



**REDUCED DAY PLAN - Elementary**

**Personal Demographic Information:**

Student Name	
Home School	
DOB/Age	
Grade	
OEN	
EQAO Eligible Year	<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>

**Classroom Teacher:**

\_\_\_\_\_

**Identification(s) by IPRC (if applicable):**


**Initial Meeting Date:** \_\_\_\_\_

**Reduced Day Plan Meetings:**

Time Interval	Date of Meeting	In Attendance

**Plan of Action:**

Focus	Strategies	Next Steps/Who is Responsible
In-school and at home supports		
Community agency involvement;		
Curriculum Delivery		

**Summary of Initial Meeting:**

Date	Location	Present	Recommendations

**Summary of Follow-up Meeting:**

Date	Location	Present	Recommendations

**Pick-Up Plan:**

Start Time	Pick-Up Time	By Whom

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*Signature of Parent/Guardian*

*Date*

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*Principal Signature*

*Date*