**Individualized Accommodation Plan (IAP)**

**Date:**

**Student Name & Number:**

**Stream & Year in Program:**

**Academic Term:**

**Practicum Course:**

**SAS Advisor:**

**Purpose:** The Individualized Accommodation Plan (IAP) is intended to facilitate Teacher Candidate (TC) success through identification of specific concerns and strategies to address those concerns as they relate to the practicum portion of the Bachelor of Education program. The IAP is assessed at the end of each practicum block and amended as necessary.

**Identified Concerns:**

**Established Accommodations, Skills & Strategies to address identified concerns:**

**Responsibilities of Director of Practicum and Partnerships Office:**

* The Director shall work with the TC to identify accommodations.
* In consultation with the TC, a plan will be made regarding the accommodations and will be shared with the TC’s Practicum Advisor and SAS Advisor.

**Responsibilities of Student:**

* I agree to contact the Director of the Practicum and Partnerships Office after each practicum block to discuss my progress, review the effectiveness of the accommodation plan and discuss, if needed different and/or additional accommodations.
* I agree to contact the Director of the Practicum and Partnerships immediately if I am unable to begin or to continue in the practicum block.
* I agree to share this IAP with my Practicum Advisor and Mentor Teacher(s) prior to the practicum commencing.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Associate Dean Undergraduate and Partnerships

Student Accessibility Advisor

Academic Advisor

Practicum Advisor