my team	*Thoughts from my team
My Stretches	*My thoughts:	*My thoughts:	*My thoughts:
	*Thoughts from my team	*Thoughts from my team	*Thoughts from my team

Personal Profile

My Personal Profile	Location of Evidence: LSS & Class Teacher File	
	My thoughts	Thoughts from my team
My Interests	Hanging out with friends, mountain biking, being outside, gaming with my friend.	Marco likes drawing & motorcycles.
My Learning Preferences	I like to move and talk when I learn. I like to watch videos of a new topic before learning. I need lots of time to work and think	Marco likes to connect learning with the real world. Marco likes to understand the 'why' and the bigger Context
Things you need to know about me	I am pretty quiet. I have a job I work on weekends and 2 afternoons. I want to improve my writing.	Marco gets overwhelmed when things go too fast.

Learning Profile

My Learning Profile	Location of Evidence: Learning Services Teacher Binder		
	Personal What I can do on my own.	Social What I can do with others.	Intellectual/Learning How I think.
My Strengths	My thoughts: I like to help people. I am good at getting to know people	My thoughts: I can solve some problems myself. I can work with others to achieve a goal.	My thoughts: I get ideas when I talk with others. I like to experiment with different ways of doing things.
	Thoughts from my team: Marco can understand & share things about a topic that is important to him.	Thoughts from my team: Marco can work with others with support.	Thoughts from my team: Marco gets inspired by the ideas of others.
My Stretches	My thoughts: I can get angry quickly. I get anxious during tests and can't think well.	My thoughts: I have a hard time focusing during conversations. I don't like talking with people I don't know well.	My thoughts: I have difficulty understanding what I read. I can't focus on taking in information by listening for long.
	Thoughts from my team: Marco has difficulty concentrating. Marco has difficulty persevering through a challenging task. Marco can easily become explosive when stressed and he takes a long time to calm down and be ready to re-engage.	Thoughts from my team: Marco has difficulty seeing the perspective of others. Marco is learning to trust others.	Thoughts from my team: Marco needs help with <u>making a plan</u> to complete assignments.

Tools for the Personal & Learning Profile

1. Student CB IEP Survey (Middle/Secondary)

Student Personal and Learning Profile Survey

Student: last name, first name
Grade: choose a grade level.
Date: click or tap to enter a date.

STUDENT PROFILE	
1. My Interests: I am interested in . . . (check around 5 boxes (no more than 10 in total) that best describe your interests. Add a brief comment or a detail or an example to further explain)	
Interests	Comments/details/examples
<input type="checkbox"/> talking with friends	
<input type="checkbox"/> board games	
<input type="checkbox"/> street hockey	
<input type="checkbox"/> indoor animals	
<input type="checkbox"/> outdoor animals	
<input type="checkbox"/> wild animals	
<input type="checkbox"/> dance	
<input type="checkbox"/> how machines work	
<input type="checkbox"/> drawing	
<input type="checkbox"/> crafts	
<input type="checkbox"/> making things	
<input type="checkbox"/> dirt bikes	
<input type="checkbox"/> bicycles	
<input type="checkbox"/> downhill skiing	
<input type="checkbox"/> cross-country skiing	
<input type="checkbox"/> clubs	
<input type="checkbox"/> martial arts	
<input type="checkbox"/> hiking	
<input type="checkbox"/> fishing	
<input type="checkbox"/> video games	
<input type="checkbox"/> Lego	
<input type="checkbox"/> playing an instrument	
<input type="checkbox"/> listening to music	
<input type="checkbox"/> sports	
<input type="checkbox"/> Math	
<input type="checkbox"/> Science	
<input type="checkbox"/> reading	
<input type="checkbox"/> writing	
<input type="checkbox"/> Social Studies	
<input type="checkbox"/> other	
<input type="checkbox"/> other	

2. My Learning Preferences: I like . . . (check the boxes and <i>add details if you can think of any</i>)		
<input type="checkbox"/> to do visual activities (such as art) enter optional details	<input type="checkbox"/> to do auditory activities (such as music) enter optional details	<input type="checkbox"/> I enjoy hands-on activities enter optional details
<input type="checkbox"/> to see information in lists, charts, graphs, and diagrams. enter optional details	<input type="checkbox"/> to sometimes sing, hum or talk when doing schoolwork enter optional details	<input type="checkbox"/> to move around while listening and learning enter optional details
<input type="checkbox"/> information organized by different colours enter optional details	<input type="checkbox"/> things explained orally (verbal instructions) enter optional details	<input type="checkbox"/> like to touch things in order to learn about them enter optional details
<input type="checkbox"/> to work alone in a quiet space enter optional details	<input type="checkbox"/> learning by talking with others and having class discussions enter optional details	<input type="checkbox"/> a squishy ball to squeeze or to fidget while I work and learn enter optional details
<input type="checkbox"/> written instructions that have examples I can see enter optional details	<input type="checkbox"/> to talk to myself to help me remember or learn new things enter optional details	<input type="checkbox"/> to actually do whatever is being talked about or learned enter optional details
<input type="checkbox"/> I like to show what I have learned by writing about it enter optional details	<input type="checkbox"/> I like to show what I have learned by doing presentations enter optional details	<input type="checkbox"/> I like to show what I have learned by acting it out enter optional details
<input type="checkbox"/> learning new things by having them demonstrated enter optional details	<input type="checkbox"/> other enter optional details	<input type="checkbox"/> to learn by building or moving objects around to think or solve enter optional details
<input type="checkbox"/> other enter optional details	<input type="checkbox"/> other enter optional details	<input type="checkbox"/> other enter optional details
3. Important to know about me: Things I want you to know about me ranked them in order from most important to least (use the boxes for numbers). What is most important to me . . .		
select rank	are relationships, social connections, to give and receive affection and to feel part of a group (Love & belonging) add optional comments	
select rank	is to achieve, to be competent, to be skilled, to be recognized for my achievements and skill, to be listened to and feel I that I can make a difference in my immediate world (Power) add optional comments	
select rank	is independence, autonomy, to have choices and to be able to take control of the direction of my own life (Freedom) add optional comments	
select rank	is to find pleasure, to play and to laugh (Fun) add optional comments	
<input type="checkbox"/> I also want you to know about a strength or talent I have. It is . . . click here to enter text		
<input type="checkbox"/> I also want you to know about a difficulty that I have. It is . . . click here to enter text		
<input type="checkbox"/> I also have a home or school situation or other important thing I would like you to know about. It is . . . click here to enter text		

Tools for the Personal & Learning Profile

2. Parent/Guardian CB IEP Survey

Individual Education Plan

Parent/Guardian Individual Education Plan (IEP) Survey

Student Name: [Click or tap here to enter text.](#) Grade: [Click or tap here to enter text.](#)
Parent/Guardian Name: [Click or tap here to enter text.](#) Date: [Click or tap to enter a date.](#)

Please take a few moments and complete this form to help us learn more about your child and to assist with the development of their Individual Education Plan.

1. How does your child spend their spare time? (Check all that apply)

<input type="checkbox"/> With family	<input type="checkbox"/> Watching TV/movies	<input type="checkbox"/> Social Media apps
<input type="checkbox"/> With friends	<input type="checkbox"/> Netflix	<input type="checkbox"/> Gaming
<input type="checkbox"/> Sports	<input type="checkbox"/> Being alone	<input type="checkbox"/> Shopping
<input type="checkbox"/> Playing an instrument	<input type="checkbox"/> Reading	<input type="checkbox"/> Cooking/baking
<input type="checkbox"/> Part-time job	<input type="checkbox"/> Writing	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Extra-curricular activities	<input type="checkbox"/> Theater/dance	<input type="checkbox"/> Arts, crafts, building things
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Listening to music	<input type="checkbox"/> Biking
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Internet (YouTube, memes)	

Other: [Click or tap here to enter text.](#)

2. How does your child learn best? Check all that apply.

<input type="checkbox"/> Group size	<input type="checkbox"/> Learning Style	<input type="checkbox"/> Preferred study environment
<input type="checkbox"/> Alone	<input type="checkbox"/> Visual	<input type="checkbox"/> Quiet, distraction free
<input type="checkbox"/> Small group (2-3 people)	<input type="checkbox"/> Hand-On	<input type="checkbox"/> Noisy busy place
<input type="checkbox"/> Medium Group (5-7 people)	<input type="checkbox"/> Listening	<input type="checkbox"/> Alone
<input type="checkbox"/> Whole class	<input type="checkbox"/> Activity (experiential)	<input type="checkbox"/> With friends
<input type="checkbox"/> Reading	<input type="checkbox"/> Talking about what I have learned	<input type="checkbox"/> With family
<input type="checkbox"/> Taking notes	<input type="checkbox"/> Step by step instructions	<input type="checkbox"/> With a tutor

Other: [Click or tap here to enter text.](#)

3. What do think your child's teacher(s) should know about them?

<input type="checkbox"/> They have ADHD	<input type="checkbox"/> They have dyslexia (reading disability)
<input type="checkbox"/> They feel anxious or stressed	<input type="checkbox"/> They feel misunderstood at school
<input type="checkbox"/> They find it hard to come to school/class	<input type="checkbox"/> They lack confidence in (e.g., math/science)
<input type="checkbox"/> They have a learning difference	<input type="checkbox"/> They struggle with written output
<input type="checkbox"/> They are trying their best	<input type="checkbox"/> They struggle with getting organized
<input type="checkbox"/> They often feel lonely	

Other: [Click or tap here to enter text.](#)

4. What do you feel are your intellectual strengths your child has?

<input type="checkbox"/> They have a good memory	<input type="checkbox"/> They are creative thinker (come up with ideas)
<input type="checkbox"/> They have good understanding/comprehension	<input type="checkbox"/> They are good at analyzing (critical thinking)
<input type="checkbox"/> They are a good problem solver	<input type="checkbox"/> They are good at research

Other: [Click or tap here to enter text.](#)

Individual Education Plan

5. What are some of your child's social strengths?

<input type="checkbox"/> They are a good listener	<input type="checkbox"/> They are fun
<input type="checkbox"/> They make compromises	<input type="checkbox"/> They are sensitive

Other: [Click or tap here to enter text.](#)

6. What personal qualities does your child have that would be considered strengths?

<input type="checkbox"/> Leadership	<input type="checkbox"/> Optimism	<input type="checkbox"/> Loyalty
<input type="checkbox"/> Independence	<input type="checkbox"/> Persistence	<input type="checkbox"/> Coping skills
<input type="checkbox"/> Determination	<input type="checkbox"/> Courage	<input type="checkbox"/> Honesty
<input type="checkbox"/> Problem solving	<input type="checkbox"/> Creativity	<input type="checkbox"/> Curious
<input type="checkbox"/> Organization	<input type="checkbox"/> Hard-working	<input type="checkbox"/> Eager and attentive

Other: [Click or tap here to enter text.](#)

7. What do are some thinking goals you think would be achievable for your child this year? (Examples: remembering my learning, taking notes studying for tests, making connections, "science", "math" "French" writing, oral presentations, taking tests, critical thinking, being creative.)

[Click or tap here to enter text.](#)

8. What social goal would be achievable for your child this year? What type of support would help your child achieve this? (Examples: talking to unfamiliar people, meeting new people, getting out of my comfort zone, being more of a leader, solving friendship issues, avoiding friend "drama", working in groups on projects.)

[Click or tap here to enter text.](#)

9. What personal goal would be achievable with supports for your child this year. What would those supports look like? (A personal goal that would make you feel more successful at school such as organization, time management homework completions, self-advocacy etc.) and what strategies or support so you need or want to get there?)

[Click or tap here to enter text.](#)

10. Are there other hopes you have for your child this year?

[Click or tap here to enter text.](#)

Tools for the Personal & Learning Profile

3. Student & Parent/Guardian CB IEP Interview

CB IEP Meeting Notes

Date:		Teacher:	
Student:		Case Manager:	
Parent/Guardian:		Other:	

Interests	What are your interests and hobbies? What do you like to do in your spare time? What are your favorite sports, games, music, etc.? What are some things you are passionate about? What do you want to learn more about?																																													
Learning Preferences	<p>Are there specific areas you need extra support in or that you have concerns about?</p> <table border="0"> <tr> <td><input type="checkbox"/> Wobbly stool or other seating alternatives</td> <td><input type="checkbox"/> Use of manipulatives in math</td> <td><input type="checkbox"/> Noise cancelling headphones</td> </tr> <tr> <td><input type="checkbox"/> Preferential seating near teacher</td> <td><input type="checkbox"/> Use of fidgets during seat work or listening times</td> <td><input type="checkbox"/> Use visuals</td> </tr> <tr> <td><input type="checkbox"/> Allow access to a bike desk or desk pedals</td> <td><input type="checkbox"/> Provide extra repetition for new skills being learned</td> <td><input type="checkbox"/> Daily schedule</td> </tr> <tr> <td><input type="checkbox"/> Small group or one on one work times</td> <td><input type="checkbox"/> Chunk larger tasks into smaller steps</td> <td><input type="checkbox"/> Learning through games</td> </tr> <tr> <td><input type="checkbox"/> Opportunities for class wide discussions</td> <td><input type="checkbox"/> Change tasks frequently</td> <td><input type="checkbox"/> Quiet spot to go to when frustrated</td> </tr> <tr> <td><input type="checkbox"/> Alternate workspace outside of class</td> <td><input type="checkbox"/> Work / break schedule</td> <td><input type="checkbox"/> Frontload transitions</td> </tr> <tr> <td><input type="checkbox"/> Alternate work space in class</td> <td><input type="checkbox"/> Extra time to process questions</td> <td><input type="checkbox"/> Provide questions in advance</td> </tr> <tr> <td><input type="checkbox"/> Access to a visual shield during work times</td> <td><input type="checkbox"/> Allow time to watch others before attempting new tasks</td> <td><input type="checkbox"/> Allow time to talk before giving an oral response</td> </tr> <tr> <td><input type="checkbox"/> Couple oral instructions with visual</td> <td><input type="checkbox"/> Teach one step or concept 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What you need to know about me	Is there something you want me to know about a learning disability, diagnosis, medication, school situation, or other important thing? What are some things that happen in the classrooms or at school that make it hard for you?																																													

Tools for the Personal & Learning Profile

4. Student Profile – Talking Mats (Primary, Secondary, Subjects)



Tools for the Personal & Learning Profile

5. What Information Goes Where in the CB IEP

What Information Goes Where in the CB IEP

School Name
School Year

Student Details	
Student Photo	Student First Name/Last Name: PEN: Date of Birth: Grade: Primary Designation: Additional Designations: IEP Date: Parent/Guardian Consultation: Parent/Guardian Consulted Date: Case Manager:

Student Support Team	Role
Parent/Guardian Names	Everyone must have a role (e.g., parents)
List everyone else on the team (in the order you prefer)	Full names only, no initials or acronyms
e.g., Laura Smith	e.g., Psychologist, Wishing Star Counselling
e.g., Philip Jones	e.g., Physiotherapist, Kids First Therapy

Personal Profile
<p>My Interests Use the interview grids, Student Survey, My Strengths Chart, Talking Mats with visuals, or other tools to help summarize the student interests.</p> <p><u>ELEMENTARY EXAMPLE</u> "I like to play Lego. I play with my brother. My favourite colour is blue."</p> <p><u>HIGHSCHOOL/MIDDLE SCHOOL EXAMPLE</u> "I can rip it out on the guitar. I really like to draw. Mr. Jones taught me how to shade, I am so much better now. We go camping up to Lost Lake. I like to fly fish up there, it is so quiet, I really like the quiet." James has some incredible drawings of spiderman.</p> <p><u>USING THE STUDENTS WORDS AS MUCH AS POSSIBLE</u> Quotations indicate student voice (use I student voice is paraphrased). Use student name when ideas come from home/school team.</p> <p><u>LOCATION OF EVIDENCE:</u> Where the information is located (e.g., ISP/LST FILE/ MyBlueprint/ FreshGrade)</p>
<p>My Learning Preferences Use a Student Survey, My Learning Tools chart, Talking Mats with visuals, or other tools to help summarize what helps the student to learn.</p>