



Pathway 3 Modified Course/Subject Description K - 12

Use this form for students who:

- have an ISSP
- have had a comprehensive assessment completed, AND
- EITHER • have not met with success with accommodations and adaptations through Pathway 2 supports and require changes and/or deletions to provincially prescribed curriculum outcomes
- OR • require a greater challenge by adding outcomes to provincially prescribed curriculum

Student: _____ Grade: _____ Date: _____

Course Name: _____

NOTE:

- The intent, or purpose, of the modified course remains the same as is articulated in the curriculum guide. In order to maintain the integrity of a course/subject, it is understood that a complete strand cannot be deleted
- **The move to modified courses/subjects is a very significant step for the student. Ensure that parent(s) and student are informed of implications of this decision**
- As a general rule, all students, except those with cognitive delay, should be able to achieve the outcomes of the prescribed curriculum.
- The teacher should have a copy of the modified course/subject description, and an additional copy should be attached to the ISSP and forwarded to the ISSM
- District office personnel will have access to this information upon request
- For **senior high school students**, copies of **signed consent along with the modified course/subject**, should be forwarded to District Office for approval by **December 15**. Approval has to be given by the School Administration and the Assistant Director of Programs, prior to registration of the student in the modified course.

DESCRIPTION OF MODIFIED COURSE/SUBJECT

Obtain a copy of the provincially prescribed curriculum outcomes to complete this section. Attach indicated changes using an appropriate format.

- **Outcomes Retained: (R)**
Write “R” on the copy of the course outcomes
- **Outcomes Changed: (C)**
Write “C” and note changes by writing the new expectations above the original words or to the side, on the copy of the course outcomes.
- **Outcomes Deleted: (D)**
Write “D” on the copy of the course outcomes.

- **Outcomes Added:**

1. Specify any adaptations to instructional strategies and attach to the copy of the modified course description

2. Specify any adaptations to the evaluation procedures and attach to the copy of the modified course description

3. Specify any adaptations to curricular resources and attach to the copy of the modified course description

Consent Form
Modified Course/Subject
K-9

Consent

We, the undersigned, have been involved in the Individual Support Services Planning process. We have reviewed this educational component. We have been informed of the significance and implications of a modified course/subject, and possible difficulties in returning to prescribed curriculum. We agree to this educational component at this time.

Parent Signature

Date

Parent Signature

Date

Student Signature

Date

Classroom Teacher Signature

Date

Special Education Teacher Signature

Date

Principal Signature

Date

Signature

Date

Signature

Date

Consent Form Senior High Modified Course

Consent

We, the undersigned, have been involved in the Individual Support Services Planning process. We have reviewed this educational component. We have been informed of the significance of a modified course designation on a high school transcript and the possible consequences regarding post-secondary entrance requirements. We agree to this educational component at this time.

Parent Signature

Date

Parent Signature

Date

Student Signature

Date

Course Teacher Signature

Date

Guidance Counsellor Signature

Date

Special Education Teacher Signature

Date

Principal Signature

Date

Signature

Date Submitted to District Office

District Office Use

The undersigned is satisfied that the required procedures have been followed and this course description is complete.

Approval is given to register _____ in the modified

course _____ that is attached.

(course name)

Signature: _____

(Assistant Director of Programs)

Date: _____