

Functional Integrated Program Placement Agreement

Student Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____

As a result of formal and informal assessments and consultation with parent(s)/caregiver(s), teachers, and other educational professionals, it is the recommendation of the educational team that your child be placed in a Functional Integrated Program for high school programming.

Please be advised that placement in a Functional Integrated Program will not meet the requirements for official grade 12 graduate status as recognized by the Ministry of Education and will not qualify your child for post-secondary education studies.

The educational team, in consultation with you as parents or caregivers, will develop an Inclusion and Intervention Plan (IIP) for your child with goals and objectives that will target the development of skills and abilities needed for your child to participate in school and community. The IIP will include plans of action for your child's transition into community life after completion of high school.

Signature of Principal: _____ **Date:** _____

Signature of SRPSD Consultant: _____

Parental Consent Statement

I clearly understand the recommendation and hereby give permission for the functional integrated program placement described above. I understand the rationale for and the implications of this placement and realize that my child:

- will be working on a selected number of the developmental areas specified in the Inclusion and Intervention Plan
- will not meet the current admission requirements for post-secondary educational institutions.

Yes, I agree to placement in a Functional Integrated Program

No, I do not agree to placement in a Functional Integrated Program

Signature of parent/guardian: _____ **Date:** _____