

SOUTH SHORE REGIONAL SCHOOL BOARD
INDIVIDUAL ADAPTATIONS

Student's Name:	Date of Birth (D/M/Y):
School:	Grade:

Implementation Date:

Review Dates:

Individuals Involved in Planning:

Reason for Adaptations: (check (✓) one or more)

- Environmental
- Class Organization
- Motivational
- Assessment/Evaluation
- Presentation/Instructional
- Resources (Human & Material)

Elaboration: (include Adaptations Checklist or description of adaptations)

Signatures:

Student*: _____ Date: _____

Teacher: _____ Date: _____

PST: _____ Date: _____

Principal: _____ Date: _____

Parent/Guardian: _____ Date: _____

*Signature as deemed appropriate.

Copy to Cumulative File

Reference: Adaptations Fact Sheet; Supporting Student Success: Resource and Programming Student Services Policies and Procedures #370, SSRSB, September 13, 2006