



## NLPS Integration Plan 2021-2022

### for Partial Day Programs for Students

<b>School:</b>	Click or tap here to enter text.	<b>Principal:</b>	Click or tap here to enter text.
<b>Student:</b>	Click or tap here to enter text.	<b>Grade:</b>	Click or tap here to enter text.
<b>Classroom Teacher:</b>	Click or tap here to enter text.	<b>Case Manager:</b>	Click or tap here to enter text.

**This Integration Plan outlines the adjusted school schedule for [student name]. It should be developed collaboratively between the school team and family.**

This plan is being implemented because  
Choose an item.

**Rationale:** *briefly describe the reason for the shortened day*

### Plan Details

***\*This is a working document. Please add updates after each review meeting. Plans will be reviewed at regular intervals.***

Date	Hours of Attendance	Specific Criteria for Increasing Time*	Next Review Date
<b>Initial Plan</b> Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
<b>Review</b> Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
<b>Review</b> Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
<b>Review</b> Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.
<b>Review</b> Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.

### Supplementary Learning Opportunities

Click or tap here to enter text.

## Communication Plan

Click or tap here to enter text.

## Additional Notes

Click or tap here to enter text.

## Signatures

*Please collect signatures from all involved in developing this plan.*

Role	Name	Signature
Student	Click or tap here to enter text.	
Parent/Guardian	Click or tap here to enter text.	
Principal	Click or tap here to enter text.	
Classroom Teacher	Click or tap here to enter text.	
Counsellor	Click or tap here to enter text.	
Director of Instruction, Inclusive Education	Click or tap here to enter text.	

**Provide copy of the Initial Integration Plan to:** *Parent/Guardian, Principal, Director of Instruction – Inclusive Education, Case Manager, Classroom Teacher*

*These plans will be reviewed by the District quarterly. Please advise the Director of Instruction – Inclusive Education when a plan is discontinued.*

*A copy of the plan should be placed in the student's cumulative file.*