SPECIAL EDUCATION PLAN 2023

Also available at www.wcdsb.ca
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This “Special Education Plan 2023” replaces the “Special Education Plan 2022”. Plans such as these have been in place with this Board, as required by the Education Act, since 1982. This plan is written to comply with the requirements set out in Regulation 306 under the Education Act policy document entitled, “Standards for School Boards’ Special Education Plans, 2000”.

This "Special Education Plan 2023" describes our present stage of development regarding Special Education Programs, services, and placements and, as a result, captures improvements made in the delivery of Special Education supports to students in the Waterloo Catholic District School Board.

In terms of format, the document models the sequence of topics outlined in the Ministry’s policy document “Standards for School Boards’ Special Education Plans, 2000”. Generally, each section has main body text immediately followed by appendices containing support materials that illustrate or expand upon the information provided in the main text. Together they demonstrate the Boards compliance with a particular standard outlined in the provincial policy document.
SECTION 1

THE

BOARD’S

CONSULTATION

PROCESS
SECTION 1

The Board’s Consultation Process

Description of Board’s Consultation Process

The Board’s philosophy of Special Education is based on ongoing collaboration with all stakeholders including parent(s), students, staff, and community partners. The commitment of collaboration and continuous gathering of feedback is reflected by the Board’s Special Education Service Delivery Model and the IEP and IPRC processes. This informal and continuous consultation with parent(s), students, staff, and community partners represents an important first step in the Board’s Consultation Process.

The second major component of the Board’s Consultation Process is provided by the Special Education Advisory Committee. Opportunities for informal and continuous consultation with SEAC are afforded at each SEAC meeting during which presentations are made about Special Education programs and services, feedback is requested, and issues are discussed and addressed. Formal consultation with SEAC occurs through early and ongoing communication regarding the Ministry of Education’s ‘Standards for School Boards’ Special Education Plans’, explicit requests for feedback from Association representatives, and SEAC involvement in reviewing the feedback received from various consultation processes.

The third component of the Board’s Consultation Process is provided by the Public Survey (e.g., MDI Survey, MYSP Survey) which used the email addresses of students, parents and staff of the Board to gather their input.

The fourth component involved input from community organizations. This currently occurs on an ongoing basis through SEAC and the Board’s extensive relationship with numerous community partners and groups. More formal opportunities for input were provided during Board/community partner meetings.

Our Special Education policies at WCDSB are rooted in the processes and standards provided by the Ministry of Education, the IEP Process (Section 10), IPRC Process (Section 5) and the WCDSB Special Education Service Delivery Model. WCDSB’s philosophy of Special Education is based on ongoing collaboration with all stakeholders including parents, students, staff, and community partners.

Continuous consultation with Special Education Advisory Committee (SEAC) is a forum for consultation with our community partners.

Link to WCDSB Special Education Advisory Committee (SEAC):

SEAC Committee webpage

Link to Ministry of Education Special Education website:

Ministry of Education Special Education website
WCDSB AP Memo related to Section 1 - Consultation

APC001 Communication Guidelines

For the 2023 update, the changes required for the plan will be presented at the September SEAC Meeting.

SEAC Involvement in the Annual Review of the Special Education Plan

In addition to involvement in the Consultation Process as outlined above, SEAC members are also involved in the Annual Review through:

- participation in Board Committees;
- ongoing reviews of Special Education programs and services through presentations and updates at SEAC meetings;
- participating in Ministry of Education training and consultation opportunities;
- ongoing discussions about the Standards for School Boards’ Special Education Plans;
- consideration of minority or majority reports concerning the approved plan that have been received from SEAC members and;
- recommend to the Board that the Special Education Plan be approved.
SECTION 2

MODEL FOR

THE DELIVERY OF

SPECIAL EDUCATION

PROGRAMS AND SERVICES
SECTION 2

Model For The Delivery of Special Education Programs and Services

The Waterloo Catholic District School Board (WCDSB) offers to its students and their parents an inclusive and integrated programming and service structure. This is based on the WCDSB’s philosophy and mission as a Catholic learning community. We recognize that every child has their own special strengths and needs. Special Education provides programs and services to meet the diverse needs of all students, working toward a place for each and success for all. With some rare exceptions, this means that every student will attend her or his neighbourhood school and will be assigned to a regular class and classroom teacher. A student with special needs may be supported with a plan as outlined in their IEP (refer to Section 10). Supports may also include additional staff (usually within the regular classroom), specialized equipment, partial individual, or small group withdrawal to a learning resource centre for his/her needs and learning goals, as outlined in her/his Individual Education Plan or IEP.

This Board is committed to providing programs and services to meet the diversity of student needs within our Catholic schools. This provision is made through the development of Individual Education Plans. Program accommodations/modified expectations/alternative expectations, data collection, and further assessment may occur throughout the process. When an IEP needs to be developed, it enables teachers, parent(s) and others involved with the student:

- to collaboratively identify individual learning needs,
- to develop specific instructional/environmental/assessment accommodations and/or modified expectations/alternative expectations to address these needs
- to develop on-going assessment and reporting practices which clearly link the student’s progress of the expectations outlined in the IEP to the Provincial report card or the Alternative report card where appropriate
- to establish a post-secondary school transition plan where appropriate

The focus is on the individual student and his/her optimum development within the learning environment of age-appropriate peers. In the delivery of individualized programs, classroom teachers are the key educator for literacy and numeracy development and are responsible for creating the best possible learning environment for each student. They are supported by their Principal, Special Education teachers, other Classroom teachers and members of the Collaborative Team assigned to their school. Families and community support agencies are an integral part of the process and are crucial contributors.

Although the Waterloo Catholic District School Board model of Special Education programs and services is built on the principles of inclusive education, and its preferred placement for students receiving Special Education programs and services is a regular classroom, occasionally, in co-operation with parent(s), students are served through time limited partial and full withdrawal placements (see Section 9, Special Education Placements provided by the Board). In general, three types of Special Education programs are delivered in one or more of the following combinations:

a) Classroom Placement
b) Classroom Placement with Special Education Support (either in class or withdrawal)
c) Congregated Placement/Alternative Placement

The selection of one or more of the time limited partial or fully withdrawn placements is made when the needs expressed in the student’s IEP are believed to be beyond our ability to respond to them effectively within an integrated setting. Notwithstanding our limitations, in such circumstances every effort is made to
progressively increase the quality and quantity of inclusive time spent with members of the school community, both socially and academically.

Changes in placement within this Program Service Model are determined through the Individual Education Plan (IEP) and/or Identification, Placement and Review Committee (IPRC – refer to Section 5) processes and always involve significant communication with parents.

A Special Education program is defined in the Education Act as an educational program that:

- Is based on and modified by the results of continuous assessment and evaluation; and
- Includes a plan containing specific objectives and an outline of special education services that meet the needs of the exceptional pupil.

A Special Education service is defined in the Education Act as:

- Facilities and resources, including support personnel and equipment, necessary for developing and implementing a special education program.

The WCDSB Special Education Plan, 2023 has been developed in compliance with the Canadian Charter of Rights and Freedom, the Ontario Human Rights Code, the Education Act and regulations made under the Act, other relevant legislation, and the Ministry of Education policy document, “Standards for School Boards’ Special Education Plans, 2000”.

WCDSB AP Memo related to Section 2 - Model for the Delivery of Special Education Programs and Services

APC037 Equity and Inclusive Education
SECTION 3

ROLES

AND

RESPONSIBILITIES
The Ministry of Education has defined roles and responsibilities in elementary and secondary education in several key areas:

- legislative and policy framework
- funding
- school system management
- programs and curriculum

It is important that all involved in Special Education understand their roles and responsibilities, which are outlined below.

The Ministry of Education

- defines, through the Education Act, regulations, and policy/program memoranda, the legal obligations of school boards regarding the provision of Special Education programs and services, and prescribes the categories and definitions of exceptionality
- ensures that school boards provide Special Education programs and services for their exceptional pupils
- establishes the funding for Special Education through the structure of the funding model. The model consists of the Foundation Grant, the Special Education Grant, and other special purpose grants
- requires school boards to report on their expenditures for special education
- sets province-wide standards for curriculum and reporting of achievement
- requires school boards to establish Special Education Advisory Committees (SEACs)
- establishes Special Education Tribunals to hear disputes between parent(s) and school boards regarding the identification and placement of exceptional pupils
- establishes a provincial Advisory Council on Special Education to advise the Minister of Education on matters related to Special Education programs and services
- operates Provincial and Demonstration Schools for students who are deaf, blind, or deaf-blind, or who have severe learning disabilities

The District School Board or School Authority

- establishes school board policy and practices that comply with the Education Act, regulations, and policy/program memoranda
- monitors school compliance with the Education Act, regulations, and policy/program memoranda
- requires staff to comply with the Education Act, regulations, and policy/program
- provides appropriately qualified staff to provide programs and services for the exceptional pupils of the Board
- obtains the appropriate funding and reports on the expenditures for Special Education
- develops and maintains a Special Education Plan that is amended from time to time to meet the current needs of the exceptional pupils of the Board
- reviews the Plan annually and submits amendments to the Minister of Education
- provides statistical reports to the ministry as required and as requested
- prepares a parent(s) guide to provide parent(s) with information about Special Education programs, services, and procedures
establishes one or more IPRCs to identify exceptional pupils and determine appropriate placements for them
▪ establishes a Special Education Advisory Committee
▪ provides professional development to staff on Special Education

The Special Education Advisory Committee
▪ makes recommendations to the Board with respect to any matter affecting the establishment, development, and delivery of Special Education programs and services for exceptional pupils of the board
▪ participates in the Board’s annual review of its special Education Plan
▪ participates in the Board’s annual budget process as it relates to Special Education
▪ reviews the financial statements of the Board as they relate to Special Education
▪ provides information to parent(s), as requested

The School Principal
▪ carries out duties as outlined in the Education Act, regulations, and policy/program memoranda, and through Board policies
▪ communicates Ministry of Education and school board expectations to staff
▪ ensures that appropriately qualified staff are assigned to teach Special Education classes
▪ communicates Board policies and procedures about Special Education to staff, students, and parent(s)
▪ ensures that the identification and placement of exceptional pupils, through an IPRC, is done according to the procedures outlined in the Education Act, regulations, and Board policies
▪ consults with parents and with school board staff to determine the most appropriate program for exceptional pupils
▪ ensures the development, implementation, and review of a student’s Individual Education Plan (IEP), including a transition plan, according to provincial requirements
▪ ensures that parent(s) are consulted in the development of their child’s IEP and that they are provided with a copy of the IEP
▪ ensures the delivery of the program as set out in the IEP
▪ ensures that appropriate assessments are requested if necessary and that parental consent is obtained

The Classroom Teacher
▪ carries out duties as outlined in the Education Act, regulations, and policy/program memoranda
▪ follows board policies and procedures regarding Special Education
▪ maintains up-to-date knowledge of Special Education practice
▪ where appropriate, works with Special Education staff and parents to develop the IEP for an exceptional pupil
▪ provides the program for the exceptional pupil in the regular class, as outlined in the IEP
▪ communicates the student’s progress to parents
▪ works with other school board staff to review and update the student’s IEP

The Special Education Teacher, in addition to the responsibilities listed above under “the teacher”:
▪ holds qualifications, in accordance with Regulation 298, to teach Special Education
▪ monitors the student’s progress with reference to the IEP and modifies the program as necessary
▪ assists in providing educational assessments for exceptional pupils
The Parent(s)/Guardian

- becomes familiar with and informed about board policies and procedures in areas that affect the child
- participates in IPRCs, parent-teacher conferences, and other relevant school activities
- participates in the development of the IEP
- becomes acquainted with the school staff working with the student
- supports the student at home
- works with the school Principal and teachers to solve problems
- is responsible for the student’s attendance at school

The Student

- complies with the requirements as outlined in the Education Act, regulations, and policy/program memoranda
- complies with board policies and procedures
- participates in IPRCs, parent-teacher conferences, and other activities, as appropriate
SECTION 4

EARLY IDENTIFICATION PROCEDURES

AND

INTERVENTION STRATEGIES
SECTION 4

Early Identification Procedures and Intervention Strategies

Early and ongoing identification of children’s learning needs is a systematic process through which each child’s strengths and needs are identified and documented. The ultimate purpose of this process is to ensure that each child develops to maximum potential through the provision of appropriate programming.

Early and ongoing identification is not a separate program. Rather, it is an integral part of a continuous process of assessment and program planning which begins when the child is first registered for school or based on the student needs.

The model is founded on the principle of a close home-school partnership characterized by frequent communication and collaborative program planning. The school-based team and the Collaborative Team (refer to pg.34 for more information on Collaborative Team) are important resources to assist parents and school staff related to early identification and intervention.

In addition, the Board has clearly outlined processes to streamline the transition to school for students with special needs. Meetings with pre-school service providers, agencies, parent(s), school staff, and system professionals clarify expectations, outline programs and services, and coordinate transfer of responsibilities.

This Special Education Plan 2023-2024 outlines the Board’s philosophy of Early Identification, roles of teachers and parent(s), and procedures. Teachers have the responsibility of gathering information, observing, collaborating with parents and other school/board staff, and seeking additional resources to assist the child. The Home-School partnership begins during the spring registration process when parent(s) complete the School Entry Questionnaire. This form is the basis for discussion during subsequent home-school contacts that typically occur in September, at parent(s) observation and conference times in the fall and winter, and at additional conference times as necessary.
SECTION 5

THE IDENTIFICATION, PLACEMENT, AND REVIEW COMMITTEE (IPRC)

PROCESS AND APPEALS
SECTION 5

The Identification, Placement and Review Committee (IPRC) Process and Appeals

Equity is the fundamental truth that all people deserve respect, dignity, and fair treatment. In a Catholic educational community, equity derives from the respect, dignity and reverence due all persons as created in the image of God, redeemed by Christ and sanctified by the Holy Spirit. (Sharing Our Journey, p. 18, Waterloo Catholic District School Board).

In our school system we program for all children, with the goal of placing students in their home school and in their age-appropriate classrooms.

Although the IPRC process helps to ensure that exceptional children are identified under the Ministry of Education’s categories of exceptionalities and that they receive an appropriate placement, our Board recognizes the Individual Education Plan (IEP) process as meeting the same goal. In the IEP process, the student strengths and needs are identified based on current and relevant assessment information; the appropriate accommodations and/or modifications and/or alternate program expectations are developed; and the placement for the delivery of the Special Education supports and services is noted. As a result, WCDSB does not require a formal IPRC process or the designation of an exceptionality to create an IEP, modify the curriculum program or assign support for a student. Similarly, as a fully inclusive board, we do not have congregated settings and therefore the only recommended placement available for the student is their regular classroom. Therefore, WCDSB does not receive many formal requests for an IPRC each year. As per the Ministry of Education, there has been a declining trend across the province in formal IPRC for all school boards.

Parent(s) are consulted throughout the development, implementation, and review of the IEP. Parent(s) must consent to Special Education placements. If parent(s) request the formal IPRC our board follows the process as outlined in Regulation 181/98.

**WCDSB AP Memo related to Section 5 - The Identification, Placement, and Review (IPRC) Process and Appeals**

**APC001 Communication Guidelines**

1. Please refer to Appendix 5.1 to 5.3 for the Identification, Placement, and Review Committee Process information, which is used throughout the system

2. Please refer to the Identification, Placement and Review Committee Parent Guide, which is distributed to parents and staff throughout the system. It is available in the Special Education section of the WCDSB website.

   **IPRC Parent Guide**

3. In 2022 - 2023, 3 IPRC referrals were made and no IPRC appeals were conducted.
Identification Placement and Review Committee (IPRC)

The Special Education Transformation Report of May 2006 recognized the need to improve the balance between a focus on teaching, learning and related student outcomes, and the need for appropriate process, documentation and accountability in Special Education. As a result, in two Deputy memoranda to school boards (October 12, 2006, and November 30, 2006), the ministry asked boards to examine their IPRC practices such that when both the board and the parent(s) agree that the student’s placement will be in the regular classroom, an IPRC is not required.

The provision of Special Education services in WCDSB is not dependent upon the Identification Placement and Review Committee process. The A1/SS1, A2/SS2, and A3/SS3 process is used to document student needs, and to outline service delivery. This structured process includes the need for further assessment, and interventions in order to bring the provision of services to a student in a timely fashion. Identification, Placement and Review Committees are convened, usually at parent(s) request, but the vast majority of students in our system go through the A1/SS1, A2/SS2 process which may lead to an IEP without having to wait for official IPRC identification and placement decisions.

The IEP for each student is reviewed each term in conjunction with the report card. For students who have had an IPRC, an Annual Review must be offered to the parent(s)/guardian on a yearly basis. If desired, the parent(s)/guardian can waive the IPRC Annual Review (this must be done in written form and filed in the OSR).

This provision of service is very much in line with our philosophy of inclusion, operational in WCDSB since the early 1980s. Other Boards have shifted toward inclusion as well, and where service was once almost exclusively governed by the IPRC process, there are now a variety of ways that the special education needs of students are identified, documented and service delivered.

Function and Membership

Regulation 181/98 requires that all school boards establish one or more Identification, Placement and Review Committees (IPRCs).

An IPRC shall:

1. Determine whether or not the pupil should be identified as exceptional
2. Where the committee has identified the pupil as an exceptional pupil, identify the areas of exceptionality according to Ministry categories and definitions
3. Decide an appropriate placement
4. Provide reasons for placement if deciding for placement in a special class
Membership

The IPRC must be composed of at least 3 persons one of whom must be a Principal or Supervisory Officer of the board. In WCDSB, the IPRC is composed of the following appointed members:

- Principal of the student’s school
- Special Education Teacher of the student’s school
- Special Education Liaison

The Principal of the school serves as the chairperson of the committee.

Resource personnel deemed to have knowledge to contribute to the committee may be invited to attend the IPRC by the Principal. Resource personnel may include Psychoeducational Consultant, Social Worker, Board Certified Behaviour Analyst/Applied Behaviour Analysis Facilitator, Speech-Language Pathologist, Child and Youth Care Worker, agency representatives. A representative of the parent(s) or student 16 years of age or older may be invited to support the parent(s). Either the parent(s) or the school principal may request the attendance of others at the IPRC.

Additional Information

Any parent(s) whose child is enrolled at a school has the right to an IPRC regardless of the grade (including JK and K). Once the child is enrolled, the parent(s) have the right to request a meeting with the IPRC.

Each exceptional student must be provided with an Individual Education Plan (IEP) developed in consultation with the parent(s) which must be completed within 30 days of the IPRC’s identification and placement decision.

Once in each school year the identification and placement must be reviewed unless the parent(s) gives written notice waiving their right to the annual review.

The main purpose of the IPRC Review is to consider original placement and identification decisions and determine if they should be continued or whether a different decision should be made.

Refer to the Education Act, Ontario Regulation 198/98, Identification and Placement of Exceptional Students.
The Role of the IPRC

<table>
<thead>
<tr>
<th>The IPRC will:</th>
<th>Definitions</th>
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<tr>
<td>• invite the parent(s) and the student (if 16 years of age or older) to attend the meeting;</td>
<td>An exceptional student is one whose behavioural, communicational, intellectual, physical or multiple exceptionalities are such that he/she is considered to need placement in a Special Education program.</td>
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<tr>
<td>• review relevant information about the student;</td>
<td>A Special Education program is based on and modified by results of continuous assessment and evaluation and includes a plan (called an Individual Education Plan or IEP) containing specific objectives and an outline of Special Education services that meet the needs of the exceptional student.</td>
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<tr>
<td>• describe the student's strengths and needs;</td>
<td>Special Education services are the facilities and resources including support personnel and equipment necessary to develop and implement a Special Education program.</td>
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<tr>
<td>• decide whether or not the student should be identified as an exceptional student;</td>
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<tr>
<td>• identify the area(s) of the student's exceptionality(ies), according to the categories and definitions of exceptionality provided by the Ministry of Education;</td>
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<tr>
<td>• decide an appropriate placement for the student;</td>
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<tr>
<td>• provide reasons for placement if deciding for placement in a special class;</td>
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<tr>
<td>• discuss proposals for Special Education programs and services if the parent(s) or the student age 16 or over request it;</td>
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<tr>
<td>• review the identification and placement at least once in each school year, unless the parent(s) gives written notice dispensing with the review</td>
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Parent(s) Involvement

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<th>Additional Information</th>
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<tr>
<td>A parent(s) of a student and where a student is 16 years of age or older, the student, are entitled:</td>
</tr>
<tr>
<td>• to be present at and participate in all committee decisions about the student; and</td>
</tr>
<tr>
<td>• to be present when the committee’s identification and placement decision are made</td>
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<tr>
<td>• to have a representative/ advocate present at the meeting, to speak on behalf of the parent(s) or otherwise support the parent(s)</td>
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<td>• to have an interpreter, if one is required</td>
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</table>
Parent(s) must be invited in writing to the IPRC by the school Principal. This notification must be sent to the parent(s) at least 10 days prior to the meeting. Students 16 years of age and older must also be invited to the IPRC.

A parent(s) guide for the use and information of parent(s) must be made available. The purpose of the guide is to provide an understanding of the IPRC and its procedures.

This letter will provide information about the date, time, and place of the meeting, and should ask the parent(s) to indicate whether he or she will attend.

Before the IPRC meeting, parent(s) will receive a written copy of any information that has been gathered about the student that the chair of the IPRC has received. This may include the results of assessments or a summary of information.

The Parent(s) Guide is available on the Board website.
## Process and Procedures

<table>
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<tr>
<th>Steps in Process</th>
<th>Additional Information</th>
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| 1. Parents provide a written request for an IPRC.                               | If a parent(s) makes a written request for an IPRC, neither the Board nor the Principal can deny this request. Immediately upon receiving a written request for an IPRC the Principal needs to contact the Special Education Liaison for the school. The Special Education Liaison will provide a date for the pre-IPRC meeting and the IPRC meeting to take place. An IPRC 1 should be filled out with the IPRC date. The pre-IPRC date should also be communicated to parents. Within 15 days of receiving a written request from a parent, the school should send home the following:  
  - An IPRC 1  
  - A copy of the WCDSB’s Parent(s)’ Guide to Special Education  
  - SEAC Brochure  
  The Principal will explain the referral process to the parent(s) and explain that an educational assessment must be undertaken before the IPRC may be held. |
| Refer to Regulation 181/98-21 (4)                                               |                                                                                                                                                                                                                         |
| 2. Special Education Teacher to Complete an Educational Assessment.              | An Educational Assessment is an assessment process undertaken by the Special Education Teacher which complements the classroom academic assessment. An educational assessment may consist of observation, informal and/or standardized individual or small group tests. This assessment assists school personnel in determining the strengths and needs of the student. Informed written parental consent is required. Outdated Educational Assessments cannot be used for the purposes of the IPRC. Other assessments such as a Psychological Assessment, and/or Speech-Language Assessment etc., may be completed if they are required to enable the Committee to make a correct identification or placement decision. The Educational Assessment and any other professional assessment completed for the purpose of conducting the IPRC, must be shared with parents at the pre-IPRC meeting. |
### 3. Pre-IPRC Preparation

The Special Education Teacher, Classroom Teacher and Special Education Liaison will meet prior to the pre-IPRC to review the OSR and assessment information. The Classroom Teacher and Special Education Teacher will complete the Student Profile.

The Principal will complete the Principal’s Report (a written summary of the student’s school history compiled by the Principal from school records and acquired data).

The Special Education Liaison will meet with the school team to discuss the possible identification as well as the placement.

The Special Education Liaison will create a pre-IPRC agenda and an IPRC agenda.

### 4. Pre-IPRC Meeting

Parent(s) should also be informed that they have the right to:
- be present at and participate in all committee discussions about the student
- be present when the committee makes its decision about identification and placement
- have a representative present to speak on their behalf or otherwise support them

The following reports should be available at the Pre-IPRC:
- a) Principal report
- b) Student profile
- c) Educational assessment (this report will have been shared prior to the Pre-IPRC)
- d) Other applicable reports

Additional reports such as psychoeducational, medical, speech and language and vision/hearing (if applicable) may complement the above listed reports.

Chair should introduce all those attending the meeting and explain their reason for being present, explain the purpose of the meeting and ensure all participants feel that their contributions are valued.

### 5. IPRC Meeting

The Principal of the school serves as the committee chairperson and explains the functions and procedures of the IPRC.

The Principal, Classroom Teacher, Special Education Teacher and other support personnel who have been involved with the student as required, review reports (e.g., Principal’s Report, Student Profile) submitted to the IPRC.

Chair should introduce all those attending the meeting and explain their reason for being present, explain the purpose of the meeting and ensure all participants feel that their contributions are valued.

Subject to the Health Care Consent Act, 1996, the committee shall also obtain and consider a health assessment or psychological assessment of the student by a qualified practitioner if the committee determines that the assessment is required in order to make a correct identification or placement decision. Refer to Regulation 181/98-15 (2)
Parent(s) are encouraged to be active participants in the sharing and receiving of information. The committee shall also consider any information about the student submitted to it by a parent(s) of the students and, where the student is 16 years of age or older, the student.

The committee may discuss and make recommendations regarding Special Education programs and services for the student and will do so at the parent(s)’s request, or the request of a student who is 16 years of age or older. Refer to 181/98-16 (1) and (2).

Following the presentation of reports and discussion; the IPRC shall:
- state whether the committee has identified the student as an exceptional student
- where the student has been identified as an exceptional student, include:
  - a description of the student’s strengths and needs
  - categories and definition of exceptionalities identified by the committee
  - placement decision

Recommendations regarding Special Education program and Special Education services may be discussed and shall be at parental request. Where the committee has decided that a student be placed in a Special Education class, state the reasons for that decision.

The committee shall consider placement in a regular class, with appropriate Special Education services provided it meets the student’s needs and is consistent with parental preferences as the placement of first choice.

The committee must obtain and consider an Educational Assessment of the student. The committee shall consider any information submitted to it that it considers relevant.

Form IPRC-2 (Statement of Decision) is completed by the Principal at the meeting. Form IPRC-2 represents the written statement of decision required under the legislation. This form will already be pre-populated with relevant information. Although unlikely, it may be changed as a result of discussions taking place at the IPRC.

Refer to Regulation 181/98-17 (1) (2)

6. Post IPRC

Where the parent(s) is present at the IPRC and agrees with the IPRC determination, the IPRC Parent(s) Notice is presented to the parent(s) for signature.

Where the parent(s) is not present at the IPRC, the Statement of Decision (IPRC-2) and Parent Notice Form (IPRC-3) will be sent by the Principal to the parent(s) for consideration and signature indicating agreement.

Form IPRC-3 (Parent Notice) is completed and then signed by parents. This form will already be pre-populated with relevant information. Although unlikely, it may be changed as a result of discussions taking place at the IPRC.
Where the parent(s) does not agree with either the identification or placement decision, the parent(s) may:

- within 15 days of the receipt of the decision, request that the IPRC hold a second meeting to discuss the concerns.
- within 30 days of the receipt of the decision, file a notice of appeal to the Secretary of the Board (Director of the Board)

Refer to Regulation 181/98-19 (1)

Refer to Regulation 181/98-26 (2)

7. Development of the Individual Education Plan (IEP) and Transition Plan

Each exceptional student must be provided with an Individual Education Plan (IEP). The IEP must include:

- specific educational expectations for the student;
- an outline of the Special Education program and services to be received by the student; and
- a statement of the methods by which the student’s progress will be reviewed

Where the student is 14 years of age or older, the IEP must also include a plan for transition to appropriate post-secondary school activities, such as work, further education and community living.

In developing the IEP and Transition Plan the Principal must ensure that:

- the parent(s) and student (16 years or older) be consulted
- recommendations of the IPRC be considered
- consultation takes place as appropriate with community agencies and post-secondary institutions as part of the preparation of the transition plan
- the IEP is completed within 30 days of placement in the program
- parent(s) are asked to sign the IEP
- a copy of the completed IEP be provided to the parent(s) and student (16 years of age or older)
- an updated IEP, be kept in the Ontario Student Record (OSR) of the student, unless a parent(s) objects in writing

Refer to Regulation 181/98-6 (3)

PPM 156, 2014 requires that all students with an IEP have a transition plan including those who are gifted.

Refer to Regulation 181/98-6 (3) (4) (6) (7) (8)

The Statement of Decision (Form IPRC-2) must be considered when developing the IEP
### 8. Annual Program/Placement Review

The identification and placement of each exceptional student must be reviewed at least once annually unless parents waive their right to a review in writing.

1. The Principal notifies the parent(s) in writing of the review date and invites the parent(s) to attend using Annual Review 1.

2. The review committee will examine the progress made by the student in relation to the IEP with the written permission of the parent.

3. Information related to exceptionality, placement, areas of strength and need and recommendations regarding Special Education program and services if discussed, will be recorded on the Statement of IPRC Annual Review 2.

### 9. Appeal of IPRC Decisions

#### Disagreement with IPRC Decision

A parent(s) of a student may request a second meeting if the parent(s) disagrees with the determination of the IPRC with regard to:

- the identification of the student as an exceptional student;
- the decision that the student is not an exceptional student;
- the placement of the student.

#### Initiation of Appeal

The parent(s) may within 30 days of receipt of the original decision or within 15 days of receipt of the decision from the second meeting of the IPRC give written notification of intention to appeal the decision to the Secretary of the Board (Director of Education).

The notice of appeal must:

- indicate the decision with which the parent(s) disagrees; and
- include a statement that set out the reasons for disagreeing.

#### Appeal Board Membership

The Special Education appeal board shall be composed of:

- one member selected by the board in which the student is placed;
- one member selected by a parent(s) of the student; and

Refer to Regulation 181/98-26 (4)

Refer to Regulation 181/98-27 (1) (5)
- A chair, selected jointly by members selected under above clauses (a) and (b) or where those members cannot agree by the appropriate district manager of the Ministry.

No person who has had prior involvement with the matter under appeal may be selected under subsection (1).

**Appeal Board Hearing Parent(s) Meeting**

The chair of the appeal board will arrange a meeting at a convenient place and at a time that is no more than 30 days after the chair has been selected (unless parent(s) and board both provide written consent to a later date).

The chair of the IPRC shall provide the appeal board with the record of the committee proceeding, including the statement of decision and any reports, assessment or other documents considered by the committee.

Any person who in the opinion of the chair of the appeal board may be able to contribute information under appeal shall be invited to attend the meeting.

**Appeal Board Decision**

The appeal board must make its recommendations within 3 days of the meeting ending. The appeal board shall:
- agree with the committee and recommend that its decisions be implemented; or
- disagree with the committee and make a recommendation to the board about the student’s identification or placement or both.

**Report of Decision**

The appeal board must report its recommendations in writing to the parent(s) and the board, providing the reasons for its recommendations.

**Board Decision**

Within 30 days of receiving the appeal board’s written statement the school board will decide what action it will take with respect to the recommendations. The board is not limited to the actions that the appeal board recommended.
<table>
<thead>
<tr>
<th>Special Education Tribunal</th>
<th>Regulation 181/98-30 (3)</th>
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<tbody>
<tr>
<td>The board must include in the written report, an explanation of the further right of appeal to a Special Education Tribunal.</td>
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<tr>
<td>The parent(s) may accept the decision or appeal to the Special Education Tribunal.</td>
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</tr>
<tr>
<td>Information about making an application to the tribunal will be included with the appeal board's decision.</td>
<td></td>
</tr>
</tbody>
</table>
SECTION 6

EDUCATIONAL

AND

OTHER

ASSESSMENTS
**SECTION 6**

**Educational and Other Assessments**

Assessment is an ongoing data collection process to identify students’ strengths and needs. Assessments can lead to establishment of specific program strategies and expectations. Some students may also require more specialized assessments. We stress parental involvement throughout the assessment process.

At WCDSB, we believe that assessments should:

- Be an integral part of the teaching/learning process;
- Emphasize the learning style and strengths of the student;
- Increase the self-knowledge and self-worth of the student;
- Be appropriate to the developmental stage and rate of learning of the student;
- Aim to maximize the student’s learning experience.

**Academic Assessment:** Academic Assessments are processes undertaken by the classroom teacher to assist in determining the strengths and needs of a student. An academic assessment may consist of an examination of written school records, discussion with parents and appropriate school personnel, observation of the student and analysis of daily work samples. Board-wide and Provincial assessments are important parts of academic assessment and include:

- EQAO assessments in elementary and secondary in Mathematics, Reading and Writing (gr. 3 and gr. 6, Math gr. 9)
- Canadian Cognitive Abilities Test (CCAT)
- CAT 4 (Canadian Achievement-Test 4)
- Ontario Secondary School Literacy Test (OSSLT)

Parents should be consulted regarding student performance, but no written parental consent is necessary for ongoing classroom academic assessment.

**Other Assessments:** Other assessments administered by Special Education personnel are also provided, with parent consultation and consent. These types of assessment can include:

- Educational Assessment– an assessment process undertaken by the Special Education teacher which complements the classroom academic assessment. An educational assessment may consist of observation, informal and/or standardized individual or small group tests. This assessment assists school personnel in determining the strengths and needs of the student. Informed written parental consent is required.
- Speech/Language Assessment– an assessment performed by a Speech/Language Pathologist. The assessment usually includes classroom observations, interviews with student, school personnel and parent(s) and both formal and informal testing. Informed written parental consent is required.
Psychoeducational Assessment/Intervention: is undertaken by the Psychoeducational Consultant or Psychologist and may include standardized assessment of academic and cognitive abilities, learning styles and social/behavioural/adaptive functioning. The range of interventions may include classroom observations, review of student’s work and school records as well as interviews with the student, parents and appropriate school personnel. Informed written parental consent is required.

Assessment at WCDSB is an ongoing process. A decision to complete an educational assessment is made at the A2/SS2 meeting. If the decision is made to complete an assessment then a consent is sent home to parents. On receipt of consent, the educational assessment takes place in the following 4-6 weeks.

WCDSB AP Memos related to Section 6 – Educational and Other Assessments

APC050 Assessment, Evaluation and Reporting, Gr.1-12.

Please refer to Appendix 6.1 to 6.2 for further information related to the Board’s Special Education process and procedures.
Overview of Special Education Process

The Waterloo Catholic District School Board believes in the individual worth and dignity of all of our students as children of God and citizens in a democratic society. All students, regardless of their needs, are entitled to receive an education that is suited to their individual strengths and needs.

Early identification and intervention strategies are essential in meeting the immediate needs of the students in our classrooms. The Ministry Document, Learning for All K-12 highlights that “students learn best when instruction, resources, and the learning environment are well suited to their particular strengths, interests, needs, and stage of readiness.” Classroom Teachers have the responsibility for gathering information, observing, collaborating with parents and other school/board staff, as well as seeking out additional resources to assist each student. This includes the need for differentiated instruction as outlined in the Ministry document, Learning for All, K-12 (2013), which is applicable to all learners from JK to the age of 21 yrs.

The importance of frequent communication and collaboration with parents is essential so that parents are made aware that their child may be experiencing difficulties. Procedures for assessments, referrals, and interventions are outlined and must be clearly communicated to parents at all stages of the process.

Early Identification Procedures and Intervention Strategies

Early and ongoing identification of children’s learning needs is a process through which each child’s strengths and needs are identified and documented. The purpose of this process is to ensure that each child develops to maximum potential.

The model is founded on the principle of a close home-school partnership with frequent communication and collaborative program planning. The school-based team and the Collaborative Teams are important resources to assist parents and school staff related to early identification and intervention.

The Board has clearly outlined processes for students entering school with special needs. Meetings with pre-school service providers, agencies, parent(s), school staff, and system professionals clarify expectations, outline programs and services, and coordinate transfer of responsibilities.
Provision of Intervention to Students – Classroom Program

The Classroom Teacher is the key educator for literacy and numeracy development. They are ideally suited to gather on-going assessment information and monitor learning. (Learning For All, 2013). When a Classroom Teacher observes that a student requires support academically, socially, emotionally, behaviourally etc., they are required to begin providing accommodations that will assist the child to achieve success. The accommodations can be related to instruction, assessment, or the environment. The concerns and accommodations, along with information about the child's progress in the context of the accommodations, are noted on a tracking form (Elementary Classroom Information Gathering/Academic Assessment – A1 or Secondary Classroom Information Gathering – SS1. The Classroom Teacher should inform the parent that an A1/SS1 is being developed for the student. The A1/SS1 form is retained in the documentation file of the student's OSR.

Stage 1: Classroom Interventions

Classroom Teacher:

- Complete an OSR review: look for previous assessments, Speech and Language reports, Collaborative Team observation reports, medical information, previous report cards, previous A1, A2 or SS1, SS2 documents. These documents may contain information that supports the need for differentiated instruction in the classroom.
- Implement the Principles of Universal Design and differentiated instruction teaching strategies (see Learning for All, K-12).
- Record concerns and program accommodations currently being used on the A1/SS1 form. Please refer to the checklist on the second page of the A1/SS1 which must be completed.
- The A1/SS1 must be signed and dated. The A1/SS1 must be filed in the OSR. A copy should be provided to the Principal and Special Education Teacher.
- Parents must be informed that an A1 has been initiated
- A1/SS1 accommodations must be in place for 6-8 weeks before reviewing the effectiveness of the strategies implemented.
- If further support is required a referral should be made for an In-school Team meeting.

Provision of Special Education Services to Students – In-school Team

If, after a period of time, (usually 6-8 weeks minimum) the student is not achieving success in the classroom program, even when accommodations from the A1/SS1 have been provided, the Classroom Teacher can request an In-school Team meeting. In Elementary school this meeting includes the Classroom teacher, Principal and Special Education Teacher and other teaching personnel as appropriate. In secondary this meeting includes the Classroom teacher and Special Education teacher and may include the Student Success teacher and other teaching staff as appropriate. At this meeting, the Classroom Teacher shares the information from the A1/SS1 and any other information that may be relevant, and the team discusses other possible support for the student. The decisions and actions stemming from this meeting, are recorded on an A2/SS2 form, and may include such things as suggestions for further programming accommodations in the classroom, observation by the Special Education Teacher, consultation with the Special Education Liaison, referral to Itinerant Teachers (Gifted; Hearing; Vision) for additional programming support, or an Educational Assessment. If an Educational Assessment is undertaken, consent from parents is required. Results of an Educational/Academic Assessment are used to determine the need for a Growth Plan (JK-Gr. 2 students only) or an IEP.
Stage 2: Referral to In-school Team

In-School Team: The in-school team reviews: OSR information, classroom academic results and the effectiveness of accommodations on the A1/SS1.

Further Action items may include:

- Further accommodations
- Possible Growth plan for Direct Literacy Service (Grades 1-2)
- Further assessment (educational or academic)
- Observation by the Special Education Teacher
- Referral to Itinerant teachers (Gifted, Deaf/Hard of Hearing, Vision)
- Referral to Collaborative Team
- Direct referrals to speech pathologist or social worker

Record action items on an A2/SS2 which must be sent home to parents and filed in the OSR.

Development of an Individual Education Plan

An Individual Education Plan will be developed if Educational Assessment results indicate:

- The student needs ongoing unique accommodations which may include services or equipment
- The expectations from the Ontario Curriculum need to be modified
  (Note: the first option for modification of expectations should be at grade level with modifications in complexity and/or quantity. Modifications that are taken from a lower grade level should only be considered if the student cannot demonstrate learning with modifications to his or her grade level with accommodations in place)
- The student needs Alternative Curriculum (expectations that do not exist in the Ontario Curriculum Documents)
- The student scores above the 98th percentile in at least two or more areas of the CCAT

Provision of Special Education Services to Students - Collaborative Team

In addition, students who have complex needs can be referred to the Collaborative Team following the A1/SS1 and A2/SS2 process outlined previously. This team is comprised of Board level staff, and includes a Psychoeducational Consultant, a Speech-Language Pathologist, a Social Worker, a Special Education Liaison, and Board Certified Behaviour Analyst (BCBA) or Applied Behaviour Analysis (ABA) Facilitator. A Collaborative Team Consent form indicating parental consent should be obtained prior to discussing the student at the Collaborative Team meeting. Decisions and actions from a Case Conference or Collaborative Team meeting are recorded on an A3/SS3 form. Decisions may include further suggestions for in-school support, further assessment either in school or by Board staff, observation by members of the Collaborative Team, parent support in accessing community services and supports or referral to the Board Certified Behavioural Analyst/ABA Facilitator.

Stage 3: Referral to Collaborative Team/Case Conference

Collaborative Team/Case Conference: The In-School team will meet with Collaborative Team members. These members may include: Psycho-educational Consultant, Social Worker, Speech and Language Pathologist, Special Education Liaison, Board Certified Behavioural Analyst (BCBA) or Applied Behaviour Analysis (ABA) Facilitator. To access the school’s Collaborative team members:
• Principal contacts Special Education Liaison to co-ordinate a date for a Collaborative Team Meeting or Case Conference
• Collaborative Team Consent must be filled out by parents before the team can discuss the student’s needs.
• The school staff will complete a Collaborative Team Agenda if more than three students are to be discussed and send it to all team members at least three days prior to the meeting.

Further action items may include:

• Further involvement by individual team members (consents must be obtained prior to further involvement)
• Development or revision of the Individual Education Plan
• Programming recommendations
• Access to the ABA Facilitator/Board Certified Behaviour Analyst may be recommended as an extension of the Collaborative Team

Record action items on A3 or SS3 form. Provide a copy to parents and Special Education Liaison. Original is placed in the OSR.
SECTION 7

SPECIALIZED HEALTH SUPPORT SERVICES

IN SCHOOL SETTINGS
## SECTION 7

### Specialized Health Support Services

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<th>ELIGIBILITY CRITERIA FOR STUDENTS TO RECEIVE THE SERVICE</th>
<th>POSITION OF PERSON WHO DETERMINES ELIGIBILITY TO RECEIVE THE SERVICE AND THE LEVEL OF SUPPORT</th>
<th>CRITERIA FOR DETERMINING WHEN THE SERVICE IS NO LONGER REQUIRED</th>
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<td>Nursing</td>
<td>Waterloo Wellington Home and Community Care Support Services: HCCSS</td>
<td>See Appendix 7.8 for HCCSS service eligibility for students</td>
<td>HCCSS Case Manager</td>
<td>Students are discharged from HCCSS when their independent treatment plan goal(s) are completed</td>
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<td>Occupational therapy</td>
<td>Kidability School Based Rehabilitation Services (SBRS)</td>
<td>See Appendix 7.9 for SBRS service eligibility for students</td>
<td>SBRS Case Manager</td>
<td>Students are discharged from SBRS when their independent treatment plan goal(s) are completed</td>
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<td>Physiotherapy</td>
<td>Kidability School Based Rehabilitation Services (SBRS)</td>
<td>See Appendix 7.9 for SBRS service eligibility for students</td>
<td>SBRS Case Manager</td>
<td>Students are discharged from SBRS when their independent treatment plan goal(s) are completed</td>
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<td>Nutrition</td>
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<td>See Appendix 7.8 for HCCSS service eligibility for students</td>
<td>HCCSS Case Manager</td>
<td>Students are discharged from HCCSS when their independent treatment plan goal(s) are completed</td>
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<td>Speech language therapy</td>
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<td>See Appendix 7.9 for service eligibility for WCDSB SLP</td>
<td>WCDSB SLP</td>
<td>Consultation with school personnel determines WCDSB SLP discharge</td>
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<td>Fluency Disorders, Resonance Disorders, Voice Disorders, Phonological or Articulation Disorders</td>
<td>Kidability School Based Rehabilitation Services (SBRS) WCDSB SLP</td>
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<td>WCDSB SLP in conjunction with SBRS Case Manager</td>
<td>Consultation with school personnel, WCDSB SLP determines discharge</td>
</tr>
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<td>Administering of prescribed medications</td>
<td>As authorized, could be board staff or Waterloo Wellington Home and Community Care Support Services HCCSS. See Appendix 7.1 for the process of administering oral medications as taken from</td>
<td>Determined by physician</td>
<td>Physician</td>
<td>Determined by medical personnel, i.e. physician</td>
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<td>SPECIALIZED HEALTH SUPPORT SERVICE</td>
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<td>Catheterization</td>
<td>As authorized, could be WCDSB staff or Waterloo Wellington Home and Community Care Support Services : HCCSS</td>
<td>See Appendix 7.8 for HCCSS service eligibility for students</td>
<td>HCCSS Case Manager</td>
<td>Determined by medical personnel, i.e. physician</td>
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<td>Suctioning</td>
<td>As authorized, could be WCDSB staff or Waterloo Wellington Home and Community Care Support Services : HCCSS</td>
<td>See Appendix 7.8 for HCCSS service eligibility for students</td>
<td>HCCSS Case Manager</td>
<td>Determined by medical personnel, i.e. physician</td>
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<tr>
<td>Lifting and positioning</td>
<td>WCDSB Staff Kidsability School Based Rehabilitation Services (SBRS)</td>
<td>Determined by OT, SBRS Service eligibility</td>
<td>Determined in consultation with Case Manager, occupational therapist</td>
<td>Determined by medical personnel, i.e. occupational therapist</td>
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<td>Assistance with mobility</td>
<td>WCDSB Staff Kidsability School Based Rehabilitation Services (SBRS)</td>
<td>See Appendix 7.9 for SBRS service eligibility for students</td>
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<td>Determined by medical personnel, i.e. occupational therapist, physiotherapist</td>
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<td>Feeding</td>
<td>As authorized, could be WCDSB staff or Waterloo Wellington Home and Community Care Support Services: HCCSS, Kidsability SBRS</td>
<td>See Appendix 7.8 for HCCSS, SBRS service eligibility for students</td>
<td>Determined in consultation with Case Manager, occupational therapist, nurse</td>
<td>Determined by case manager, physician</td>
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<td>Toileting</td>
<td>WCDSB Staff Kidsability SBRS</td>
<td>Determined by OT, SBRS Service eligibility</td>
<td>Determined in consultation with Case Manager, occupational therapist, nurse</td>
<td>Determined by case manager</td>
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<td>Orientation and Mobility Training</td>
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<td>Anaphylaxis/Severe Allergic Reaction</td>
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<tr>
<td>Interim Diabetes Management Guidelines</td>
<td>Refer to AP MEMO APH015 and Appendix 7.5</td>
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WCDSB AP Memos related to Section 7 Specialized Health Support Services In School Settings

- APC007 Access to Pupils and Schools/Trespass to Property
- APC011 Access to Students in Crisis
- APH004 Oral Medication Administration to Students Under the Age of 18
- APH005 Anaphylaxis
- APH015 Diabetes Management Guidelines
- APH019 Suicide/Depression and Self-Harm
- APH020 Service Dogs
- APH029 Calming Rooms as a Proactive Self-Regulation Strategy
- APH026 Infectious Diseases and Other Conditions, Prevention and Management
- APH027 Concussion Procedures
- APH028 Asthma Policy-Ryan’s Law
- APO020 Home/Hospital Instruction
- APH031 Epilepsy/Seizure Disorder
- APH032 Heart Conditions
- APH030 Medical Conditions
Appendix 7.1

Administration of Oral Medication to Students under the Age of 18

APH004 Administration of Oral Medication to Students Under the Age of 18
APH030 Medical Conditions

Guidelines and Procedures

1. Principals/vice-principals should remind parents/guardians to ask the student's physician to prescribe medication that can be administered outside of school hours, whenever possible. Refer to APH004 Administration of Oral Medication to Students Under the Age of 18.

2. The Education Act requires principals/vice-principals to 'give assiduous attention to the health and comfort of the pupils ...' This section imposes an obligation on school principals/vice-principals to assist in, or manage, the administration of medication where doing so is reasonable, it is in the best interests of the student, and it can be carried out with no medical training or special skills. The law, furthermore, requires principals/vice-principals and teachers to act as 'careful or prudent parents' with respect to the students in their care.

3. Principals/vice-principals shall ensure that the Oral Medication Administration Consent (Form APH004-01F) and Medication Information Form (APH004-02F) are sent home for parents/guardians to complete and then returned to the school.

4. Principals/vice-principals and school staff are not required to administer medication where they do not have sufficient information or where medical training, or special skill is required. In other words, principals/vice-principals and school staff may administer medication, but they are not required to assess whether the administering of the medication is required.

5. Regarding medication prescribed ‘as needed’: Notwithstanding what has been stated in bullet #4, where medication has been prescribed by a physician for a student ‘as needed’, there may be some element of assessment required. As such, the following steps should be in place:
   • The school must document the potential need for the medication in a clear plan of care developed with the parents/guardians and doctor (if required)
   • The school will observe and document any relevant symptoms.
   • If symptoms (as per doctor) are observed, the school will call the parents/guardians and seek verbal consent to administer the medication.
   • If the parents/guardians cannot be reached, the school will call 911 if necessary.

6. A principal/vice-principal may delegate the administration of the oral medication to a teacher, paraprofessional, or administrative assistant.

7. These procedures also apply to educational trips.

8. Nothing in this memorandum is intended to limit the principal’s/vice-principal’s or other staff member’s judgement and decision-making in an emergency situation.

Principal/Vice-Principal Process:

The principal/vice-principal will ensure that:

1. The medication is kept in a safe and secure place.
2. The medication is adequately identified.
3. The specific medication instructions are followed.
4. There is no evident reason to seek further information from the parent, guardian, physician, or pharmacist.

5. An Oral Medication Log (Form APH004-03F) is kept for each student receiving medication during the school hours. This log will be attached to the Medication Information form (APH004-02F) and updated every school year. If there is a change in the prescribed medication, a new Medication Information form must be completed and a new Oral Medication Log will be started and attached.

6. Temporary or supply staff are not delegated the task of administering oral medication.

7. The forms and procedures relevant to this policy are easily accessible on the APH04 Policy web page.
Appendix 7.2.

**Anaphylaxis**

APH005 Anaphylaxis
APH030 Medical Conditions

**Summary of Information**

Anaphylaxis is a severe allergic reaction that can lead to rapid death if untreated. Anaphylactic reactions occur when the body’s sensitized immune system overreacts in response to the presence of a particular allergen, which can include certain foods, medications, insect stings, latex or vigorous exercise. Exposure to even a minute amount of the allergen can trigger an anaphylactic reaction.

Anaphylactic reactions affect multiple body systems including skin, upper and lower respiratory, gastrointestinal and cardiovascular. The reaction can begin within seconds of exposure or after several hours. Any combination of the following symptoms may signal the onset of the reaction:

- Tingling in mouth
- Hives, rash, itching
- Generalized flushing
- Swelling-eyes, ears, lips, face, tongue
- Constriction in breathing, swallowing
- Wheezing, sneezing, coughing and choking
- Hoarseness
- Vomiting, stomach upset, diarrhea
- Sense of doom
- Lightheadedness
- Loss of consciousness
- Coma and death

Symptoms do not always occur in the same order, even in the same individuals. Time from onset of first symptoms to death can be as little as a few minutes if the reaction is not treated. Even when symptoms have subsided after initial treatment, they can return as much as 8 hours after exposure, regardless of the initial reaction severity.

Eliminating allergens from areas within the school where the anaphylactic person is likely to come into contact with them may be the only way to reduce risk to an acceptable level. The less allergen brought into the school the less risk of anaphylactic reactions. While schools cannot guarantee that an environment is completely safe, the School Anaphylactic Management Plan will include necessary measures and procedures to reduce the risk of anaphylactic reactions and assist staff in making the school as “allergen-free” as possible.

Epinephrine is the only drug that should be administered to a student suffering an anaphylactic reaction. The epinephrine (adrenaline) is administered by an auto-injector called an EpiPen. A single injection of the EpiPen may not be sufficient to stop an anaphylactic reaction but will normally give the sufferer
approximately 10 to 20 minutes of relief – often sufficient time to reach an emergency room. If symptoms continue or worsen before medical help has arrived, a second EpiPen must be administered. The student affected must be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the EpiPen.

The school needs to develop a Student Plan of Care for all students who have Anaphylaxis.
Appendix 7.3

**Asthma**

APH028 Asthma-Ryan's Law

APH030 Medical Conditions

**Summary of Information**

According to the Ontario Lung Association, asthma is a very common chronic (long-term) lung disease that can make it hard to breathe.

People with asthma have sensitive airways that react to triggers. There are many different types of triggers, for example, poor air quality, mold, dust, pollen, viral infections, animals, smoke and cold air. Symptoms of asthma are variable and can include coughing, wheezing, difficulty breathing, shortness of breath and chest tightness. The symptoms can range from mild to severe and sometimes could be life threatening.

The Waterloo Catholic District School Board recognizes that some students within the school system have been diagnosed with asthma and without proper management this condition can be life threatening. While it cannot guarantee an environment free of agents that can trigger asthma the expectation within the WCDSB is to make every reasonable effort to:

1. Reduce the risk of exposure to asthma triggers in classrooms and common school areas.
2. Ensure access to necessary asthma medications; (e.g., Reliever medication)
3. Ensure that school personnel are aware of which students within the school population have been diagnosed with this condition; and
4. Outline the procedures necessary to intervene and respond in the event of an asthma emergency.

The school needs to develop a Student Plan of Care for all students who are diagnosed with Asthma.
Appendix 7.4

Diabetes Management Guidelines

APH015 Diabetes Management Guidelines
APH030 Medical Conditions

Diabetes Management Guidelines for Schools

The ultimate goal of Diabetes Management within the school setting is to have the student be independent with their care, including specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

The ultimate responsibility for Diabetes Management rests with the family and the child.

Areas of information outlined within the Diabetes Management Guidelines include:

- Definitions of Diabetes
- Emergency versus non-emergency situations
- Issues of concern such as adjustment period after diagnosis, hypoglycemia and hyperglycemia
- Blood glucose self-monitoring: testing blood sugar levels
- Insulin injections
- Student responsibility for Diabetes management
- Sports and co-instructional activities

The school needs to develop a Student Plan of Care for all students who are diagnosed with Diabetes. Also included in the Diabetes Management Guidelines appendix are responsibilities checklists for school administrators, Classroom Teachers, parents/guardians and student
Concussion

APH027 Concussion Procedures

Concussion

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head. Concussion can also occur from a fall or blow to the body that causes the head and brain to move rapidly. Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

Concussion Signs and Symptoms

A concussion sign is something an individual will feel. A concussion symptom is something others may notice. There is no single indicator for concussion; the signs and/or symptoms can take time to appear. A concussion cannot be seen and some individuals may not experience or report symptoms until hours or days after the injury; these can become more noticeable during activities requiring concentration or during physical activities.
Appendix 7.6

Home/Hospital Instruction

AP0020 Home/Hospital Instruction

Definition

Home/Hospital instruction is intended for a limited duration for students unable to attend school for one or more weeks because of medical illness or accident. The provision of this service is to bridge the re-entry of students back to school after a short-term illness.

Note: A child is excused from school if, she/he is unable to attend school by reason of sickness or other unavoidable cause (Sec. 21 (2) Education Act).

Criteria

Duration of Home/Hospital Instruction: Home/Hospital instruction is intended for a limited duration and will not exceed one reporting period (three months) in elementary and one semester in secondary schools. The School Superintendent and/or Superintendent of Special Education reserves the right to place a time limit and review process for any request.

Criteria: A medical certificate from a physician is required to accompany the application for Home/Hospital Instruction. The medical certificate needs to specify the type of medical illness, the period of instructional service, the limitations and restrictions the student has incurred due to the medical illness.

Location of Home/Hospital Instruction: Administrators must ensure that home instruction teachers do not work alone in the home with the student. Home instruction can occur if one or more parents/guardians agree to be present in the home while the instruction occurs. In certain cases, this instruction can happen in public areas such as public libraries, community agencies and/or the hospital setting itself.

Steps to follow include:

1. When the school administrator is aware that a student will be absent for one or more weeks due to illness or accident, she/he will inform the parent(s) that Home/Hospital Instruction is available.
2. When the parent(s) feel that the child is ready to receive instruction, the principal will:
   a. ask the parents to submit to the school, medical evidence that the child cannot attend school for the period of time stipulated but is able to receive instruction in the hospital or at home.
   b. complete and forward to the School Superintendent, the application for HOME/HOSPITAL INSTRUCTION FORM APO020-01 with the statement of medical evidence from the physician, including time period, limitations and restrictions the student has incurred due to medical illness.
3. The instruction, after authorization from the School Superintendent and Superintendent of Special Education, may be put into operation. The principal of the school shall hire and supervise the work of the teacher employed for the purpose of Home/Hospital Instruction and shall establish dates for periodic conferences between the regular classroom teacher and the teacher employed for the purpose of Home/Hospital Instruction. Curriculum guidelines, course profiles, student information sheets, tests, exams and any supporting instructional materials must be made available to the Home/Hospital instruction teacher by the home school.
4. **a) Elementary Schools:** The average Home/Hospital Instruction approval is for three hours per week. Ideally it should be broken up into three one-hour periods but may be given in two periods of one and one-half hours, if the child can concentrate and profit from the longer sessions. **NOTE:** Approval for more than three hours per week and/or for sessions of over one and a half hours must be obtained from the Superintendent of Student Services.

**b) Secondary Schools:** The average Home/Hospital Instruction approval is for five hours per week. Instruction is for subject areas compulsory for the Ontario Secondary School Diploma. It will not be possible for the student to maintain a full course load while on home/hospital instruction. It is recommended that students study 2-3 courses while on home/hospital instruction. **NOTE:** Approval for more than five hours per week must be obtained from the Superintendent of Student Services.

5. The teacher employed for the purpose of Home/Hospital Instruction shall visit the residence of the child prior to the commencement of Home/Hospital Instruction and shall interpret the program for the parents.

6. Home/Hospital Instruction shall not be given on those days designated as school holidays by the Ministry of Education.

7. A teacher employed for the purpose of Home/Hospital Instruction shall not be a parent of the child being taught.

8. The principal is to submit to the Superintendent of Special Education at the end of each month during the duration of the Home/Hospital Instruction, a signed time sheet FORM APO020-02. Remuneration will be in the form of an hourly rate as determined by the Board. When Home/Hospital Instruction terminates, the principal indicates such termination on the final time sheet.
Appendix 7.7

School Health Support Services: Waterloo Wellington Home and Community Care Support Services (HCCSS)

APC007 Access to Pupils and Schools/Trespass to Property

Purpose

- School Health Support Services provides specialized health and support services to students with special needs in order to enable students with nursing needs to participate in the school setting.
- Services in nursing and registered dietician services are provided through Waterloo Wellington Home and Community Care Support Services (WWCCAC) School Health Support Services (SHSS).

Service Eligibility

- The student has medical needs that are identified by the school that relate to the student’s performance
- The student requires support with medical needs in order to attend school
- The student and school personnel require assistance in the physical management and functional performance of the student in the school setting
- The medical intervention will allow opportunities for the student to participate in school routines and instruction
- The provision of medical services during school hours in an off-site setting would result in significant disruption to the student’s educational program

Making a Referral to School Health Support Services

The mandate of the School Health Support Services (SHSS) program is to provide access to professional school services to enable a student to attend school, participate in school routines and receive instruction. In the absence of school services, the student’s school attendance, instruction or participation would be significantly disrupted. (Ministry of Health and Long-Term Care Policy Manual, 2006)

Please note - until all the information is received, the referral will not be considered to be complete and will not be processed. More information is always preferable.

Referral Process: Please complete the appropriate referral form located on the website under Student Services – Special Education – Special Education Forms as follows:

- Shared Referral form for School Health Support Services and School Based Rehabilitation Services has been signed by the parent/guardian or student
- Shared Referral form for School Health Support Services and School Based Rehabilitation Services has been signed by the Principal or designate
- Demographic information for the student is complete and correct, especially parent/guardian information including names.
- Please ensure interpreter needs are identified
- For Nursing referrals – you have completed the Nursing Referral section (Once a nursing referral is received, HCCSS nursing staff will organize medical orders which must be in place before service can be initiated)
- Once completed, please send the referral and consent form
Nursing

Nursing Referrals

The SHSS nursing services provided through the Waterloo Wellington HCCSS are at the school to meet the health care needs of the student. It is not expected that the nurse provide academic/educational support for the student. The nurse will make every effort to provide health care in a sensitive and discreet manner that coordinates with academic support provided by school personnel and enables the student’s full participation in school life.

Once it has been determined that nursing services are required (usually by written medical order) in order to meet the health care needs of a student, the Shared Referral form for School Health Support Services and School Based Rehabilitation Services is filled out and sent.

Duties of the Nurse

The nurse contracted by the Waterloo Wellington HCCSS assumes responsibility for an individual nursing care plan developed specifically for the nursing care of the student while the student is at school. Often in the school setting this care is provided within a team of nurses providing care to other students requiring nursing care.

Components of Care Plans at School may Include

• Feeding via tubes: G-tubes, J-tubes, Naso-Gastric (NG) tubes
• Medication administration via any of these tubes
• Some injected medications (i.e. insulin administration)
• Care of a tracheostomy
• Deep respiratory suctioning (past the back of the throat)
• Management of a mechanical ventilator
• Sterile catheterization
• Manual expression of bladder or stoma

Other Tasks

Your student may have needs beyond the mandate of the Waterloo Wellington HCCSS contracted nurses. The following care components are not provided by SHSS nursing services:

• Administration of oral medications
• Shallow suctioning (per 1989 Addendum to PPM 81)
• Non-sterile/ intermittent catheterization (per 1989 Addendum to PPM 81)
• Lifting and positioning
• Assistance with mobility
• Feeding (oral)
• Toileting/incontinence care
• General maintenance exercises prescribed by therapists
Where appropriate, school personnel and students will be taught to carry out their own procedures and may only require subsequent supervision by the nurse.

**Nutrition Therapy Services**

- Medically related nutritional or feeding problems

**Students Entering From Community Agencies**

For students entering the system from community agencies (e.g., KidsAbility or KW Habilitation Services, etc.), referrals are initiated at the transfer conference with school and agency personnel, or the need for a referral may be identified by parents and/or school personnel.
School Based Rehabilitation Services: Kidsability School Based Rehabilitation Services (SBRS)

**APC007 Access to Pupils and Schools/Trespass to Property**

**Purpose**

- School Based Rehabilitation Services provide specialized health and support services in order to enable students with occupational therapy, physiotherapy or speech needs to participate in the school setting.
- Services in occupational therapy, physiotherapy, and speech therapy are provided through Kidsability’s School Based Rehabilitation Services (SBRS).
- School Based Rehabilitation Services are based on a consultative/withdrawal model.

**Service Eligibility**

- The student has therapeutic needs that are identified by the school that relates to the student’s performance.
- The student requires support with therapeutic needs in order to attend school.
- The student and school personnel require assistance in the physical management and functional performance of the student in the school setting.
- The therapeutic intervention will allow opportunities for the student to participate in school routines and instruction.
- The provision of therapeutic services during school hours in an off-site setting would result in significant disruption to the student’s educational program.
- An OHIP number is not needed to access School Based Rehabilitation Services.

**Making a Referral to School Based Rehabilitation Services (SBRS)**

The mandate of the School Based Rehabilitation Services (SBRS) program is to provide access to professional school services to enable a student to attend school, participate in school routines and receive instruction. In the absence of school services, the student’s school attendance, instruction or participation would be significantly disrupted. (Ministry of Health and Long-Term Care Policy Manual, 2006)

Please note - until all the information is received, the referral will not be considered to be complete and will not be processed. More information is always preferable.

**Referral Process**

Please complete the appropriate referral form located on the website under Student Services – Special Education – Special Education Forms as follows:

- Shared Referral form for School Health Support Services and School Based Rehabilitation Services has been signed by the parent/guardian or student.
- Shared Referral form for School Health Support Services and School Based Rehabilitation Services has been signed by the Principal or designate.
• Demographic information for the student is complete and correct, especially parent/guardian information including names.
• Please ensure interpreter needs are identified
• For OT and PT referrals – you have completed the Additional Information OT/PT Referral form.
• For Speech referrals, WCDSB SLPs will determine when a referral needs to be made and they will attach The Screening Tool for Speech Pathology and submit the referral form

Once completed, please send the referral (OT and PT only) and consent form, with a copy placed in the student’s OSR.

Follow Up to Referral

• After receiving the referral KidsAbility will send a confirmation back to the referral source stating if the child will either be picked up for service within 6 weeks or if the child will be placed on an existing waitlist.
• Service involves a partnership between the school, home, student and the health care professional.
• SBRS therapists will see the child at school within 45 days of receipt of the referral from KidsAbility. Within 14 days the therapist will send a copy of the Outcome Evaluation Tool to the legal guardian and a copy will be sent to the school principal for distribution at the school.
• Visit notes will be provided following each visit, with a copy to the legal guardian and a copy to the school principal. A copy should also be placed in the OSR.

Discharge

Students are discharged when their independent treatment plan goal(s) are completed. The number of visits utilized per student varies depending on the amount and severity of the student’s needs. Other factors affecting variability in visit numbers are the knowledge base within the student’s school circle of care, and the amount of support required for the student in the school. Additional treatment planning and additional visits may be required depending on specific individual circumstances.

Speech Pathology Services

Referrals

*Please Note: In WCDSB, Speech Therapy referrals will originate from the School Based Speech-Language Pathologists only. WCDSB Speech and Language Pathologists will generate a referral as appropriate. WCDSB Speech-Language Pathologist is the first point of contact and will screen the student to determine eligibility for services through CCAC.*

Speech Therapy: The SBRS Speech Therapists use a student-centered approach in the school setting, tailored to the needs of the student whose speech ability and performance may be affected by physical, developmental or oral motor abilities. The goal of speech therapy is to develop and maintain improved speech skills and prevent speech dysfunction.

Therapists assess and provide activities and techniques to facilitate and maximize a student’s participation and function at school. Collaboration with the school staff, parents and other caregivers is essential in addressing the total needs of the student. Prior to the initial visit, the therapist will notify
parents and the school of the planned visit date and time. Different sources (i.e. – parents, school personnel, and other team members) can initiate referrals for speech therapy. Students who attend public/Catholic school will be assessed by the Speech Pathologist at their school board and then be referred to School Based Rehabilitation Services if appropriate.

The intake social worker will obtain information from a variety of sources, i.e. – school records, medical records, and parent interviews to determine the eligibility of speech involvement. If the intake social worker feels that the referral is appropriate, they will forward the referral to the Speech Therapist. The Speech Therapist will assess the student’s speech skills and abilities. All students found eligible for speech services will be assessed on a priority basis. In this way, students with severe problems can be seen before students with less severe problems.

Types of Therapy Services that School Based Rehabilitation Services (SBRS) are responsible for:

- Fluency Disorders (dysfluency or stuttering)
- Resonance Disorders (hypernasal or hyponasal)
- Voice Disorders (abnormal pitch, loudness or quality)
- Phonological Disorders or Articulation Disorders (how the words are pronounced)

Types of Therapy Services that School Based Rehabilitation Services (SBRS) does not have responsibility for:

- Language development
- Augmentative Communication

**Occupational Therapy Services**

Students develop at different rates and in different ways; care should be taken to ensure that developmental differences are not automatically seen as disabilities. Some students may not develop all of the “readiness” motor skills necessary to function successfully at school at the same pace as their peers; therefore, referrals for Fine Motor Deficits will not be accepted before grade 1, except in exceptional circumstances. Teaching of self-care skills is primarily a parental/caregiver responsibility.

The SBRS Occupational Therapy (OT) intervention will take the form of a consultative model to:

- provide the parents, teachers and others, with strategies to accommodate fine motor dysfunction that can be incorporated into the student’s routine on a daily basis
- provide activity suggestions for skill development
- support the school regarding assistive devices/environmental modifications that will accommodate the student’s needs related to motor dysfunction

OT intervention for identified fine motor deficits will be minimally effective for the student where significant processing (learning disabilities) and/or attention deficits (suspected or identified) and/or behavioural difficulties exist. It is imperative that there be accommodations in place to compensate for these deficits. Intervention to improve performance on motor tasks will have little impact if these other deficits are not being managed. For learning disabilities and learning deficits to be considered accommodated, the following should be evident:
• The school team will have developed a plan/program specific to the student that outlines the strategies to address the confirmed or suspected learning disability; i.e. and IEP is in place.
• Pharmaceutical and/or behavioural interventions are minimizing the impact of the attention deficit or behavioural difficulties

OT intervention for students with Fine Motor Deficits will be a health-based consultative process that is a support to, rather than a substitution for, the education based teaching processes, and will not include:

• Teaching the student to recognize numbers or letters
• Teaching a student to print or cursive write the alphabet
• Instructing the student in reading, spelling or mathematics
• Instructing the student in keyboarding once appropriate program or hardware modifications have been identified.

For Occupational Therapy (OT) Services

• The Principal, in conjunction with the Special Education Teacher and Classroom Teacher, completes the Shared Referral form for School Health Support Services and School Based Rehabilitation Services
• The Classroom Teacher, in conjunction with the Special Education Teacher, also needs to complete the OT/PT Referral Additional Information form.

Physiotherapy Services

The focus of School Based Rehabilitation Services Physiotherapy (PT) is on impact of the student’s disability / difficulty has on their physical function and ability to move within the educational environment. Physiotherapy is primarily directed towards assisting the student, family and school personnel in adapting to the movement disorder in order that the student can achieve optimal physical functioning and mobility while at school.

The Physiotherapist will deliver an assessment /consultative model of intervention to both school personnel and parents/guardians. On occasion, short term direct intervention may be provided to students with acute pain/injury or with post-traumatic or post-surgical conditions.

For Physiotherapy (PT) Services

• The Principal, in conjunction with the Special Education Teacher and Classroom Teacher, completes the Shared Referral form for School Health Support Services and School Based Rehabilitation Services.
• The Classroom Teacher, in conjunction with the Special Education Teacher, also needs to complete the OT/PT Referral Additional Information.
Appendix 7.9

**Catheterization and Suctioning Procedures**

*The school board will be responsible for the administration of clean intermittent catheterization and shallow surface suctioning where such procedures are required during school hours.*

(Policy/Program Memorandum No. 81)

- Ministry of Education Clarification of Policy/Program Memorandum No. 81 regarding Catheterization and Suctioning, Model for Provision of School Health Support Services, Group III (October 1989).

**Background:**

- A number of school boards in Ontario and Home and Community Care Support Services personnel requested clarification from the Ministry of Education and the Ministry of Health regarding the administration of catheterization and suctioning procedures as outlined in the Policy/Program Memorandum No. 81, July 19, 1984. The original memorandum referred to catheterization and suctioning without differentiating the basic types of procedures, e.g., those that may be performed by the pupil, the parent(s) or other trained personnel as compared with those procedures requiring the service of a qualified health care professional.
- The most recent memorandum, (Catheterization and Suctioning: Clarification of Policy/Program Memorandum No. 81, Model for Provision of School Health Support Services, Group III) summarizes and clarifies the respective responsibilities. Responsibility for the provision of catheterization and suctioning services at the local level are divided between the “Board” and the Home and Community Care Support Services - School Health Support Services Personnel.
- Since Clean Intermittent Catheterization and Shallow Surface Suctioning are recognized as part of an individual’s normal toilet and oral hygiene needs, these procedures will be carried out by the child (if capable), or by an Educational Assistant. Training, direction, consultation and in-service for such procedures will be provided by the Home and Community Care Support Services – School Health Support Services Personnel (Ministry of Health).
- However, Sterile Intermittent Catheterization and Deep Suctioning or Drainage are the responsibilities of the Home and Community Care Support Services - School Health Support Services Personnel (Ministry of Health) and such procedures will be carried out directly by them.
- Liability is naturally a concern for staff involved in these procedures. As agents of the Board, all staff members are covered by Board liability insurance.

**Procedures For Clean Intermittent Catheterization And Shallow Surface Suctioning:** Procedures relative to clean intermittent catheterization and shallow surface suctioning shall only be adopted when:

- requested by the parent/guardian; and
- authorized by a physician; and
- the procedure must be provided during school hours

The administration of clean intermittent catheterization and/or shallow surface suctioning shall be regulated by the following procedures:
Authorization: After agreeing to consider the request, the Principal or Principal Designate shall ensure that where catheterization and / or suctioning are required at school:

- The Home and Community Care Support Services Coordinator is contacted;
- Proper authorization procedures are initiated;

The Principal or Principal Designate shall, after agreeing to consider the request:

- Obtain a signed request / authorization form annually from the parent/guardian and the supervising physician

The authorization shall indicate:

- The type of service to be provided – clean intermittent catheterization, shallow suctioning or both;
- The frequency of the service;
- Self-administration without supervision if appropriate.

Administration by Designated Person(s)

The Principal or Principal Designate shall, upon determining that a request is reasonable, assign an Educational Assistant(s) to perform the clean intermittent catheterization and/or shallow suctioning procedure(s) and shall ensure that proper training is initiated.

Recording Administration of Procedures

The Principal or Principal Designate shall ensure that the person(s) identified to administer the procedures maintains a daily log including:

- Date administered
- Time administered
- Type of procedure completed
- Comments
- Initial (daily) of person administering the procedure

These logs shall be stored with the catheterization and suctioning equipment. When the forms are completed or are no longer required, they shall be placed in the documentation file of the O.S.R. In the case of self-administration this record need not be kept.

Student Transfers

If a student, who has been receiving catheterization and/or suctioning at school transfers to another school within the Board’s jurisdiction, the parent/guardian must re-initiate the procedure(s).

Other Responsibilities

All other medical procedures, except emergency first aid, shall be the responsibility of appropriately qualified personnel.
Definition of Procedures

Clean Intermittent Catheterization – (School Board Personnel Responsibility): Equipment used is clean but not sterile. A small tube (catheter) is passed through the urethra into the bladder to drain the urine. This procedure is taught to parents or others to use in the home and can be started in infancy.

Sterile Intermittent Catheterization – (Home and Community Care Support Services – School Health Support Services Personnel – Ministry of Health Responsibility): All equipment used including gloves is sterile. Sterile means bacteria-free. This has to be done if a specimen for culture is desired or if a catheter is to be left in place (such as an indwelling catheter). Procedures for emergencies, if an indwelling catheter is in place, should be arranged by the parent(s) in discussion with the doctor.

Why catheterize?

1. Some people have bladders which cannot always hold all the urine or bladders which do not empty completely.
2. Some children who are dribbling constantly may be given medication that causes the bladder to hold urine, but then need to be catheterized in order for the bladder to be emptied. Children with Spina Bifida may have a neurogenic bladder and their problems vary according to where the lesion is located.

What does it accomplish?

1. It keeps the child dry (by emptying the bladder completely).
2. It prevents infection (if residual urine is left in the bladder repeatedly, some bacteria will grow).
3. It keeps the bladder and kidneys healthy (repeated bladder infections will soon affect other parts of the urinary tract, e.g., stretching and loss of tone, etc).

If a medical decision is made to catheterize at school, the Home and Community Care Support Services – School Health Support Services Personnel (Ministry of Health) will provide the instruction for this procedure.

When Can a Child Catheterize Himself? Things to be considered:

- Mental age of the child;
- Fine motor dexterity;
- Physical ability, e.g., fused spines, braces, etc.

The decision is made by the child, the parent, and the medical team caring for the child.

Shallow Surface Suctioning (e.g., oral or nasal) – (School Board Personnel Responsibility): This is a method whereby an accumulation of secretions is cleared from within the mouth and/or nostrils. The equipment used is composed of a small diameter tube and a suction machine that is supplied by the family. Where a medical decision is made for shallow suctioning, the Home and Community Care Support Services -School Health Support Services Personnel (Ministry of Health) will provide the instruction for this procedure.

Deep Suctioning - (Home and Community Care Support Services – School Health Support Services Personnel – Ministry of Health Responsibility): Personnel will be responsible to carry out the procedure for deep suctioning. This type of suctioning goes beyond the oral and nasal cavities. The clinician is designated by the school Health Support Services.
Procedures And Responsibilities For Clean Intermittent Catheterization and/or Shallow Suctioning

These procedures have been developed to provide a uniform approach for administering clean intermittent catheterization and/or shallow suctioning to students within The Waterloo Catholic District School Board. Teaching of clean intermittent catheterization and/or shallow suctioning will be personalized for each student and taught as required to Educational Assistants providing support to the student.

1. Educational Assistants within the Waterloo Catholic District School Board will be taught to administer the procedure for clean intermittent catheterization and/or shallow suctioning for students who will require this procedure during school hours. Qualified health care professionals, through the School Health Support Services (Ministry of Health) will provide instruction.
2. Professional Nursing Staff who provide the teaching under the School Health Support Services Program will provide the documentation that the teaching has been carried out.
3. A conference will be held during April or May, prior to the September registration of a student who requires clean intermittent catheterization and/or shallow suctioning. The Special Education Liaison will be responsible for coordinating the meeting and for inviting the appropriate school members and parents to the conference. The Home and Community Care Support Services will arrange for the appropriate nurse/therapist to attend. If a student registers during the school year, a planning conference will also be arranged.

Responsibility of the Principal

1. Contacts the parent/guardian about the completion of the HCCSS referral in order to initiate the procedures for clean intermittent catheterization and/or shallow suctioning.
2. Ensures that the two appropriate forms for authorization for the procedure of clean intermittent catheterization and/or shallow suctioning, (see above) are signed by the physician and parent/guardian on a yearly basis.
3. Designates the Educational Assistant who will be the primary person for carrying out the clean intermittent catheterization and/or shallow suctioning procedure as well as a “back-up” Educational Assistant.
4. The Principal provides Home and Community Care Support Services Care Coordinator with the name(s) of the designated Educational Assistant(s) who will administer the procedures of clean intermittent catheterization and/or shallow suctioning.
5. Contacts Home and Community Care Support Services Care Coordinator to request teaching for newly involved Educational Assistants when there is a change in the Educational Assistant doing the procedure or acting as a backup.
6. Contacts Home and Community Care Support Services Care Coordinator to discuss any concerns or problems that may arise and to arrange meetings if necessary.
7. Ensures that an appropriate private location for the catheterization and/or shallow suctioning is designated.
8. Contacts the appropriate Board Personnel – Special Education Liaison
9. Notifies the parent/guardian when there is a change of Educational Assistant doing the procedure or acting as a back-up.
10. Contacts the parent/guardian of any concerns or if problems arise around clean intermittent catheterization and/or shallow suctioning.
11. Develops with the staff a plan in the event of an emergency arising out of the clean intermittent catheterization and/or shallow suctioning procedure. Included in the procedural plan should be contact with parents/guardians and the dialing of “911” if necessary.
12. Communicates regularly with Educational Assistants about the student.
13. Informs appropriate Board Personnel – Human Resources Department of any concerns or problems that may arise during the teaching of the procedure or during the course of the year.
14. May request additional re-assessment visits by the nurse.

Responsibility of the Home and Community Care Support Services Care Coordinator

1. Assesses the procedure, in consultation with the student’s parents/guardians, and appropriate health care professionals, to determine that it can be taught to school board personnel.
2. Arranges for the appropriate service providers to attend a conference for students for whom clean intermittent catheterization and/or shallow suctioning is required. This conference will be coordinated by the Special Education Liaison.
3. Arranges for the teaching of the procedure to Educational Assistants. This teaching is provided by a professional visiting nursing staff.
4. Informs the school Principal and Special Education Liaison if any unusual circumstances arise during the teaching of the clean intermittent catheterization and/or shallow suctioning procedures or during the course of the re-assessment. A conference will be held if necessary.
5. Sends the documentation of the teaching that has been provided for Educational Assistants to the Human Resources Department of the Board, to be placed in the employee’s personnel file.

Responsibility of the Teaching Nurse

1. Discusses with the Educational Assistant, the Educational Assistant’s learning needs so that visits can be scheduled, most beneficially, in order to teach the procedures.
2. Maintains communication with the Principal regarding the progress and stages of training.
3. Informs the school Principal and the Home and Community Care Support Services Care Coordinator when the teaching is complete.
4. Informs the school Principal and the Home and Community Care Support Services Care Coordinator if any unusual circumstances arise during the teaching. The Home and Community Care Support Services Care Coordinator, if necessary will arrange a conference.
5. Schedules re-assessment visits every three to four months after the initial teaching, and documents them in the nursing agency’s Client Record.

Responsibility of the Special Education Liaison

1. Co-ordinates a conference about the student for whom clean intermittent catheterization and/or shallow suctioning at school will begin and arranges for the appropriate school staff to attend.

Teaching Educational Assistants to Perform Clean Intermittent Catheterization and/or Shallow Surface Suctioning

1. Personnel within the Waterloo Catholic District School Board will be taught to perform clean intermittent catheterization and/or shallow surface suctioning for students who will require this procedure during school hours.
2. Teaching is provided by professional nursing staff as arranged by the Waterloo Region Home and Community Care Support Services under the School Health Support Services Program.
3. Nursing Agencies who provide the teaching under School Health Support Services Program will also provide the teaching packages and the documentation of the teaching that has been carried out.
4. In case of an emergency, the parent(s) / guardian of the child should be called to carry out the procedure.
Service Dogs

The Human Rights Code, the Blind Persons’ Rights Act, and the Accessibility for Ontarians with Disabilities Act (2001) provide authority for Certified Service Dogs to accompany their Handlers in all public places and spaces accessible by third parties. Certified Service Dogs are recognized as an Accommodation strategy* that aids the Handler (a student with special needs) to access the Ontario Curriculum or perform daily living activities. Certified Service Dogs and their Handlers receive specialized training to work together, and consequently they are trained to present minimal risk to and impact on other people and their environment. As a result, access by the Certified Service Dog to the school attended by the Handler may be facilitated pursuant to this procedure. In all other circumstances, the access of dogs or other animals for the benefit of a student will be considered by the Waterloo Catholic District School Board in accordance with the duty to accommodate the disability-related needs of that student to the point of undue hardship pursuant to the Human Rights Code.

Definitions

There are 3 recognized categories of trained Certified Service Dogs used to accommodate the special needs of some students. These include:

a. Guide Dogs: for persons who are visually impaired (blind/low vision)
b. Hearing Dogs: for persons who are hearing impaired (deaf/hard-of-hearing)
c. Service Dogs: for persons with disabilities (students using wheelchairs, students with Autism, students with Multiple Sclerosis or seizure disorder)

Certified Service Dogs** for the purpose of the Board’s policy, regulation and administrative procedure, includes all trained and registered service dogs who are handled by a student with a disability who receives the dog’s services to assist with daily living activities and/or access to the Ontario curriculum, which is readily apparent (obvious by the dog’s appearance or what it is doing) or identified as a requirement in a letter from a physician or nurse. A Certified Service Dog is a working dog and does not interact with employees or other students.

Handler (dog handler) for the purpose of the Board’s policy, regulation and administrative procedure is the student with disability related needs for whom the Certified Service Dog is performing services and who is managing and is responsible for the Certified Service Dog’s performance of those services. It is the expectation of the Board that students utilizing a Certified Service Dog will be the dog’s Handler.

* Accommodations refer to specialized supports that enable a student to learn and to demonstrate learning (The Individual Education Plan (IEP): A Resource Guide, 2004, p.25).

** Animals, other than dogs, may only be considered as an accommodation for a student when other methods have been unsuccessful and subject to the standard of undue hardship.
Appendix 7.11

Access to Students in Crisis

APC011 Access to Students in Crisis

WCDSB staff needs to be aware that some of our students live in situations where the relations between the parents or other adults in the house become physically, emotionally or sexually abusive. In these situations, a parent sometimes chooses to remove her/himself and the children from the home and relocate temporarily to a shelter/agency.

School-aged children should normally continue to attend school, either the school in the neighbourhood of the shelter, or the school in the neighbourhood of the family home. However, during this emergency period, the safety of the students is linked to an increased degree of confidentiality.

A number of additional Administrative Procedure Memorandums have been highlighted within APC011 for determining access to students in crisis and need to be referenced in relation to this type of situation.

Additional procedural information is located in the Protocol for Students who are Resident in Anselma House or Women’s Crisis Services February 1999 which is affiliated with Access to Students in Crisis (APC 011).
Suicide, Depression and Self-Harm

APH019 Suicide, Depression and Self-Harm

This is a summary of information only. Staff must refer specifically to the Administrative Procedures Memorandum for the complete protocol.

*If at any time WCDSB staff are concerned about a student in relation to Depression, Suicide or Self-Harm, they must notify their Principal or designate immediately and directly.* The Principal/designate will page the School Social Worker immediately.

This protocol provides basic information to WCDSB school personnel about potential indicators of Depression, Self-Harm and Suicidal thoughts/gestures to assist staff in recognizing safety risks that require immediate attention.

The Administrative Procedures Memorandum contains:

1. General Comments and Guidelines
2. Specific Procedures when a child shows signs of Depression, Self-Harm or Suicide
3. General Information about Depression
4. General Information about Suicidal Comments and Gestures
5. General Information about Self-Harming Behaviour
6. Quick Tips for Teachers and Administrators dealing with students in crisis
Appendix 7.13

Epilepsy/Seizure Disorder

APH031 – Epilepsy/Seizure Disorder

APH030 Medical Conditions

Summary of Information

Epilepsy is a neurological disorder. Seizures are the physical effects of unusual burst of electrical energy in the brain and may include muscle spasms, mental confusion, loss of consciousness, uncontrolled or aimless body movement, incontinence and vomiting. If some seizures are not treated properly, this can result in a life-threatening situation.

Seizure disorders, where appropriate, are usually treated with drugs called anti-epileptics or anti-convulsants that have varying degrees of success in controlling the seizures. About 20% of people have seizures that cannot be brought under control by conventional drug therapy. Those who take drug treatment may experience side effects that affect personality (mood swings), motor capacity and cognitive abilities. The classroom teacher is to be aware of the side effects and apply strategies to accommodate the student’s well-being and learning.

The goal for students with epilepsy and seizure disorder is to become as independent as possible, as soon as possible, in managing their seizures. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disorder and can provide assistance as needed that will empower students, as confident and capable learners, to reach their full potential for self-management of their medical condition(s) according to their Plan of Care.

The role of the school is to support students with epilepsy to fully access school in a safe, accepting and healthy learning environment as outlined in their Plan of Care, while being aware of confidentiality and dignity of the student along with their well-being.
SECTION 8

CATEGORIES AND DEFINITIONS OF EXCEPTIONALITIES
SECTION 8

Categories and Definitions of Exceptionalities

Ministry of Education Regulation 181/98 requires that all school boards establish one or more Identification, Placement and Review Committees (IPRC’s). The IPRC is composed of at least 3 persons, one of whom must be a principal or supervisory officer of the board. The IPRC meets and decides if a student should be identified as an exceptional pupil, and if so must designate a category of exceptionality according to the categories and definition of exceptionalities established under subsection 8 (3) of the Act. The IPRC must also decide upon a placement for the exceptional student.

Ministry Categories and Definitions

Areas of Exceptionality: There are 5 categories of exceptionality: Behaviour, Communication, Intellectual, Physical and Multiple

I. BEHAVIOUR

Emotional Disturbance and/or Social Maladjustment

Definition: A learning disorder characterized by specific behaviour problems over such a period of time, and to such a marked degree, and of such a nature, as to adversely affect educational performance; and that may be accompanied by one or more of the following:

- An inability to build or to maintain interpersonal relationships;
- Excessive fears or anxieties;
- A tendency to compulsive reaction;
- An inability to learn which cannot be traced to intellectual, sensory or other health factors, or any combination thereof

II. COMMUNICATION

Autism

Definition: A severe learning disorder that is characterized by:

A. Disturbances in:
   o Rate of educational development;
   o Ability to relate to the environment;
   o Mobility;
   o Perception, speech, and language;
B. Lack of the representational-symbolic behaviour that precedes language

Deaf and Hard of Hearing

Definition: An impairment characterized by deficits in language and speech development because of diminished or non-existent auditory response to sound (i.e., hard of hearing, deaf).
**Language Impairment**

Definition: A learning disorder characterized by an impairment in comprehension and/or the use of verbal communication or the written or other symbol system of communication, which may be associated with neurological, psychological, physical, or sensory factors and which may:

A. Involve one or more of the form, content, and function of language in communication;
B. Include one or more of the following:
   - Language delay;
   - Dysfluency;
   - Voice, and articulation development which may or may not be organically or functionally based

**Speech Impairment**

Definition: A disorder in language formulation that may be associated with neurological, psychological, physical or sensory factors; that involves perceptual motor aspects of transmitting oral messages; and that may be characterized by impairment in articulation, rhythm, and stress.

**Learning Disability**

Definition: A learning disorder evident in both academic and social situations that involves one or more of the processes necessary for the proper use of spoken language or the symbols of communication, and is characterized by a condition that:

A. Is not primarily the result of:
   - impairment of vision;
   - impairment of hearing;
   - physical disability;
   - developmental disability;
   - primary emotional disturbance;
   - cultural difference.
B. Results in significant discrepancy between academic achievement and assessed intellectual ability, with deficits in one or more of the following:
   - receptive language (listening, reading);
   - language processing (thinking, conceptualizing, integrating);
   - expressive language (talking, spelling, writing);
   - mathematical computations.
C. May be associated with one or more conditions diagnosed as:
   - a perceptual disability;
   - a brain injury;
   - minimal brain dysfunction;
   - dyslexia;
   - developmental aphasia.
III. INTELLECTUAL

Giftedness

Definition: An unusually advanced degree of general intellectual ability that requires differentiated learning experiences of a depth and breadth beyond those normally provided in the regular school program to satisfy the level of educational potential indicated.

Mild Intellectual Disability

Definition: A learning disorder characterized by:

A. An ability to profit educationally within a regular class with the aid of considerable curriculum modification and supportive services;
B. An inability to profit educationally within a regular class because of slow intellectual development;
C. A potential for academic learning, independent social adjustment, and economic self-support.

Developmental Disability

Definition: A severe learning disorder characterized by:

A. An inability to profit from a special education program for students with mild intellectual disabilities because of slow intellectual development;
B. An ability to profit from a special education program that is designated to accommodate slow intellectual development;
C. A limited potential for academic learning, independent social adjustment, and economic self-support.

IV. PHYSICAL

Physical Disability

Definition: A condition of such severe physical limitation or deficiency as to require special assistance in learning situations to provide the opportunity for educational achievement equivalent to that of pupils without exceptionalities who are the same age or development level.

Blind and Low Vision

Definition: A condition of partial or total impairment of sight or vision that even with correction affects educational performance adversely (i.e. limited vision, blind).

V. MULTIPLE

Multiple Exceptionalities

Definition: A combination of learning or other disorders, impairments, or physical disabilities, that is of such a nature as to require, for educational achievement, the services of one or more teachers holding qualifications in special education and the provision of support services appropriate for such disorders, impairments, or disabilities.
SECTION 9
SPECIAL EDUCATION PLACEMENTS PROVIDED BY THE BOARD
SECTION 9

Special Education Programs and Placements Provided By The Board

The Waterloo Catholic District School Board (WCDSB) offers an inclusive and integrated programming and service structure. Consistent with Waterloo Catholic School Board’s Special Education Model and inclusive philosophy, placement in a regular class is the preferred option considered for all our students.

Changes in placement within this Program Service Model are determined through the Individual Education Plan (IEP) and/or Identification, Placement and Review Committee (IPRC) process and always involve significant communication with parents. Alternative placements are communicated to parents through various means including parent/school conferences, case conferences, IPRC Annual Reviews, Transition meetings to/between schools, and counselling/clinical interviews with professional staff.

The Board’s delivery system for the provision of special education programs and services is organized by Family of Schools (e.g., Monsignor Doyle Secondary School and Elementary Feeder schools, St. Mary’s Secondary School and Elementary Feeder schools, etc). A Student Services Collaborative Team is assigned to a group of schools to support the school-based team. This Collaborative team consists of:

- Psychoeducational Consultant
- Social Worker
- Speech-Language Pathologist
- Board Certified Behaviour Analyst or Applied Behaviour Analysis Facilitator
- Special Education Liaison

In addition, each school has available upon request the services of:

- Special Education Assistive Technology Resource Teacher
- Itinerant Teacher of the Deaf and Hard of Hearing
- Consulting Audiologist
- Itinerant Teacher of the Visually Impaired
- Certified Braille Transcriber
- Communication Disorders Assistant
- Community Transition Support Worker

Please see Appendix 9.2 for information related to the supports and services provided by these personnel.

WCDSB AP Memos Associated with Section 9 - Special Education Programs and Placements Provided by the Board

APC026 Acceleration of Learners JK-9
APC029 PLAR-Prior Learning Assessment and Recognition
Special Education Program-Gifted Education

Identification Process

The Waterloo Catholic District School Board uses a cognitive screening tool (Canadian Cognitive Abilities Test – CCAT) and an educational assessment to determine gifted learning needs in students. Scores at or above the 98th percentile in two or more batteries of the CCAT indicate very superior cognitive functioning and high academic potential. The educational assessment analyses and summarizes the achievement levels, learning style, characteristics of giftedness, and strengths and needs of the student. Together, these assessments form the basis of a recommendation for development of an Individual Education Plan (IEP) for the student.

The WCDSB identification process involves a mass screening of students in grade 4 and/or individual screening.

Grade 4 Mass Screening

As a group test, the CCAT is administered to all Grade Four students at each school. Students scoring at or above the 98th percentile in two or more batteries (e.g., Verbal, Nonverbal, and Quantitative Reasoning) of the CCAT will be recommended for further assessment to determine the need for development of an Individual Education Plan.

Individual Screening

Teachers, in consultation with parent(s), can recommend a student to be considered for assessment. After extensions have been provided and noted by the classroom teacher, the student will be discussed at an In-School Team meeting and further enrichment opportunities may be provided. Parents will be consulted and informed. A decision at this level may or may not include recommendation for a CCAT screen. If a CCAT screen is recommended, the Special Education Teacher will administer the test and provide feedback to parents and staff regarding the results.

Programs & Services

1. Classroom Programs

The foundation of the Waterloo Catholic District School Board is built on the principles of inclusive education. Therefore, all students in the WCDSB whose learning needs are identified as gifted receive modifications and/or alternative expectations to the curriculum in their regular class.

Strategies to meet the modified expectations of learners with gifted learning needs may include curriculum compacting, guided independent study with a curriculum unit, learning contracts, flexible grouping, varied product choices, tiered activities, and complex questions. Alternative expectations may include guided independent study outside of the Ontario curriculum.
2. Acceleration

The Waterloo Catholic District School Board has an acceleration policy to assist in the formalized process of accelerating identified students working on an IEP whose needs would best be served through one of the following options:

- Full grade acceleration
- Subject acceleration

Acceleration is a joint decision involving parents, students, the Principal, Classroom teacher and Special Education teacher.

3. School-Based Opportunities

Enrichment opportunities may be facilitated at the school level by mentorship, competitions, supervised special projects, clubs, and invitational opportunities specific to each elementary and secondary school community.

4. University Co-operative Education Program (UCEP)

The Waterloo Catholic District School Board offers the University Cooperative Education Program (UCEP) in partnership with St. Jerome’s University, University of Waterloo and Wilfrid Laurier University for identified gifted and academically talented students. This program provides students who have achieved high academic success to experience university life before leaving secondary school. In this program, students can earn a university credit, one or two Grade 12 secondary school credits (taught by secondary school teachers at the university), and two Co-op credits.

Special Education Program-Secondary School Programs

In some cases, students entering secondary school require a differentiated program as they work toward an Ontario Secondary School Diploma, an Ontario Secondary School Certificate or a Certificate of Accomplishment. The Waterloo Catholic District School Board operates three programs in each secondary school that have been designed for students with an IEP who have not met level 1 grade 8 expectations. They are the Essential Program, the ACTIVE Program and the Community Living Program. For some students, achievement of the Ontario Secondary School Diploma, Ontario Secondary School Certificate or Certificate of Accomplishment may take longer than four years.

The Essential Program

This program is designed for students whose Individual Education Plan indicates the student is working on grade 5-7 expectations from the Ontario Curriculum in Mathematics and Science and/or English when leaving Grade 8.

In grades 9 and 10, students in the Essential Program will take special courses for credit in Mathematics and Science and/or English. They will also take a Special Education Learning Strategies course for credit.
that will assist the students to be successful in their grade 9 and 10 program. Upon successful completion of the grade 9 and 10 Essential Program, students will be prepared to study workplace preparation courses in grades 11 and 12. Students in the Essential Program will work to successfully complete the required 30 credits to earn their Ontario Secondary School Diploma.

Students who experience difficulty in meeting the requirements of this program may choose to focus on meeting the requirements for the Ontario Secondary Certificate with the understanding that they may continue to work towards a diploma at a later date.

The Essential Mathematics, Science and English courses are locally developed courses approved by the Ministry of Education. "Locally developed course are courses that meet the educational needs not met by provincial curriculum policy documents." (OSS, p. 43).

**The ACTIVE Program**
*(Accomplishing Community or Certificate Training In View of Employment)*

This program is developed for students whose Individual Education Plan indicates the student is working on Grade 4-5 level expectations from the Ontario Curriculum when leaving Grade 8. The ACTIVE Program is designed to assist students with the transition from school to the workplace or the community.

The students are grouped for a portion of the day each semester. The congregated portion of the students' program is designed and taught by Special Education teachers. The program focuses on literacy, numeracy and personal management skills. For the other part of the day, the students are integrated into a combination of the following: Religion, Technology, Physical Education, Visual Arts, Drama, Music and Business, depending on the student's interest and school offerings.

Students in the ACTIVE Program may work to achieve a Certificate of Accomplishment which is non-credit bearing. Some students may earn an Ontario Secondary School Certificate based on their achievement of credit bearing course expectations.

**The Community Living Program**

This program is designed for students whose Individual Education Plan indicates the student is working on primary level expectations from the Ontario Curriculum or on individualized alternate expectations when leaving Grade 8.

The Community Living Program is designed to assist students with their transition to supervised community involvement. In this program, students will develop the personal life skills necessary to achieve their fullest level of independence within the school and wider community.

The students are grouped for a portion of the day each semester. The congregated portion of the students' program is designed and taught by Special Education teachers. The program focuses on functional literacy and numeracy and personal management skills, i.e., recreational skills, social skills and self-advocacy skills. For the other part of the day, the students are integrated into a combination of the following: Religion, Technology, Physical Education, Visual Arts, Drama, Music, and Business, depending on the student's interest and school offerings.

Students in the Community Living Program will work to achieve a Certificate of Accomplishment. This is a non-credit program.
Special Education Program-Supervised Alternative Learning (SAL)

Supervised Alternative Learning is an option for students who, for a variety of reasons, are not meeting with success within the regular secondary school program.

A SAL placement might include one or more of the following:

- Full time or part time paid employment at an approved place of work;
- Volunteer placement at an approved organization;
- Part time employment with a part time volunteer placement;
- Part time employment with part time school;
- Other activities suited to the student’s needs;
- Completion of a life-skills program.

The school Guidance Counsellor works closely with the school social worker and the social worker responsible for the SAL program in order to determine if SAL is a viable option for the student.

Special Education Program – College Cooperative Education Program (CCEP)

CCEP is a Transition to College program for Year 4 or 5 students offered at the Doon Campus of Conestoga College. Students may earn three secondary school credits (two co-op credits and one dual credit) plus 1 tuition free college course.

Educational and Community Partnership Programs (formally Section 23 Programs)

WCDSB has partnerships with and operates the educational component of four ministry approved care, treatment, custody and correctional programs (Section 23 Schools).
- Lutherwood: Lutherwood U12 Program
- Grand River Hospital, CAIP
- Grand River Hospital, YAP

The Lutherwood U12 Program serves children experiencing severe difficulties receive therapeutic and educational treatment at our special on-site school. The program aims at enabling successful re-integration into community schools. The program serves up to 32 primary and junior age students from Waterloo Region.

Child and Adolescent Inpatient Program: The Child and Adolescent Inpatient Psychiatry Unit provide emergency psychiatric assessment, stabilization and treatment on a short-term basis for children and youth, under the age of nineteen.

Children and youth are admitted to the program by the unit psychiatrist. If the child or youth is experiencing a psychiatric crisis, they can be seen through our Emergency Department/Crisis Clinic. The unit psychiatrist or psychiatrist-on-call and the Crisis Clinic will determine the need for admission.

The professional team at CAIP is made up of team players from Psychiatry, Psychology, Social Work, Child and Youth Work, Nursing, Occupational Therapy and Teaching. The teacher is provided in
partnership by Waterloo Catholic District School Board. The patient and his/her family also become members of this team.

**The Young Adult Program:** The Young Adult Program is a psychiatric/mental health treatment program offering services to youth aged 16 – 21, who require an intensive, structured treatment program in a small classroom environment. Grand River Hospital staff are responsible for student admission, determining the length of stay and managing the waitlists.

The professional team at YAP includes: a psychiatrist, social worker, child and youth care workers and teachers while in the program. The educational component of this program is provided by the Waterloo Catholic District School Board.

The objectives of the program are to enhance the individual's functioning so that they can be reintegrated into community schools and activities.

Admission to most residential facilities in Ontario is determined selectively on the basis of assessed need for special non-educational services. Placement of a student in a treatment centre is at parent request and is a decision made by the parent, student and the treatment centre. Admissions into the Lutherwood, CAIP and YAP programs are at the discretion of the partnering agency, based on eligibility, space, treatment goals, etc.

**Special Education Program-Provincial Demonstration Schools**

The Ministry of Education provides the services of three demonstration schools for Ontario children with severe learning disabilities. These schools include the Trillium School in Milton, and the Sagonaska School in Belleville and the Amethyst School in London. Although the primary responsibility to provide appropriate educational programs for students with learning disabilities remains with school boards, the Ministry recognizes that some students require a residential school setting. One of the basic objectives of each of these schools is to develop the abilities of the students enrolled to a level that will enable them to return to programs operated by the local school board.

In order for exceptional pupils to be eligible for admission to one of the provincial schools for the blind or deaf, a legally qualified medical practitioner must identify the pupil.

The provincial schools are:

- The W. Ross Macdonald School, Brantford, school for the blind and deafblind
- The Sir James Whitney School, Belleville, school for the deaf
- The Ernest C. Drury School, Milton, school for the deaf
- The Robarts School, London, school for the deaf
- Centre Jules-Leger, Ottawa, francophone school for the deaf and for students with learning disabilities

*See Section 11 for additional information on Provincial and Demonstration Schools.*
The Role of SEAC in Determining Placements

SEAC members are expected to advise and recommend to the Board of Trustees on Special Education programs and services relative to:

- Annual review of Special Education Program
- Special Education budget
- Staffing
- Staff training and development
- Program philosophy, design, modification and delivery
- Instructional equipment and materials
- Accommodation and playgrounds
- Transportation - policies and practices
- Community resources

Other responsibilities of SEAC members related to placement of students include:

- Respond to the needs of all exceptional pupils within the board
- Be available as a resource for parents of exceptional students
- Acquire and maintain a working knowledge of special education programs and services
- Advise SEAC colleagues of concerns relative to the students, parents and association whom he/she represents
The regular classroom program is the central curriculum for all students. The regular program can be modified, specialized, intensified and supported in a variety of ways as illustrated in this service model. The specific programming will depend on the particular needs of the student as determined by the school personnel in collaboration with parents and Special Education personnel.
## Appendix 9.2

### Student Services Personnel – Supports and Services

<table>
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<tr>
<th>Position</th>
<th>Supports and Services</th>
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| Special Education Liaison               | • Facilitate the transition of students with special needs into and within our system  
  • Work in conjunction with school personnel in a variety of ways in the development and implementation of Individual Education Plans (IEP) and educational programming.  
  • Function as a resource to schools for Special Equipment Amount (SEA) claim preparation and coordination.  
  • Function as a resource to Principals, Special Education Teachers and Classroom Teachers on all matters related to Special Education.  
  • Provide ongoing professional development to Special Education Teachers and Educational Assistants through in-services and school visits.  
  • Member of a Collaborative Team along with a Social Worker, BCBA/ABA Facilitator, Speech-Language Pathologist, Psychoeducational Consultant and Child and Youth Care Worker to provide support and assistance to school staff for student programming, assessment and strategies.  
  • Liaise with community agencies in relation to services for students. |
| Special Education Assistive Technology Resource Teacher | • Coordinate the Ministry of Education Special Equipment Amount (SEA) process at a system level  
  • Facilitate in-service and ongoing training of Board personnel in the use of assistive technology and integrating assistive technology into student programs  
  • Maintain school staff knowledge of assistive software programs and hardware requirements needed for each program at the school level |
| Itinerant Assistive Technology Trainer   | • Assists in facilitating in-services and ongoing training of Board personnel in the use of assistive technology and integrating assistive technology into student programs |
| Psychologist                            | • Works closely with all collaborative teams to consult on and support students with the highest complex needs  
  • Consultation with school staff and parents to program effectively based on students’ strengths and areas of need  
  • Consultation with school staff and parents to assist in managing behaviour issues |
<p>| Psychoeducational Consultant            | • Individual psychological assessment to determine cognitive ability, academic achievement, adaptive and social/emotional functioning |</p>
<table>
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<tr>
<th>Position</th>
<th>Supports and Services</th>
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</table>
|                                               | • Consultation with school staff and parents to program effectively based on students’ strengths and areas of need  
• Consultation with school staff and parents to assist in managing behaviour issues  
• In-service programs for school staff regarding child development, behaviour management and learning difficulties  
• Assistance with accessing community agencies or specialist                                                                                                             |
| Board Certified Behaviour Analyst/Applied Behaviour Analysis Facilitator | • Capacity building with school staff to assist with student skill acquisition that will allow the student to increase independence across all school environments  
• Data collection, review and analysis  
• Make recommendations to decrease unwanted behaviour(s) while teaching socially significant replacement skills  
• Make recommendations to increase, maintain and generalize existing skills and/or teach new skills  
• Provide ABA based training and education opportunities for school staff and assist in goal setting and measurement of goals relevant to the student’s Individual Education Plan.                                           |
| Mental Health Lead                           | • Implement the board-wide strategy to promote wellbeing and build protective factors in all students via a universal prevention approach  
• Support the development and implementation of programming designed to strengthen socio-emotional literacy and self-regulation skills  
• Provide and/or coordinate professional development opportunities to strengthen the capacity of all staff to build resilience and support students with mental health concerns  
• Consultation with regard to the design of school-specific mental health initiatives  
• Share information and resources from School Mental Health Assist                                                                                                                                                           |
| Child and Youth Care Worker                  | • Being the school’s first contact regarding all behavioural concerns  
• Providing crisis intervention and referring cases to appropriate personnel as per Board protocol  
• Providing one-to-one and/or small group and/or class wide social/behavioural interventions and/or programming  
• Assisting, collaborating and consulting with appropriate personnel regarding the development of individualized behaviour support plans and safety plans  
• Providing and assisting school personnel with interventions and strategies regarding behaviour management  
• Attending parent meetings as deemed appropriate by the Principal  
• Attending CT meetings and Case Conferences as required  
• Providing professional development and/or resources to teaching staff and Educational Assistants                                                                                                                                 |
<table>
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<th>Position</th>
<th>Supports and Services</th>
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| Lead Social Worker | • Participating as a member of the multi-disciplinary Collaborative Team  
• Responding to emergency situations such as suicide, self-harm, anxiety and other mental health crises, child abuse allegations and other school-based crises  
• Responding to the social, behavioural, emotional and familial needs of students through consultation, direct service, referral and liaison with outside agencies  
• Supporting school communities during tragic events and other critical incidents  
• Assisting with multi-disciplinary Violence Threat Risk Assessment  
• Supporting school attendance at the elementary and secondary level, particularly as it relates to mental health and to family issues  
• Providing individual/family social assessments as they relate to educational or behavioural issues  
• Offering formal and informal mediation regarding student-centered issues  
• Liaising with community agencies  
• Presenting workshops and seminars to students, board and school personnel and families in areas related to inter-personal and social issues (e.g. family violence, child abuse, suicide/depression, divorce/separation, etc.)  
• Acting as a resource to the Identification, Placement and Review Committee (IPRC) and Case Conferences  
• Supporting school attendance at the elementary and secondary level, particularly as it relates to mental health and to family issues  
• Acting as a resource to school administrators on the Education Act as it pertains to compulsory school attendance, the duties of pupils and the responsibilities of parents |
| Social Worker     | • Participating as a member of the multi-disciplinary Collaborative Team  
• Responding to emergency situations such as suicide, self-harm, anxiety and other mental health crises, child abuse allegations and other school-based crises  
• Responding to the social, behavioural, emotional and familial needs of students through consultation, direct service, referral and liaison with outside agencies  
• Supporting school communities during tragic events and other critical incidents  
• Assisting with multi-disciplinary Violence Threat Risk Assessment  
• Providing individual/family social assessments as they relate to educational or behavioural issues  
• Liaising with community agencies  
• Presenting workshops and seminars to students, board and school personnel and families in areas related to inter-personal and social issues (e.g. family violence, child abuse, suicide/depression, divorce/separation, etc.)  
• Acting as a resource to the Identification, Placement and Review Committee (IPRC) and Case Conferences  
• Supporting school attendance at the elementary and secondary level, particularly as it relates to mental health and to family issues  
• Acting as a resource to school administrators on the Education Act as it pertains to compulsory school attendance, the duties of pupils and the responsibilities of parents |
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<tr>
<th>Position</th>
<th>Supports and Services</th>
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<td></td>
<td>• Supporting and planning with students and families to ensure compulsory school attendance for students in Grade 4 through Grade 9; consultation is available for students in other grades</td>
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<td>• Liaising with home, school and community agencies to examine viable alternatives for non-attending students (ie. Supervised Alternative Learning – SAL)</td>
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<td>• Issuing legal warning letters as outlined in the Education Act</td>
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<td>• Collaborating with system personnel who provide services to at-risk students as part of a multi-disciplinary team</td>
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<td>• Supporting families through the criminal justice system when the child is being charged with an offence and school attendance is of concern</td>
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<tr>
<td>Speech Language Pathologist</td>
<td>• Collaborative assessment</td>
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<td>• Tiered intervention (individual, group, in class)</td>
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<td></td>
<td>• Consultation and provision of instructional strategies for parents, teachers and other educational staff</td>
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<td>• Support for Individual Education Plans and the SEA equipment process</td>
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<td>• Mediator based training</td>
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<td>• Monitoring of progress</td>
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<td>• Provision of public education</td>
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<td>• Delivery of professional development</td>
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<td>• Liaison with other professionals involved with our students</td>
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<td>• Participation on collaborative and school teams</td>
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<td></td>
<td>• Engagement in community partnerships</td>
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<td></td>
<td>• Mentoring of graduating Speech Pathology and Communication Disorder Assistant students</td>
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<td></td>
<td>• Professional research as needed</td>
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<tr>
<td>Communication Disorders Assistant</td>
<td>• Implementing individual/group programs</td>
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<td>• Preparing materials and resources for individual programs</td>
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<td></td>
<td>• Assisting SLP’s with in-services and other system-wide activities</td>
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<td>Itinerant Teacher of the Deaf and Hard of Hearing</td>
<td>• Direct instruction during class hours to students to support the curriculum expectations or their specific expectations as outlined on their I.E.P.</td>
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<tr>
<td></td>
<td>• Provision, support, monitoring and repair of FM amplification equipment as required</td>
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<tr>
<td></td>
<td>• Monitoring of personal hearing aids</td>
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<td></td>
<td>• Teaching of various strategies to deal with the effects of hearing loss</td>
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<tr>
<td></td>
<td>• Advocating for the student as well as teaching self-advocacy skills</td>
</tr>
<tr>
<td></td>
<td>• Teaching and supporting speech and language skills</td>
</tr>
<tr>
<td></td>
<td>• Provide in-class explanations as needed of hearing loss and its effects, including FM equipment, etc.</td>
</tr>
<tr>
<td></td>
<td>• Identify and monitor the emotional and social development of students with hearing loss in the integrated setting</td>
</tr>
<tr>
<td>Position</td>
<td>Supports and Services</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Consulting Audiologist                        | • Providing information of the impact of a particular auditory deficit on a student’s classroom performance and intervention recommendations  
• Communicating with parents of students with listening deficits with regard to potential effects of hearing loss and suggestions for management at home  
• Supplementing external audiological assessments, where appropriate which may include assessment of listening skills, performance with hearing aid(s) and/or FM system  
• Assessing candidacy for an FM system based on evaluation of the current classroom environment  
• Prescribing and fitting of personal FM systems  
• Managing classroom amplification systems regarding selection, servicing and monitoring  
• Providing in-service for teaching staff and support personnel in areas related to listening in the classroom  
• Facilitating referrals to the audiological/medical community and liaise with other professionals and community agencies  
• Acting as a resource for the Itinerant Teachers of the Deaf and Hard of -Hearing |
| Itinerant Teacher of the Visually Impaired     | • Provide direct instruction and evaluation for pre-braille, braille literacy, self-advocacy, and vision-related technology skills.  
• Facilitate in the creation/modification/accommodation of tactile, low vision and braille materials.  
• Conduct Functional Vision Assessments with students, as required.  
• Interpret professional vision reports/documentation to determine the vision needs of students within the school environment.  
• Collaborate with teachers and support staff about students’ academic/educational programming (including IEPs), provide specific teaching strategies and ensure implementation of recommendations from vision reports.  
• Consult and communicate with parents regarding their child’s vision loss and its education implications.  
• Facilitate assessments and training for Orientation and Mobility Instruction and assist in ensuring safe and appropriate learning environments for students.  
• Provide in-services and education about students’ vision diagnoses to school staff, students and parents.  
• Collaborate and participate in team meetings, case conferences and IPRCs. |
<table>
<thead>
<tr>
<th>Position</th>
<th>Supports and Services</th>
</tr>
</thead>
</table>
| Certified Braille and Alternative Forms      | • Coordinate with Vision Itinerant Teachers and provide input and expertise as needed in the production and development of alternative format material  
• Transcribe teacher generated material into accurate Braille Code (Unified English Braille, Music Braille, Technical Braille)  
• Accommodate teacher-generated material into large print or other alternative format (e-text, audio)  
• Produce tactile maps, graphs, diagrams, charts, pictures and line drawings  
• Provide ongoing technical support to Vision Services Itinerant Teachers with regard to Braille, assistive technology or other programs frequently used by Vision Services Students (UEB Braille, Music Braille, Technical Braille, JAWS Screen Reading Software, Kurzweil Text to Speech Software, Google Read and Write, Word, PowerPoint)  
• Test iPad apps individually and against other apps/programs to determine suitability for Vision Students  
• Contact publishers regarding copyright approval for textbooks, novels, etc.  
• Manage deadlines, quality and delivery of material to school or Vision Itinerant Teachers management of Vision Services facility, maintenance and repairs to equipment |
| Alternative Forms Transcriber               |                                                                                                                                                                                                                                                                                                                                                         |
| Community Transitions Support Worker        | • To familiarize teachers, students and parents with the transition planning process  
• To provide detailed information about the range of services and programs within the community to support the student’s transition  
• To assist students in making a successful transition from school to work, further education and community living.  
• To establish a working relationship with representatives of agencies and or organizations that will be providing support after the student leaves school.                                                                                                                                                     |
| Senior Manager                              | • Working cooperatively with the Principal of ECPP to coordinate strategic planning, policy and budget development, supervision, staff development and school support for the Student Services Department  
• Supervising Special Education support staff  
• Coordinating annual training plans for Educational Assistants and Child and Youth Care Workers  
• Overseeing all processes and data management related to claims for special Education resources                                                                                                                                                                                                                           |
<table>
<thead>
<tr>
<th>Position</th>
<th>Supports and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Assistant</td>
<td>• Assisting students with hygiene and personal care such as toileting, feeding, dressing and mobility devices</td>
</tr>
<tr>
<td></td>
<td>• Assisting with mobility and transferring from various positions (this may require lifting)</td>
</tr>
<tr>
<td></td>
<td>• Operating specialized equipment related to physical needs of students (e.g. change tables; lifts etc.)</td>
</tr>
<tr>
<td></td>
<td>• Assisting in occupational and physiotherapy strategies as directed by school personnel in consultation with CCAC School Health Support Services</td>
</tr>
<tr>
<td></td>
<td>• Assisting with the supervision of in-school and out-of-school activities for students with challenging needs</td>
</tr>
<tr>
<td></td>
<td>• Assisting students with challenging needs in meeting/boarding the bus/taxi</td>
</tr>
<tr>
<td></td>
<td>• Assisting with the implementation of Individual Education Plan/Behaviour Support Plan under the direction of the Classroom teacher and Special Education teacher</td>
</tr>
<tr>
<td></td>
<td>• Meeting with In-school team members as required</td>
</tr>
<tr>
<td></td>
<td>• <em>Please note this should not be considered as an all-inclusive list of duties</em></td>
</tr>
<tr>
<td>Student Services Support</td>
<td>• Responsible for the supervision and management of all Child and Youth Care Workers.</td>
</tr>
<tr>
<td>Liaison Officer</td>
<td>• Facilitate and support the Child and Youth Care Workers and in their delivery of special education services to students through selection, training and on the job assistance.</td>
</tr>
<tr>
<td>Re-Engagement Social Worker</td>
<td>•</td>
</tr>
<tr>
<td>Student Aware Coordinator</td>
<td>•</td>
</tr>
</tbody>
</table>

In addition, the Waterloo Catholic District School Board has developed partnerships and/or liaisons with community agencies to further support the needs of students and their families. All referrals to these agencies and/or programs are made with parental consent.
SECTION 10

INDIVIDUAL EDUCATION PLANS (IEP)
SECTION 10

INDIVIDUAL EDUCATION PLANS (IEP)

IEP-Definition

An IEP is a flexible working document that is a written plan of action based on the student’s strengths, needs and interests. It describes the expectations, accommodations and/or modifications and/or alternative programming for a student’s learning during a school year. These may differ from the expectations outlined in the appropriate grade level of the Ontario Curriculum.

Function and Purpose of an IEP

The IEP helps to identify specific goals and learning expectations for the student and will outline how the program will assist the student in the achievement of goals and expectations set out in the IEP. The IEP is a tool to help teachers monitor and assess student’s growth and communicate student progress throughout the school year, and is used in conjunction with the Provincial Report Card. The IEP provides accountability for the student, their parents and school staff.

IEP Development, Monitoring and Consultation

The IEP is developed in collaboration with classroom teacher(s), Special Education teacher, support personnel as appropriate (Speech-Language Pathologist, Psychoeducational Consultant, Social Worker, Child and Youth Care Worker, Board Certified Behaviour Analyst/Applied Behaviour Analysis Facilitator, Special Education Liaison, Itinerant Teacher of Hearing/Vision), Educational assistants, school Principal, outside support personnel (occupational therapist, physiotherapist, service provider from community agency, medical professionals), the parent(s) and the student if they are 16 years of age or older.

The process for IEP development, review and monitoring is outlined below:

- Parents and the student if they are 16 years of age or older, must be invited to consult in the development of the IEP each September. This consultation is focused on: new/updated medical information; new/updated assessment information; the student’s strengths, needs, likes, dislikes, learning style; reactions to situations; talents; skills.
- In WCDSB, a student’s IEP is developed in collaboration with classroom teacher(s), special education teacher, support personnel as appropriate (speech-language pathologist, psycho-educational consultant, social worker, child and youth worker, special education resource teacher, itinerant teacher of hearing/vision/gifted), educational assistants, school principal, outside support personnel (occupational therapist, physiotherapist, service provider from community agency, medical professionals), the parent(s) and the student if they are 16 years of age or older.
- All IEP’s must be reviewed by term (each reporting cycle) to ensure that student achievement is evaluated and reported to parents.
• Parents are invited to discuss their son/daughter’s progress (strengths, needs, next steps) at reporting times.
• Modified and/or alternative learning expectations must be developed by term and shared with parents (and the student if they are 16 years of age or older).
• If there are changes to the learning expectations at any time – parents are invited to discuss the nature of the changes.
• Any concerns about your child’s IEP should first be discussed with your child’s Classroom Teacher, Special Education Teacher and/or school Principal.

If after discussion with school level staff, the parent and/or the student if they are 16 years of age or older disagrees with significant aspects of the IEP the issues are referred to:

• The school Superintendent to negotiate a mediated settlement, and
• The Director of Education should the school Superintendent not be successful.
# Appendix 10.1

## Individual Education Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>DOB</th>
<th>Principal</th>
<th>School Year</th>
<th>SEA</th>
<th>Placement Start Date</th>
<th>Date Annual Review Waived</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IPRC Placement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for developing an IEP</th>
<th>IEP Development Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Member</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Support Services</th>
<th>Individualized Equipment</th>
<th>Sources Consulted in the Development of the IEP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessed Strengths</th>
<th>Assessed Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 1
## Individual Education Plan

### Subject / Courses or Alternative Program

| AC (Accommodated) | Changes in teaching, classroom, school environment, assessment methods |
| MOD (Modified Curriculum) | Changes in grade level expectations or changes in number and/or complexity of expectations |
| ALT (Alternative Program) | Areas of learning other than the Ontario Curriculum |

### Human Resources (Teaching / Non Teaching Support Staff)

<table>
<thead>
<tr>
<th>Type</th>
<th>Position</th>
<th>Start Date</th>
<th>Intensity</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
</table>

### Exemption

<table>
<thead>
<tr>
<th>Elementary Program Exemptions / Secondary Compulsory Course Substitutions</th>
<th>Substitute</th>
<th>Reasons</th>
</tr>
</thead>
</table>

### Permitted Accommodations

<table>
<thead>
<tr>
<th>(As Part Of Regular Classroom Practice)</th>
<th>Provincial Assessments</th>
<th>Deferrals (OSSLT only) / Exemptions</th>
</tr>
</thead>
</table>
## Accommodations

**Exceptionality:** N/A

**Purpose:** Adapt the program for the student - Reflect what is different from what is normally provided for other students in the class - Do not alter the provincial learning expectations - are assumed to be common to all subjects, courses, skill areas unless otherwise indicated

<table>
<thead>
<tr>
<th>Instructional Accommodations</th>
<th>Environmental Accommodations</th>
<th>Assessment Accommodations</th>
</tr>
</thead>
</table>

## IEP Completion And Reporting

**Date of IEP completion**

**Reporting Dates**

**Reporting Format**

- [ ] Annual program goals and learning expectations for
- [ ] A Transition Plan
- [ ] Modified subjects / courses or alternative program.

This IEP also includes (check if applicable)
Individual Education Plan

Parent/Student Consultation and Staff Review and IEP Updating
SECTION 11
PROVINCIAL AND
DEMONSTRATION SCHOOLS IN
ONTARIO
SECTION 11

Provincial and Demonstration Schools in Ontario

Provincial Schools and Provincial Demonstration Schools:

- Are operated by the Ministry of Education
- Provide education for students who are deaf, blind, deaf-blind or who have severe learning disabilities
- Provide an alternative placement option
- Serve as regional resource centres for students who are deaf, blind or deaf-blind
- Develop and provide learning materials and media for students who are deaf, blind, or deaf-blind
- Provide school board teachers with resource services and support with assessments, workshops, resource support staff, consultants
- Play a valuable role in teacher training and provide information on language acquisition, self-esteem, deaf culture, techniques for monitoring students’ progress, and proper use and management of audiological equipment
- Provide preschool home visiting services for students who are deaf or deaf-blind

Waterloo Catholic District School Board currently has students who attend W. Ross Macdonald school and students who attend Ernest C. Drury school.

W. Ross Macdonald School; School for the Blind and Deaf-Blind

W. Ross Macdonald School is located in Brantford and provides education for students who are blind, visually impaired, or deaf-blind. The school provides:

- A provincial resource centre for the visually impaired and deaf-blind
- Support to local school boards through consultation and the provision of special learning materials (e.g., Braille materials, large-print textbooks, mixed media, etc.)
- Professional services and guidance to ministries of education on an interprovincial, cooperative basis

Programs are tailored to the needs of the individual student and:

- Are designed to help these students learn to live independently in a non-sheltered environment
- Are delivered by specially trained teachers
- Follow the Ontario curriculum developed for all students in the province
- Offer a full range of courses at the secondary level
- Offer courses in special subject areas such as music, broad-based technology, family studies, physical education, and mobility training
- Are individualized, to offer a comprehensive “life skills” program
- Provide home visiting for parents and families of preschool deaf-blind children to assist in preparing these children for future education
Provincial Schools for the Deaf

- Provide rich and supportive bilingual/bicultural educational environments which facilitate students’ language acquisition, learning, and social development through American Sign Language (ASL) and English;
- Operate primarily as day schools;
- Provide residential facilities five days per week for those students who do not live within reasonable commuting distance from the school.

Each school has a Resource Services Department which provides:

- Consultation and educational advice to parents of deaf and hard-of-hearing children and school board personnel;
- Information brochures;
- A wide variety of workshops for parents, school boards, and other agencies;
- An extensive home-visiting program delivered to parents of deaf and hard-of-hearing children by teachers trained in preschool and deaf education.

The following Provincial Schools offer services for deaf and hard-of-hearing students:

- Sir James Whitney School for the Deaf in Belleville (serving eastern Ontario)
- Ernest C. Drury School for the Deaf in Milton (serving central and northern Ontario)
- Robarts School for the Deaf in London (serving western Ontario)
- Centre Jules Léger in Ottawa (serving francophone students and families throughout Ontario)

Admittance to a Provincial School is determined by the Provincial Schools Admission Committee in accordance with the requirements set out in Regulation 296. Transportation to Provincial Schools for students is provided by school boards.

These schools provide elementary and secondary school programs for deaf students from preschool level to high school graduation. The curriculum follows the Ontario curriculum and parallels courses and programs provided in school boards. Each student has his or her special needs met as set out in his or her Individual Education Plan (IEP).

Provincial Demonstration Schools for Students with Learning Disabilities

The Demonstration Schools were established to:

- Provide special residential education programs for students between the ages of 5 and 21 years;
- Enhance the development of each student’s academic and social skills;
- Develop the abilities of the students enrolled to a level that will enable them to return to programs operated by a local school board within two years.

The Ministry of Education provides the services of four Provincial Demonstration School for Ontario children with severe learning disabilities. Each provincial Demonstration School has an enrolment of forty students. The language of instruction at the Amethyst, Sagonaska, and Trillium schools is English; at Centre Jules-Léger, instruction is in French.

Application for admission to a provincial Demonstration School is made on behalf of students by the school board, with parental consent. Admittance to a Provincial Demonstration School is determined by the Provincial Committee on Learning Disabilities (PCLD).
Although the primary responsibility to provide appropriate educational programs for students with learning disabilities remains with school boards, the ministry recognizes that some students require a residential school setting for a period of time.

In addition to providing residential schooling for students with severe learning disabilities, the provincial Demonstration Schools have special programs for students with severe learning disabilities in association with attention-deficit/hyperactivity disorder (ADD/ADHD). These are highly intensive, one-year programs.

The Trillium School also operates Learning for Emotional and Academic Development (LEAD), a special program for students with severe learning disabilities who require an additional level of social/emotional support.

An in-service teacher education program is provided at each Demonstration School. This program is designed to share methodologies and materials with teachers of Ontario school boards. Further information about the academic, residential, LEAD, and LD/ADHD, programs is available from the Demonstration Schools through the Special Needs Opportunity Window (SNOW) website.

Provincial School Contacts
Teachers may obtain additional information from the Resource Services departments of the Provincial Schools and groups listed below.

Ministry of Education Provincial Schools Branch

Provincial Schools Branch
255 Ontario Street South
Milton, Ontario
L9T 2M5
https://pdsbnet.ca/en/

Tel.: (905) 878-2851
TTY: (905) 878-7195
Toll Free: (866) 906-1192
TTY: (866) 906-1193
Fax: (905) 878-1354

Schools for the Deaf
The Ernest C. Drury School for the Deaf
255 Ontario Street South
Milton, Ontario
L9T 2M5
https://pdsbnet.ca/en/schools/ernest-c-drury/
Tel.: (905) 878-2851
TTY: 905-878-7195
Fax: (905) 878-1354
The Robarts School for the Deaf

1090 Highbury Avenue
London, Ontario
N5Y 4V9
https://pdsbnet.ca/en/schools/robarts/

Tel.: (519) 453-4400
TTY: 519-453-4400
Fax: (519) 453-7943

The Sir James Whitney School for the Deaf

350 Dundas Street West
Belleville, Ontario
K8P 1B2
https://pdsbnet.ca/en/schools/sir-james-whitney/

Tel.: (613) 967-2823
TTY: 613-967-2823
Fax: (613) 967-2857

School for the Blind and Deaf-Blind

W. Ross Macdonald School
350 Brant Avenue
N3T 3J9
https://pdsbnet.ca/en/schools/w-ross-macdonald/

Tel: (519) 759-0730
Toll Free: 1-866-618-9092
Fax: (519) 759-4741

School for the Deaf, Blind, and Deaf-Blind

Centre Jules Leger
281 rue Lanark
Ottawa, Ontario N1K 6R8
https://ccjl.ca/

Tel.: (613) 761-9300
TTY: (613) 761-9302 and 761-9304
Fax: (613) 761-9301
Provincial Demonstration Schools

The Ministry of Education provides the services of four provincial Demonstration Schools for Ontario children with severe learning disabilities.

These schools are the following:

**Amethyst School**
1515 Cheapside Street 
London, ON 
N5V 3N9
[https://pdsbnet.ca/en/schools/amethyst/](https://pdsbnet.ca/en/schools/amethyst/)

Tel.: (519) 453-4400  
Fax: (519) 453-2160

**Centre Jules-Leger**
281 rue Lanark 
Ottawa, Ontario 
K1Z 6R8
[https://ccjl.ca/](https://ccjl.ca/)

Tel.: (613) 761-9300  
Fax: (613) 761-9301  
TTY: (613) 761-9302 and 761-9304

**Sagonaska School**
350 Dundas Street West 
Belleville, Ontario 
K8P 1B2
[https://pdsbnet.ca/en/schools/sagonaska/](https://pdsbnet.ca/en/schools/sagonaska/)

Tel.: (613) 967-2830  
Fax: (613) 967-2482

**Trillium School**
347 Ontario Street South 
Milton, Ontario 
L9T 3X9
[https://pdsbnet.ca/en/schools/trillium/](https://pdsbnet.ca/en/schools/trillium/)

Tel.: (905) 878-2851  
TTY: (905) 878-7195  
Fax: (905) 878-7540
SECTION 12

SPECIAL EDUCATION STAFF
SECTION 12

Special Education Staff

The staff positions listed in the attached charts (see Appendices 12.1 and 12.2) represent the complement of professional and support staff assigned to deliver programs and services to the WCDSB Special Education students. The staff qualifications listed is taken from the human resource postings/advertisements representing minimal requirements utilized at the time of hiring.

Individual staff may have qualifications beyond or below the minimum requirements. Staff members possessing qualifications below the requirement are hired due to a shortage of available qualified staff in the region and/or province. Such staff is required to participate in courses leading to the desired qualification. In such cases, the WCDSB, according to regulation, requests letters of permission or approval from appropriate governing bodies.
## SPECIAL EDUCATION STAFF

<table>
<thead>
<tr>
<th>ELEMENTARY PANEL SPECIAL EDUCATION STAFF</th>
<th>FTE FULL TIME EQUIVALENT</th>
<th>STAFF QUALIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers of exceptional students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Teachers for resource-withdrawal programs</td>
<td>59.5</td>
<td>B.A., B.Ed Special Education Part 1, Teaching Certificate</td>
</tr>
<tr>
<td>1.2 Teachers for self-contained classes</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>2. Other special education teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Itinerant teachers</td>
<td>4.0</td>
<td>B.A., B.Ed, AQ course specialist specific to the teaching area i.e. hearing impaired, a diploma in deaf education, gifted, vision, Teaching Certificate</td>
</tr>
<tr>
<td>2.2 Special Education Liaison</td>
<td>4.0</td>
<td>B.A., B.Ed, Special Education Specialist, Teaching Certificate</td>
</tr>
<tr>
<td>2.3 Special Education Adaptive Technology Resource Teacher</td>
<td>0.5</td>
<td>B.A., B.Ed, Special Education Specialist, Teaching Certificate</td>
</tr>
<tr>
<td>2.4 Principal - Special Education</td>
<td>0.5</td>
<td>B.A., B.Ed, Special Education Specialist, Teaching Certificate, Principal Qualifications</td>
</tr>
<tr>
<td>3. Educational Assistants in Special Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Educational Assistant</td>
<td>295.5</td>
<td>Education Assistant Certificate or equivalent (Includes extended day)</td>
</tr>
<tr>
<td>4. Other professional resource staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Psychologist</td>
<td>0.6</td>
<td>Ph.D. in Psychology, Registered with College of Psychology of Ontario</td>
</tr>
<tr>
<td>4.2 Psychological Associates</td>
<td>3.0</td>
<td>Masters degree in Psychology, Registered with College of Psychology of Ontario</td>
</tr>
<tr>
<td>4.3 Psychiatrists</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>4.4 Speech-language pathologists</td>
<td>4.5</td>
<td>Masters degree in Speech Language Pathology, Registered with College of Speech and Language Pathologists (CASLPO)</td>
</tr>
<tr>
<td>4.5 Audiologists</td>
<td>0.18</td>
<td>Fee-For-Service Contract</td>
</tr>
<tr>
<td>4.6 Social Workers/Attendance Counsellor</td>
<td>5.5</td>
<td>Masters degree in Social Work, Registered with College of Social Workers and Social Services Workers</td>
</tr>
<tr>
<td>4.7 Board Certified Behaviour Analyst/Applied Behaviour Analysis Facilitator</td>
<td>5.0</td>
<td>Master degree with specialization in psychology, science or other deemed equivalent. BCBA designation or Ontario BACB Alternative Qualifications.</td>
</tr>
<tr>
<td>4.8 Lead Social Worker</td>
<td>0.5</td>
<td>Masters degree in Social Work, Registered with College of Social Workers and Social Services Workers</td>
</tr>
<tr>
<td>4.9 Senior Manager</td>
<td>0.5</td>
<td>Master’s degree with specialization in psychology, social sciences, education or other deemed equivalent.</td>
</tr>
<tr>
<td>5. Paraprofessional resource staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Brailist</td>
<td>0.5</td>
<td>CNIB Certified Braille Literary Transcriber</td>
</tr>
<tr>
<td>5.2 Child &amp; Youth care workers</td>
<td>49.5</td>
<td>Youth Care Worker Diploma or equivalent</td>
</tr>
<tr>
<td>5.3 Community Transition Support Worker</td>
<td>0.2</td>
<td>Minimum university degree or college diploma dealing with special needs children/youth, social services related</td>
</tr>
<tr>
<td>5.4 Special Education Computer Technician</td>
<td>1.0</td>
<td>College degree or diploma in computer science/information technology</td>
</tr>
<tr>
<td>5.5 Client Support Officer – Special Education</td>
<td>0.25</td>
<td>College degree or diploma in computer science/information technology</td>
</tr>
<tr>
<td>5.6 Mental Health Lead</td>
<td>0.5</td>
<td>Masters of Social Work, Registered with College of Social Workers and Social Services Workers</td>
</tr>
<tr>
<td>5.7 Communicative Disorders Assistant</td>
<td>5.0</td>
<td>Diploma in Communicative Disorders</td>
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### Appendix 12.2

**SPECIAL EDUCATION STAFF**

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SECTION 13

STAFF

DEVELOPMENT
SECTION 13

Staff Development

The goal of the Special Education Staff Development Plan is to build capacity, skills and knowledge for Principals, teachers (classroom and Special Education) Educational Assistants, and professionals to ensure that high quality programs and services are provided for our students.

Input is sought through surveys, data analysis and meetings. Chosen topics are reflective of employee voice via feedback forms and direct requests from in-school staff (e.g., Administrators, Special Education Teachers, Support Staff etc.) and needs as identified via collaborative team member “reason for referral”. The Superintendent and Principal assigned to Student Services-Special Education determine the priorities for staff development. Ministry directives heavily influence these priorities.

This training complies with legislation and ministry policy on special education and is also connected to the Student Services logic models. Each logic model has a detailed plan with a focus on coaching and mentoring school staff in order to build capacity to support the learner. Professional development sessions take place in both the virtual and face to face environment.

Each year a Board Improvement and Equity Plan (BIEP) is developed. The plan has the input of school principals, senior administration and members of SEAC. This plan outlines the direction for the upcoming school year in the areas of Program and Special Education. The most recent Board Improvement Plan for student achievement will be in place for 2023-2024.

All Special Education support staff and other teaching staff will continue to have system PD sessions dedicated to training. Sample workshops include Assistive Technology Training, BMS Training, Health and Safety Training, and Universal Supports Professional Development.

All teachers new to Special Education receive additional training throughout the school year through in-service delivered by our Special Education Liaisons and Student Services staff.
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SECTION 14

EQUIPMENT
**SECTION 14**

**Equipment**

Waterloo Catholic District School board accesses the Special Equipment Amount (SEA) Ministry grant which provides funding to school boards to assist with the costs of equipment essential to support students with Special Education needs where the need for specific equipment is recommended by a qualified professional. This equipment is to provide students with accommodations that are directly required and essential to access the Ontario curriculum and/or a board-determined alternative program and/or course and/or to attend school.

**WCDSB AP Memo Related to Section 14 - Equipment**

**APS015 Procedures for the Purchase of All Electronic Computing Devices**

**What is SEA?**

Specialized Equipment Amount (SEA):

- Provides funding to school boards to offset the costs of equipment essential to support individual students.
- This need must be recommended by a qualified professional (Teacher of Blind and Low Vision, Occupational Therapist, Psychologist, Speech Language Pathologist, Medical Doctor, Audiologist etc…)
- The equipment is to provide students with accommodations essential to access the Ontario curriculum and/or Board-determined alternative program and/or to attend school.

**Board/School Responsibilities:** Specialized Equipment purchased through a SEA claim is for the use of a student but remains the property of the Board so the Board and school will:

- ensure that students have access to equipment necessary to attend school and learn (whether or not it is equipment purchased through a SEA claim, SEA Per Pupil Amount, or other Board monies)
- to protect, maintain and manage Specialized Equipment purchased through a SEA claim as a public resource
- ensure that the equipment is functioning properly and is meeting student needs
- ensure that the equipment is shared with other students
- ensure that equipment is transferred to another student when it is not required by the student for whom it was purchased.

**Requirements:** Before a SEA claim is started, it is important to determine:

- The essential nature of the equipment to enable the student to access the curriculum
- How this equipment will be used to access the curriculum and how it will be integrated in the student’s learning environment
- The readiness of the student (i.e. The student is receptive to sharing equipment already in the school, has used software, is familiar and interested in using computer programs to access the curriculum, etc.)
Who determines whether SEA equipment is essential? The benefits of specialized equipment for the student may be noticed by school staff, an outside agency, parents or Student Services department staff but the need for specialized equipment must be supported by a letter, an addendum or a report written by a relevant qualified professional, which states that the equipment is essential in order for this student to attend school or access the curriculum. This letter will begin the process but does not guarantee an outcome. Professionals who are qualified to write the letter to support the SEA claim:

- Psychologist or psychological associate
- Physician
- Social worker
- Audiologist
- Speech-language pathologist
- Augmentative communication therapist
- Optometrist / ophthalmologist
- Occupational therapist
- Physiotherapist
- orthopédagogue (Quebec registered)
- Itinerant Teacher for Blind/Low Vision
- Certified teachers from provincial schools are also acceptable for equipment required to support deaf and deaf-blind students.

SEA Claims-Based Funding:

- Should the claim be approved, the School Board pays the initial $800.00, and the balance is covered by the Ontario Ministry of Education. Claims under $800.00 are typically not processed through SEA.

SEA Per Pupil Amount:

- Should the claim be approved, the School Board will pay the entire amount. The funds are provided yearly by the Ontario Ministry of Education based on a funding formula.
Appendix 14.1

Computer SEA Funding

Special Education Liaisons in conjunction with the Special Education Assistive Technology Resource Teacher will assist Special Education Teachers in coordinating all SEA claims.

Step 1 - Recommendations for Hardware and Software

- A recommendation, for equipment for a student is generally initiated at the school level based on student need. The documentation required for a SEA PPA claim, can come from a variety of sources including the following:

  - an external, private qualified professional or agency (i.e. KidsAbility, Bloorview MacMillan, Provincial School, Demonstration School, private Psychological Services

  - from within the WCDSB (i.e. Speech-Language Pathologist, member of Psychological Services, Board Audiologists, Itinerant Vision Teacher, Special Education Assessment)

Step 2 – Hardware and Software for SEA PPA claims.

There are two main categories of SEA PPA Hardware: chromebooks and ipads.

Software for chromebooks include the following: Read and Write for Google, OrbitNote PDF reader, Snapverter,

Software for ipads include ipad apps focusing on early literacy and numeracy, vision access apps, cortical vision impairment apps, communication app (Proloquo2go) and Boardmaker7.

Step 3 – SEA Computer Application

Timelines for the SEA Application Process:

- Applications are submitted monthly, reviewed and deployed

- The Special Education Teacher at the student’s school gathers the necessary documentation and informs parents that a SEA Application will be made in the name of the student.

- Schools submit a SEA package that includes a cover page, IEP, assessment details, trialing logs, work samples, training checklists

Step 4 - Training

- With all new SEA LD type claims, our Internal A-Tech trainer will train all students with new claims to ensure competencies with the Read and Write tools.

  - With all new SEA ipad claims, we outsource our training to Bridges-Canada, who train staff on the use of various ipad apps and Boardmaker7.

  - All special education teachers at our elementary sites have up to 4 periods of A-Tech time on their schedule to support students and teachers with their A-Tech needs

  - Each of our High Schools has a half-time A-Tech EA, who supports students and teachers with their A-Tech needs.

  - Additional training and support is also provided by the Assistive Technology Resource teacher
SECTION 15

ACCESSIBILITY OF SCHOOL BUILDINGS
SECTION 15

Accessibility Of School Buildings

WCDSB is committed to providing school buildings which are accessible to the students with Special Education needs. Historically, the Board responded to these needs by providing the necessary modifications to a school or transporting the student to the most accessible school closest to the student’s home school boundary.

During the school year 2000-01, the Ministry of Education amended Regulation 446/98 to provide boards with a one-time grant intended to provide improved access to its facilities for students with Special Education needs. Since that time WCDSB has developed and maintained a multi-year Accessibility Plan that is responsive to its accommodation master plan and its functional equity plan. The Accessibility Plan provides information on the Board’s progress in implementing capital improvements and accessibility improvement plans over a specified span of years.

Members of the public may access the Board’s Accessibility Plan and other related documents at:

SECTION 16

TRANSPORTATION
SECTION 16

Provision Of Transportation

WCDSB AP Memo related to Section 16 - Transportation

APO012 Transportation

The Executive Superintendent of Corporate Services and Chief Financial Officer has final approval for specialized transportation in consultation with appropriate Student Services staff.

Requests for transportation are approved based on a student’s intellectual ability, behaviour, communication needs, mobility needs and medical needs. It is imperative that all students arrive to and from school safely.

Special and/or alternative methods of transportation may need to be arranged to ensure the student is safely transported. All transportation drivers are informed of the student needs, and steps to follow in case of an emergency. This information is gathered collaboratively from parents and appropriate school personnel.

The process to determine if a student requires special transportation (i.e. a child who is medically fragile and therefore must have a transportation driver with first aid training or if the student must be transported individually, i.e. a child who physically harms others) is collaborative involving the parent, the school Principal and the Executive Superintendent of Corporate Services and Chief Financial Officer. The transportation operator is apprised of any additional training that may be necessary.

All transportation drivers of wheelchair vans or taxis are trained on the topics of safely securing students in the vehicle, disability awareness, emergency procedures, and safe evacuation procedures. All transportation drivers who transport medically fragile students are trained in first aid and CPR. All transportation drivers for all students must have a vulnerable sector search and pass training tests. Grand River Transit has a training program and an operator’s manual to ensure drivers have the necessary knowledge and skills.

Board staff have also been informed of amendments to Child Car Seat Legislation that will impact volunteer drivers for school activities.

When parents enrol their children with special needs outside their home school, the parent assumes responsibility for their child’s transportation. Transportation for Educational Community Partnership Programs or for students attending Provincial or Demonstration Schools is provided by taxi.

Transportation may be considered and provided for in the following situations:

- secondary students in the Community Living or ACTIVE programs who participate in community/experiential programming.
- elementary students participating in accelerated programming at a secondary school or
- students attending summer school programs in our board.

Transportation for these types of programs and services is provided by city bus. The board assumes the costs of the student bus fare.
The Parent's role in the provision of specialized transportation

It is the parents’ responsibility to:

• Inform the bus/taxi company directly if transportation is not required for any duration of time (e.g., half day; full day; multiple days)
• Inform the school/Board should the transportation no longer be required.
• Request through the school any changes in schedule times or locations, etc.
• Work collaboratively with school staff to provide information required for any documentation required.
## Special Needs Transportation

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<td>1. Temporarily Non-ambulatory students.</td>
<td>The principal completes the T-1 form and submits it to the Executive Superintendent of Corporate Services and Chief Financial Officer for approval. A medical certificate may be required to support the T-1 form request. Confirmation of transportation is communicated to the school by the Transportation Department. The Executive Superintendent of Corporate Services and Chief Financial Officer will liaise with the Superintendent of Schools if a request is not approved.</td>
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<tr>
<td>2. Special Needs students and Exceptional students requiring transportation to attend their home school.</td>
<td>The principal completes the T-1 form and submits it to the Executive Superintendent of Corporate Services and Chief Financial Officer for approval. The Transportation Department will make the arrangements based on the T-1 form. Confirmation of the arrangements will be sent to the school parents.</td>
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**Transportation Department**

- The Transportation Department will make the arrangements based on the T-1 form.
- Confirmation of the arrangements will be sent to the school parents.

**Parent**

- It is the parent(s) responsibility to:
  - Inform the bus/taxi company directly if transportation is not required.
  - Inform the school should the transportation no longer be required.
  - Request through the school any changes in schedule times or locations, etc.

**Comments**

- All companies transporting students have been advised that schedule changes must be communicated to them by the Transportation Department.
SECTION 17

SPECIAL EDUCATION

ADVISORY COMMITTEE
SECTION 17

Special Education Advisory Committee

Purpose

To provide details of the operation of the Board’s SEAC to the Ministry and to give members of the public information to which they are entitled.

The roles and responsibilities of the SEAC are presented in a workshop format to SEAC members at the beginning of each three-year term of office. Whenever a new member joins the SEAC (partway through a term of office) the new member receives a copy as part of an information package and is partnered with an existing member for mentoring purposes.

Similarly, all SEAC members receive a copy of relevant Ministry and board policies relating to special education and a copy of relevant Ministry regulations, together with a copy of the Provincial Advisory Committee’s “Handbook for Members of Special Education Advisory Committees”, Ministry of Education, Minister’s Advisory Council on Special Education.

The SEAC meets at 6:00 p.m. on the first Wednesday of every month from September to June, inclusive. Extraordinary meetings are held if and as necessary. All meetings are held at the Board Office in Kitchener. They are all open to the public, and the local media receives advance copies of the agendas at the same time as the SEAC members. In extenuating circumstances, the SEAC meetings may be held virtually upon approval of the committee.

SEAC members are appointed by the Board at the beginning of the Board’s term of office. The Director of the Board receives a list of recommended local associations and community organizations from the outgoing SEAC, near the end of its term. The Director sends letters to the recommended local associations and community organizations, informs them of the legal requirements for membership, and invites them to nominate a representative who fulfills the requirements. These nominees are recommended to the Board and upon approval the SEAC is convened. At its first meeting it selects a chair and vice-chair. A similar process is followed if a new member is added to the SEAC during the SEAC’s term of office.

The earlier section in this plan titled “The Board’s Consultation Process” outlined the involvement of SEAC in the public consultation process, the review of input, and the development of the Special Education Plan. Each SEAC meeting through the course of the school year involves presentations and discussions about various Board and community-based programs/services. This format allows SEAC to have ongoing opportunity to influence the establishment, development and delivery of Special Education programs and services. As previously mentioned, SEAC members also play a very active role in Board committees dealing with Special Education issues.

SEAC also participates in the development of the Board’s annual budget for Special Education through ongoing discussion about current and proposed programs and services and through more formal
presentation on Special Education funding and the Board’s budget. This typically occurs during May-June following the release of budget information by the province.

Parent(s) and other members of the public are encouraged to attend SEAC meetings. SEAC members frequently invite guests to attend meetings to hear presentations and/or address specific topics. Prospective associations have also attended to learn about the role of SEAC.

For additional information related to the Waterloo Catholic District School Board SEAC in the areas of

- Roles
- Responsibilities
- Meeting Procedures
- Agendas and Minutes
- Membership

please access the following links:

WCDSB SEAC

SEAC Brochure

SEAC's Partners in Education

An effective SEAC member should have an understanding of the relationships between the Ministry of Education and Training, school boards, schools, provincial associations, and other ministries. The roles of these bodies are outlined in Appendix 17.1

Appendix 17.1

Role of the Ministry of Education and Training

The Ministry performs the following functions:

- **Developing philosophy and curriculum support documents**
  The ministry is responsible for developing the provincial policies related to special education, including policy/program memoranda and special education curriculum support documents. The Special Education Policy Unit, situated in the Mowat Block at Queen's Park, develops, in consultation with its partners, special education policies, guidelines, and procedures designed to ensure that school boards deliver programs and services which meet the needs of exceptional students.

- **Allocating funds**
  The Special Education Policy Unit works with the School Business and Finance Branch to develop legislation (General Legislative Grants Regulations) which provides for the funding of special education programs and services.

- **Reviewing Special Education Plans**
  Boards submit the annual review of, and any reports regarding their Special Education Plans to the Regional Offices of the Ministry.
The regional offices, acting on behalf of the Minister of Education Training, reviews the annual reports of boards of their Special Education Plans and may require revisions, and make suggestions and/or corrections. These will be forwarded to the board, in writing, and should be shared with the SEAC. A copy of the final plan and the annual submissions are sent to the ministry by the regional offices for a second review by ministry.

- **Hosting and co-hosting conferences on special education**
The Special Education Policy Unit collaborates with the regional offices and/or parents' associations to host provincial, regional, or local conferences and workshops.

- **Working with other ministries that interact with exceptional students**
The Special Education Policy Unit collaborates with other ministries in the provision of programs and services to students with special needs (i.e., Ministry of Health, Ministry of Community and Social Services, and Ministry of Corrections).

**Role of the School Boards**

The duties of school boards are outlined in the Education Act. The following general responsibilities reflect the intent of the act with regard to special education programs and services:

School boards shall:

- provide educational programs and services, including special education;
- develop strategies to meet the requirements of the legislation and funding;
- develop curriculum strategies and initiate new programs;
- recruit staff, provide training, and implement programs;
- appoint SEAC members;
- provide input and resources to SEACs;
- make recommendations to the ministry through the regional offices;
- prepare, maintain, review, and amend the Special Education Plan and submit any amendments annually to the regional office for submission to the ministry;
- ensure that parent(s), school personnel, and the community are aware of SEAC.

**Role of the Local School**

Each local school operates in accordance with the Education Act and the regulations, policies, and procedures of the local school board. Under the leadership of the principal, effective schools:

- identify the strengths and needs of pupils on an ongoing basis;
- implement board curriculum in accordance with legislation and board policies;
- develop programs for effective learning;
- maintain and encourage open communications with parents or guardians and awareness of local resources available to parents or guardians.

**Role of the Provincial Associations**

The provincial associations:
• develop policies and procedures that reflect the association's philosophies and perspectives on special education as related to the exceptional pupils they represent;
• ensure that policies are shared with other relevant groups, such as school boards and other ministries;
• monitor implementation of current legislation and funding;
• produce and distribute resource materials;
• share information with associations and other agencies;
• provide consultation on legislation (e.g., briefs);
• host and co-host workshops, seminars, and so on;
• act as advocates on behalf of exceptional pupils.

Role of Other Ministries

The Ministries of Health, Community and Social Services, and Corrections work with the Ministry of Education and Training to develop a joint approach to delivery of health and social services to exceptional pupils.
SECTION 18

COORDINATION OF

SERVICES

WITH OTHER MINISTRIES

OR AGENCIES
SECTION 18

Coordination of Services with Other Ministries or Agencies

WCDSB AP Memo related to Section 18 - Coordination of Services with Other Ministries or Agencies

APO026 Student Services Partnerships

APO026 Student Services Partnerships is based on Ministry of Education Policy/Program Memorandum PPM 149, as well as other documents, and allows for provision of services by regulated health professionals, regulated social service professionals and paraprofessionals in the schools.

There are a number of specific processes in place for the coordination of services for students with Special Education needs making the transition from home, preschool or a provincial school to our schools. WCDSB works in partnership with a number of community agencies in order to coordinate the delivery of services and to provide seamless transitions for students in our schools.

Coordination of services for students in WCDSB is provided using the following protocols.

Preschool Transition to School for Children with Special Needs

This protocol is used in preschool placements and early childhood education programs through the Child Care Special Needs Resourcing Partnership. This includes children with more complex needs (see following sections re: students who are deaf; students with autism) as well as those coming from preschool speech and language services. Parents are involved in the transition planning and attend a case conference if required, usually held in the spring prior to their child’s entry into school.

WCDSB has developed a protocol with preschool placements (e.g., KidsAbility) and Early Childhood Education Programs (e.g., K-W Habilitation Services Preschool Outreach and/or children who qualify for resource status through the Region of Waterloo and therefore attend their neighbourhood preschool) and with the Principals in elementary schools. The protocol is as follows:

- The names of students with special needs (physical intellectual, behavioural, vision, hearing, etc.) are forwarded to the Superintendent of Learning Services – Special Education by the outside agency personnel responsible for preschool placements. The names are then forwarded to members of Student Services – Special Education (Special Education Liaisons, Speech/Language Pathologists, Psychoeducational Consultants, Social Workers and, if appropriate, Itinerant Teachers for Vision or Hearing), as well as to the receiving school Principals and the Special Education teachers.

- Arrangements for preschool placement visits and/or observation of the student are made by the Student Services – Special Education staff members. It is important that the Special Education Liaisons are part of an initial meeting as many of these children require additional support (e.g., equipment; educational assistants) and these are the individuals who will make recommendations to the Superintendent of Learning Services – Special Education. These meetings provide school and Special Education personnel with an overview of the child’s strengths, needs, involvement with specialized personnel (i.e., OT, PT, Speech and Language), recommendations for
specialized equipment, transportation requests, medical/health needs, and involvement with the Ontario Autism Program for Children with Autism. The meetings also provide information regarding the kind of training that staff (teachers and educational assistants) will require in order to work with the child and for the child to be successful in school.

- Sometimes, children come directly from the home environment, without any preschool or outside agency involvement. At times, these children's needs are flagged by the parent(s) and sometimes they are flagged by the school. The same process is followed as far as initiating a meeting to gather information about the child (their strengths, needs, etc.) and to ensure appropriate referrals are made (i.e., SBRS).

**Preschool Speech and Language Programs**

**A committee with representatives from:**

- KW Habilitation Services
- KidsAbility
- Developmental Services Resource Centre (DSRC)
- Waterloo Catholic District School Board
- Waterloo Region District School Board

has developed a Transition to School Process for the region. The referring agency shares information about the student and a transition plan is developed. Each child’s transition differs based on the form of therapy required and the child’s individual needs. Case conferences are held in the spring prior to school entry can include the following:

- School Principal or designate
- Special Education teacher
- Classroom teacher
- Special Education Liaison
- Speech Language Pathologist
- Board Certified Behaviour Analyst/Applied Behaviour Analysis Facilitator
- WCDSB Social Worker
- WCDSB Psychoeducational Consultant
- Parent(s)
- Former teacher
- Possible HCCSS staff

Discharge reports and assessment results, student plans, etc., are shared with the new school.

**Autism Services For Students With Autism**

Parents of children who are receiving Autism Services may contact their home school to request a meeting to discuss the needs of their child.

**Connections for Students Program**
This program supports transition of students with autism in publicly-funded Autism Intervention programs to their community school. This program occurs at a set interval prior to and after a student is discharged from their Autism Intervention program.

**Educational & Community Partnership Programs (ECPP)**

School personnel including WCDSB senior administration, and WCDSB staff such as social workers, school principal and/or guidance counsellor are informed by partner agencies regarding students entering our system from an ECPP. With parental consent and participation, discharge case conferences are held, and plans are developed and shared to ensure a positive transition for the student’s entry or re-entry into school. Appropriate WCDSB staff meet on a regular basis with staff from the ECPP (e.g., Young Adult Program, Carizon, Lutherwood, Family and Children’s Services) to share program goals, provide updates, coordinate program transfers, and to ensure effective communication and care for the student.
SECTION 19

SUBMISSION AND AVAILABILITY OF SCHOOL BOARD PLANS
SECTION 19

Submission and Availability of School Board Plans

Parent(s) and members of the general public may access copies of parts or all of the Waterloo Catholic District School Board Special Education Plan, 2023-2024 on the Board’s Web site at www.wcdsb.ca, or by contacting the office of the Superintendent of Learning Services—Special Education at 519-578-3660.

Two copies of the plan approved by the Board of Trustees will be submitted to the London District Office of the Ministry of Education (1-800-265-4221).
Minutes – SEAC Meeting

Special Education Plan 2023-2024

It was moved by ___ and seconded by ____

THAT SEAC approve a motion to recommend to the Board of Trustees that the Special Education Plan 2023-2024 be approved as presented at the SEAC meeting --- Carried by consensus
SECTION 20

WCDSB

ADMINISTRATIVE POLICY MEMOS

CORRELATED TO

SPECIAL EDUCATION
“Special Education is complex and Ministry and board policies and practices, as well as research and understanding about special education are evolving rapidly.” (PAaC on SEAC Effective Practices Handbook for SEAC Members 2016).

It is important to have access to the most current and relevant policies and procedures to assist both staff and parents in supporting students. The list of administrative policy memos below highlights some of the key memos at WCDSB that relate to supporting students with special education needs.

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<th>APS Memos - Staff</th>
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