



Committee of the Whole Board Meeting

Monday, June, 10, 2019
Board Room, Education Centre

AGENDA

- A - 1 **Opening**
- (a) Roll Call
 - (b) Declaration of Conflict of Interest
 - (c) In Camera Session (6:30 p.m.)
 - (i) Personnel Matters
 - (ii) Legal Matters
 - (d) Welcome to Open Session / Land Acknowledgement Statement (7:15 p.m.)
 - (e) Agenda Additions/Deletions/Approval
 - (f) In Camera Report
- B - 1 **Business Arising from Minutes and/or Previous Meetings**
- C - 1 **Director's Report**
- D - 1 **New Business - Action/Decision Items**
- (a) 2019-20 Board Budget R. Wyszynski
 - * (b) Annual Review of the Special Education Plan L. Thompson
 - * (c) Fundraising Approval – Lakewood ES – Port Dover R. Wyszynski
 - (d) Contract Award – Masonry – Caledonia Centennial PS R. Wyszynski
- D - 2 **New Business - Information Items**
- * (a) Category III Trips B. Blancher
 - * (b) Implications of 2019-20 Friday the 13th Events on Port Dover Students W. Baker
 - * (c) Burford Tennis Courts Modifications R. Wyszynski
- E - 1 **Bylaw/Policy/Procedure Consideration - Action/Decision Items**
- * (a) BL13 Signing Authorities of the Board (A) R. Wyszynski
 - * (b) BL18 Personnel Matters to be Considered In Camera (A) B. Blancher
 - * (c) SO5 School/Site Security and Lockdown in schools (C) W. Baker
 - * (d) SO28 Student Concussion and Head Injury (A) D. Martins
 - * (e) SO19 Privacy and Information Management (A) D. Abbey
- E - 2 **Procedure Consideration - Information Items**
- * (a) FT103 Temporary Closure of Board Buildings (I) R. Wyszynski
 - * (b) FT110 Recorded Surveillance: Board Buildings & School Transportation Vehicles (I) R. Wyszynski
 - * (c) HR103 Duties and Expectations of Teachers (I) S. Sincerbox
 - * (d) HR105 Term Assignments – Central Support Staff (I) S. Sincerbox
 - (e) HR117 Re-evaluating Existing Non-Union Positions S. Sincerbox
- F - 1 **Other Business**
- G - 1 **Correspondence**

SUCCESS for Every Student



Committee of the Whole Board Meeting

Monday, June, 10, 2019
Board Room, Education Centre

H - 1 Adjournment

Future Meetings (held at the Education Centre unless noted otherwise)

Indigenous Education Advisory Committee	June 12, 2019	6:00 PM	Lloyd S. King ES Hagersville
Special Education Advisory Committee	June 13, 2019	6:00 PM	Board Room
Audit Committee	June 18, 2019	4:00 PM	Brant Room
Chairs' Committee	June 24, 2019	5:45 PM	Norfolk Room
Board Meeting	June 24, 2019	7:15 PM	Board Room
Chairs' Committee	August 26, 2019	5:45 PM	Norfolk Room
Board Meeting	August 26, 2019	7:15 PM	Board Room

SUCCESS for Every Student



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Liana Thompson, Superintendent of Education
RE: **Annual Review of the Special Education Plan**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board approve the Annual Review of the Special Education Plan, and the submission of two copies of the plan the Special Education Report Components Checklist to the Regional Office of the Ministry of Education by July 31, 2019.

Background/Rationale

As per regulation 306, each school Board is required to maintain a Special Education Plan, to review it annually and to make amendments as appropriate. Each school Board is also required to ensure that updated and comprehensive information regarding Special Education programs and services is made available to the community by the start of the school year. The Special Education Plan is posted on the board website.

A copy of the updated Grand Erie Special Education Plan 2018-19 and checklist is attached.

Additional Information

Any changes to the plan were made in response to feedback from Special Education Advisory Committee (SEAC) and parent and community input.

Summary of Changes

- All dates were changed where applicable from 2017-18 to 2018-19
- Professional development offerings for the year were updated.
- Updated special education staff roles and numbers were updated.
- IPRC data was updated.

The Special Education Plan 2018-19 was presented for review at the April 25, 2019 SEAC meeting, and approved at the May 16, 2019 meeting.

Grand Erie Multi-Year Plan

This report supports the Achievement indicator of Success for Every Student and the following statement: we will set high expectations for student and staff achievement.

Respectfully submitted,

Liana Thompson
Superintendent of Education



Special Education

A Grand Erie Program

SPECIAL EDUCATION PLAN 2018-19

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Standard 1: THE BOARD'S CONSULTATION PROCESS

The purpose of this standard is to provide details of the Board's consultation process to the Ministry and to the public.

The Grand Erie District School Board values collaboration with families and community members.

Consultation with the Special Education Advisory Committee

To meet Regulation 464/97, the Grand Erie District School Board has ensured that its Special Education Advisory Committee has participated in the Board's Annual Review, under Regulation 306 of the Revised Regulations of Ontario (1990), of its Special Education Plan. Involvement has included:

- ongoing discussion at SEAC meetings throughout the 2017-18 school year;
- opportunity for input through an online survey link on the Grand Erie District School Board website;
- invitation to attend Board's budget meeting dealing with special education budgets;
- opportunity to meet with the Board's Manager of Business Services, to ask questions and receive clarification regarding Special Education budgets;
- first draft of the Plan was received by SEAC on April 19, 2018;
- final draft was received on May 17, 2018.

Descriptions of any majority or minority reports received from members of SEAC concerning the Board's approved plan are as follows:

- None Received

On May 17, 2018 the Special Education Advisory Committee passed the following motion:
"THAT the Special Education Advisory Committee recommend the Grand Erie District School Board approve the 2017-18 Special Education Plan, dated July 31, 2018.
The motion was carried.

Public Consultation

Overview information about the Special Education Plan, a link to the Special Education Plan, and a survey inviting public consultation about the plan were posted on the new Grand Erie website throughout the 2017-18 school year.

School principals were given suggestions about promoting the survey, i.e., inclusion in school newsletter, social media promotion.

As a result of the Board's consultation with the community, limited feedback was received. Survey questions and responses are summarized below:

- What are the strengths of the plan?
Respondents shared that the plan itself is comprehensive and complete. "The plan says everything it should and is every special needs parent's dream...."

- What is still needed in the plan?
Respondents expressed concern about accountability for follow through with the plan and with Individual Education Plans themselves. Insufficient resources were a common complaint. A recommendation was made for system staff to follow up directly with parents of identified students to see what is working and what is not. One respondent advocated for work around acceptance of special needs by other students. There was a suggestion for someone to audit schools to see if they are using identified strategies.
- Does this plan help? Why or why not?
Respondents identified that early childhood educators and classroom teachers are the primary supports for students but stated that more Educational Assistants are needed to support plan implementation and ensure that the needs of individual students are met.

Survey responses are currently anonymous which makes it difficult to follow up with respondents who have concerns. An option to submit with school name and parent name will be added to the survey to promote follow up.

Implementation of “Guiding Principles for Special Education” continued. In particular, principals reviewed the Guiding Principles in detail at the GREAT session on February 20th, applying the principles to decision-making processes throughout two case studies. Additionally, the planned reviews as articulated in 2015-2016 Board Improvement Plan for Student Achievement, (Appendix C) occurred as follows:

Review of Grand Erie’s Achievement Plan – Success for Every Student

Special Education instruction will continue to focus on working in alignment with Elementary Program and Student Success to support the implementation of the Renewed Math Strategy, with a special focus on meeting the needs of students with Learning Disabilities.

Professional Learning/Capacity Building	
Strategies	Structures: Director’s Meetings; School Resource Team meetings; after school workshops; on-going training sessions; provision of targeted support; Spring 2018 Professional Development days for Learning Resource Teachers and teachers of self-contained classes.
Professional development / resources / training <i>Learning for All</i>	<ul style="list-style-type: none"> • Full participation in the Renewed Math Strategy with a focus on supporting staff to understand and meet the needs of the Learning-Disabled learner in math. This included supports to understand, differentiated instruction, the tiered approach to interventions and the effective use of assistive technology. • Spotlight on Special Education: Focused on the tiered approach to interventions • Full day learning session for all administrators on the Pathways to Modification
Professional development/ ongoing support for development and implementation of goals in <i>Individual Education Plans (IEP)</i>	<ul style="list-style-type: none"> • Sharing of results of 2016-2017 IEP audit • Continued emphasis on Improved implementation of IEPs.

During the 2018-2019 school year, the Board continued to implement the Mental Health Strategy. This Strategy is based on three pillars Mental Health Literacy, Wellness and Resiliency and Mental Health Interventions.

Learning opportunities and/or resources were provided for staff and students throughout the Board. This includes, but is not limited to, Mental Health Monday presentations, Applied Suicide Intervention Skills Training (ASIST), Professional Development workshops, Stress Lessons for secondary students, Mind-Up and social-emotional learning for elementary students. The social-emotional learning program, Promoting Alternate Thinking Strategies (PATHS), was co-delivered by Grade 1 Teachers and Child and Youth Workers. The Grade 4 PATHS program was also piloted in a selected number of classrooms.

The Grand Erie Mental Health & Wellness Lead and the Child & Youth Workers developed stress management and mindfulness/calming resources for students. With the Secondary Wellness Champions, work began on increasing awareness, knowledge and skills related to mental health. Wellness Champions were established at the elementary level. An introduction to Mental Health 101 through Jack Talks presentations took place in most Grand Erie Secondary Schools.

A preventive mental health initiative offered 6 educational workshops on Stress Management and Anxiety Reduction to secondary students in five Secondary Schools. Throughout the school year, the Suicide Risk Protocol in-service was provided to Grand Erie Administrators, Guidance Counsellors, Learning Resource Teachers, Support Staff, Teachers and Educational Assistant All SO 108 Community Partnerships were reviewed with participating community agencies.

The following principles guide the implementation of the Child and Youth Mental Health Strategy in Grand Erie:

1. Achievement is fundamentally connected with student mental health and well-being.
2. Safe and inclusive school cultures will allow students to flourish.
3. Engagement among students, parents, staff and community is essential.
4. Commitment to ongoing learning for all is critical.
5. Evidence-based/informed practices will guide interventions to support students' mental health and well-being.
6. Align and coordinate efforts with community partners to maximize efficiency of resources and strengthen outcomes for students.
7. The unique strengths and needs of each school community will be honoured to ensure support is flexible and responsive.

Standard 2: THE BOARD'S GENERAL MODEL FOR SPECIAL EDUCATION

The purpose of this standard is to provide the ministry and the public with information on the Board's philosophy and service delivery model for the provision of special education programs and services.

The Special Education Plan of Grand Erie has been designed to comply with the Canadian Charter of Rights and Freedoms, the Ontario Human Rights Code, the Education Act and Regulations made under the Act, the Accessibility for Ontarians with Disabilities Act (AODA), and any other relevant legislation.

Vision for Special Education

Special Education Services and Programs in Grand Erie are consistent with the Board's mission "Success for Every Student" and are provided to allow every student to benefit from the public education system. Special Education Programs are delivered in the most enabling environment permitting the students the greatest access to their full potential. Schools and the parents/guardians work with resource staff and other involved agencies, using all available information, to develop an understanding of each child's strengths and needs to program in the most appropriate manner.

In Grand Erie the ultimate goal is to provide an inclusive environment for students in whatever classroom and school they are educated. "Inclusion is a way of thinking, a way of being, and a way of making decisions about helping everyone belong." (Causton-Theoharis, Julie N. The Golden Rule of Providing Support in Inclusive Classrooms: Support Others as You Would Wish to Be Supported - Teaching Exceptional Children, Vol. 42, No. 2, pp. 36-43. Copyright 2009, CEC). In inclusive classrooms, the principals of universal design for learning and differentiated instruction and assessment are implemented. Special education programs and services within Grand Erie are guided by the following eight principles, which are included in board policy P1-Special Education Guiding Principles:

1. All students can succeed. Success looks different for different students.
2. Education is differentiated for students, and provided for students in the whole class, in groups, and very rarely on a one-to-one basis.
3. Students learn differently and have different educational goals. Educators respond to these differences when planning and delivering programs.
4. The goal for all schools is to create environments that consider and include the learning needs of all students.
5. Resources are provided to support students to become independent in reaching their educational goals.
6. The classroom teacher and early childhood educator are the primary support for all students in school. Human resource supports such as learning resource teachers, educational assistants and other support staff work as a support to the classroom teacher and early childhood educator to address the needs of the students.
7. Students are educated in their community schools if this is the more enabling environment for their learning. Self-contained classroom placements are available if regular class placement cannot meet the needs of students.
8. Fairness is not sameness. Students are provided with resources and supports that will assist them to become independent in reaching their educational goals.

Guiding Principles in Special Education

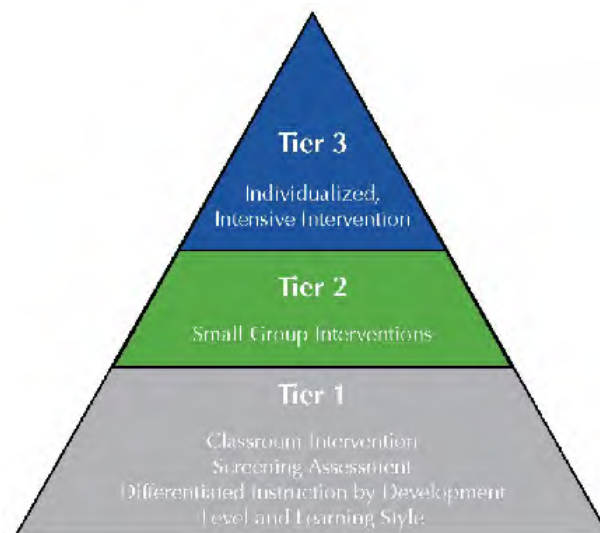
1. All students can succeed. Success looks different for different students.

In Grand Erie we believe that all students can succeed when provided with high expectations for learning and achievement and the necessary accommodations and/or modifications in their individualized educational program. Programs are developed to challenge students to achieve at a greater level, while building in regular opportunities for success. Student success is measured by their achievement of the goals outlined in their Individual Education Plan (I.E.P.).

2. Education is differentiated for students, and provided for students in the whole class, in groups, and very rarely on a one-to-one basis.

Our mission is to nurture and develop the potential of all students by providing meaningful learning opportunities. Educational program delivery occurs within a group of peers to facilitate the development of the whole child. We believe that using a tiered approach to the identification of learning needs in the classrooms provides assessment and instruction that are responsive to student needs. Supports are organized and offered based on student need. In Tier 1 students meet their educational goals in a whole class setting, with supports provided. In Tier 2 students require small group support in order to meet their educational goals. In Tier 3, students may require an alternative setting or individualized support in order to meet with success. When individualized support is required, it is time-limited and every effort is made to support the student to move to small group or whole class instruction as soon as possible. Very few students require Tier 3 support. We believe that the education of every child is the collective responsibility of every adult within a school community.

Tiered Intervention



3. Students learn differently and have different educational goals. Educators respond to these differences when planning and delivering programs.

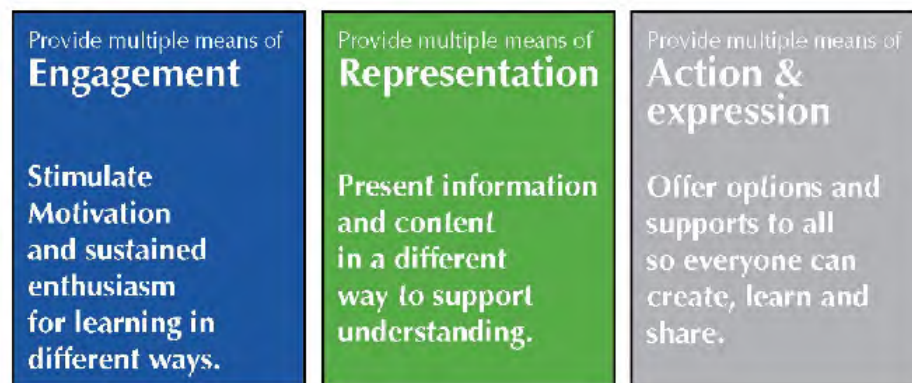
Schools within Grand Erie represent diverse communities. Programs are developed and implemented to meet local needs within the framework of provincial education requirements. This includes identifying and meeting individual student needs within the context of group learning.

Universal design and differentiated instruction are an effective means of meeting the learning needs of any group of students. We believe that all classrooms include students with a range of talents and abilities and that our classroom learning environments must be accessible to all. Classroom physical and learning environments can be made accessible to all learners by applying the principles of Universal Design for Learning (UDL). UDL encourages educators to reflect on the unique nature of each learner and to accommodate for differences, thereby creating learning experiences that suit individual learners and maximize their ability to progress in the context of group learning.

We know that our students differ significantly in their strengths, interests, learning styles and readiness to learn, therefore we believe it is necessary to adapt, or differentiate, instruction and assessment in order to suit these differing characteristics.

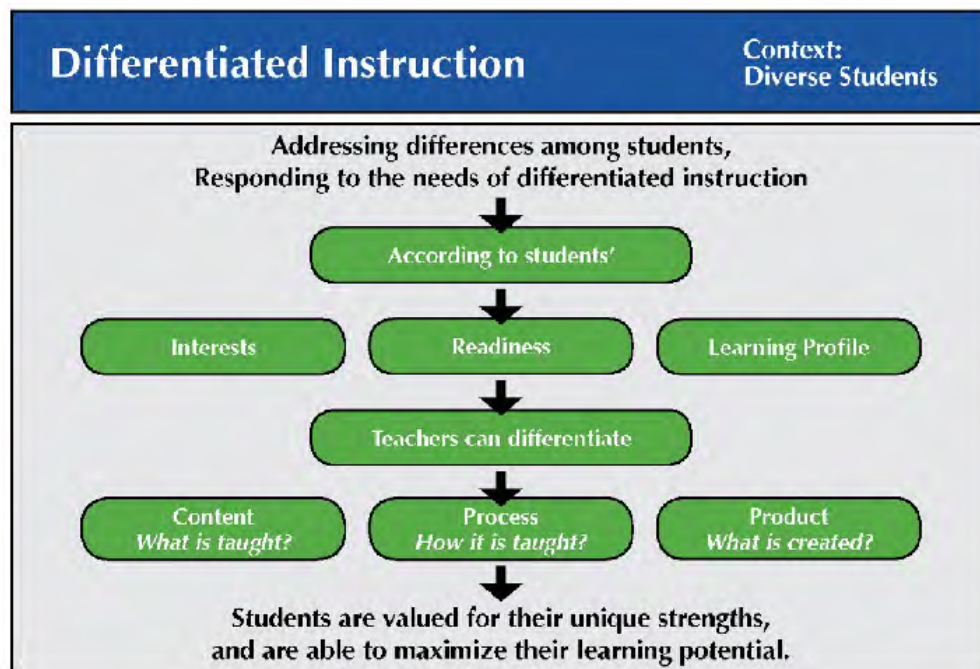
For students who require intense support to achieve learning goals, schools have access to a variety of specialized supports to identify, understand and meet these special needs with a view to expanding the range of special needs that can be met within each community school.

Universal Design for Learning



Universal Design for Learning: 3 principles

Differentiated Instruction



4. The goal for all schools is to create environments that consider and include the learning needs of all students.

The culture of the school is essential in fostering an attitude of inclusion and the school principal takes the lead in building an inclusive school culture. An inclusive culture celebrates diversity by creating an infrastructure that balances group and individual needs. It supports school staff in the development of new skills and invites students and their parents to actively participate in the educational process.

An attitude of inclusion recognizes and values the tiered approach to the provision of special education programs and services. While consultation with specialized personnel may help the regular classroom teacher and early childhood educator deliver an appropriate program for some students, others require more intensive supports which may include placement in a self-contained program. Deciding when a self-contained placement may be appropriate is a consultative process which honours the voices of parents, school staff, system special education support staff and the student, as appropriate. In most cases it must be demonstrated that the student has had adequate opportunity to access program in a regular classroom setting and that the regular classroom is not meeting the individual needs of the student before a self-contained classroom placement is considered.

An attitude of inclusion ensures that students in self-contained classes are welcomed and integrated into their school communities. Inclusion can occur during both instructional and non-instructional time and is based on providing the optimum experience for the student to meet with success in the integrated setting.

5. Resources are provided to support students to become independent in reaching their educational goals.

While education supports the special learning needs of students, it does not treat children for medical, mental health and social disorders or disease. Wherever possible, we seek to work co-operatively with community agencies to develop the most beneficial pathway to treatment for students, if this is required. In the school setting, supports to promote student well-being are implemented.

6. The classroom teacher and early childhood educator are the primary supports for all students in school. Human resource supports such as learning resource teachers, educational assistants and other support staff work as a support to the classroom teacher and early childhood educator to address the needs of the students.

Human resource supports are organized to support the classroom teacher and early childhood educator, so that students can remain in their community schools for as long as it is in their best educational interests.

School resources, including the expertise of the Learning Resource Teacher, Principal and regular classroom teacher and early childhood educator, are the primary means by which special education needs are identified and addressed. The regular classroom teacher and early childhood educator play a central role in the process of identifying special needs, co-ordinating the additional supports to build a better understanding of an individual student and developing an Individual Education Plan (I.E.P.) to address these needs. Our respect for the regular classroom teacher and early childhood educator is reflected in the allocation of resources to develop their skills on an on-going basis. Effective special educational programming requires a knowledge of specific exceptionalities, provincial curriculum standards and teaching, learning and assessment methods. The development of this broad range of skills for all teachers and early childhood educators, must be supported by in-service, coaching materials and planning resources that target these areas.

At the school level, special education support for the classroom teacher and early childhood educator will be provided by the Learning Resource Teacher. To the greatest extent possible, this support should be delivered within the classroom setting.

In some situations, the support of an Educational Assistant is required to meet the medical and/or safety needs of students at school. Educational Assistants are valued members of the student's support team, providing shared support to students. This means that the Educational Assistant is not allocated solely to one child and the movement of Educational Assistants at regular intervals is encouraged. It is in this way that schools work to minimize the dependency that can be created by an over-reliance on one individual staff member or one level of service.

System special education support staff build the capacity of schools to meet the broad range of student special education needs. Specialized supports within Grand Erie, including the services of the Learning Resource Teacher, Teacher Consultants – Special Education, System Learning Resource Teachers and system non-teaching staff – Attendance Counsellors, Behaviour Counsellors, Child and Youth Workers, Psychological Services, Social Work and Speech Language Pathologists, Communicative Disorders Assistants and Lead Educational Assistants - are accessed through the School Resource Team.

It is recognized that the success of special education programs depends on the quality of the staff delivering the program. Selection of suitable, qualified personnel is as important as on-going training.

7. **Students are educated in their community schools if this is the more enabling environment for their learning. Self-contained classroom placements are available if regular class placement cannot meet the needs of students.**

Early identification of learning needs - and programming to address them - is part of classroom planning for all students. Where significant academic challenges persist, special education services, including access to self-contained placements, may be appropriate.

If a student's needs can be met in a regular classroom with *accommodations* and *modifications*, placement should be in a regular classroom in the home school.

Accommodations or Modifications?	
Accommodations	Modifications
Do <u>NOT</u> fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria.	Do Fundamentally alter or lower expectations or standards in instructional level, content, or performance criteria.
Provide equal <u>ACCESS</u> to learning and equal <u>OPPORTUNITY</u> to demonstrate what is learned	Provide student meaningful and productive learning experiences based on individual needs and abilities.
Grading and credit is the <u>SAME</u> as typical student	Grading and credit are <u>DIFFERENT</u>

Self-contained class placements are a more defined environment within the education system. The individual needs of some students with specific exceptionalities are such that placement within a self-contained class can also be the most enabling. Programs in self-contained settings will be *alternative* to a regular class program. Alternative programming addresses various aspects of student need that are not specifically represented in the Ontario curriculum. These may include social skills, self-help skills, life skills, self-advocacy skills, self-regulation skills and the learning of new behaviours. Alternative curriculum expectations must be related to the student's exceptionality and individualized according to the student's needs.

Self-contained placements are offered within Grand Erie recognizing that learning needs and long-term educational outcomes vary based on student exceptionality. For some exceptionalities, placements offer time-limited but intensive support in order to address specific, identified needs that will enable students to achieve educational goals within their home school. For example, a student with a learning disability learns how to use technology to bypass written language difficulties, or a student with behavioural needs develops the self-regulation skills required for success in a regular classroom.

When a student's capacity to manage the demands of a regular classroom will likely decrease from grade to grade due to their developmental needs, placement in a self-contained program should be delayed until the student's needs are such that an alternative to regular program is in their best interests. For example, a student with a developmental disability then continues to learn in the context of a life skills program that is an alternative to the Ontario curriculum. Similarly, gifted students who are identified formally as a result of the blanket testing of grade 3 students will receive effective programming within the regular classroom, but could choose at some point to access enrichment or gifted-class opportunities. Access to any alternative programs must be based on assessment data and supported by the School and Resource Team.

Educational implications of participation in self-contained programs should be discussed with the parents and students through the Identification, Placement and Review Committee (I.P.R.C.) planning process, as well as part of Individual Educational Plan (I.E.P.) development, Annual Goal setting and Transition Planning. If the long-term goal for a student is the completion of an Ontario Secondary School Diploma or Ontario Secondary School Certificate of Achievement, self-contained class placement must be time limited to enable the development of the non-academic skills required for success in regular classes (i.e. independent work completion and goal setting, time management, organization, peer relationships, planning etc.). If the long-term goal for a student is the completion of a Certificate of Accomplishment, then opportunity for continued placement until June the year the student turns the age of 21 must be ensured.

8. **Fairness is not sameness. Students are provided with resources and supports that will assist them to become independent in reaching their educational goals.**



We believe that students need to be provided with programs and supports in an equitable manner. Equitable does not mean equal treatment for all students. Students will receive programs and support based on assessment data that will help them to meet with success in their individualized programs. There are many ways that program supports and services are provided to students that vary from student to student but decrease the barriers faced by those students in meeting with success.

For example, some students may require technology use in a whole class setting, other students may require the support of an Educational Assistant working in a small group setting, and others may require placement in a self-contained classroom with a smaller number of students and a focus on alternative learning goals. Other students may require changes to the content, delivery and assessment of their programs as outlined by their classroom teachers in their Individual Education Plans.

Special Education Delivery System

Grand Erie Special Education delivery system includes a continuum of Special Education programs and services. Programs and services provided are based upon the needs of the student. The continuum includes:

- Regular classroom with support, accommodations and/or modifications. The curriculum, method of presentation, instructional strategies and/or classroom environments may be areas that are accommodated or modified.
- Self-contained special education classrooms. Educational programs and services are provided for part (partially integrated) or all (fully self-contained) of the school day in the self-contained classroom setting.
- Programs in the student's home school

Accessing Special Services

Students may demonstrate educational needs in a variety of ways. Teacher observation and parent/guardian input are the most common sources through which the individual learning needs of a student are first identified. When a student need is identified it can be addressed at team meetings, where support services can be offered if appropriate.

School Team

School team plays a significant role in helping classroom teachers address difficulties that a student may be experiencing in the classroom prior to, and following, formal assessment and identification. (Appendix B)

When extraordinary learning needs are perceived, the teacher works with the parent/guardian and tries a variety of strategies and approaches with the student. The teacher uses available diagnostic tools and discusses the situation with ***School Team***. Membership on the ***School Team*** includes the Principal (or designate), the Learning Resource Teacher (LRT) and the referring teacher(s) and may include other school staff. The parent/guardian must be made aware that their child will be discussed at School Team and consent to their child being discussed at School Team. The parent/guardian may be invited to attend the School Team meeting. Ongoing contact with the parent/guardian is important to develop an understanding of the child's strengths and needs.

A record of decisions of the ***School Team*** is kept in the **Student Profile** available through the Learner Intervention Tracking for Excellence (LITE) system. (Appendix C). Referral to the ***Resource Team*** occurs when the ***School Team*** wishes to discuss additional strategies and options.

Resource Team

Membership on the ***Resource Team*** shall include the ***School Team*** and the area Teacher Consultant-Special Education and may include appropriate Student Support Staff. While Student Support Staff may be invited to participate in a scheduled ***Resource Team*** meeting, it is not expected that they will be regular members of the team. Their primary purpose is to provide direct service to schools to support students. The parent/guardian *may* be invited to provide input on their child's progress or to attend the meetings. They *shall* be informed of the date, time, purpose and staff invited prior to the meeting, and any results of these meeting that affect the programming for their child will be communicated. The ***Resource Team*** will consider additional strategies and recommend further assessment or other interventions. The ***Resource Team*** may recommend to the Principal referral of the student to an Identification Placement and Review Committee. (IPRC)

If a formal assessment is recommended, the Principal will make the referral to the appropriate student support staff through the Learner Intervention Tracking for Excellence (LITE) system. Student Support Staff will proceed with the informed consent steps with the parent before they proceed with the case.

Human Resource Support Services

Special education supports for students, beyond classroom teacher direct intervention, is provided at the school level and at the system level.

School Level

- ***Learning Resource Teachers***

Learning Resource Teachers (LRTs) work in the school to support the programs offered to students with special needs. LRTs work collaboratively with the classroom teacher to offer suggestions to meet the needs of students in the regular classroom setting. Sometimes LRTs work directly with students. For example, LRTs may withdraw students to complete diagnostic assessments or to provide remedial literacy or numeracy support. LRTs may also work as a liaison between school and home when setting up school and resource team meeting agendas. LRTs, under the direction of the school principal, are responsible for setting up school level IPRC (Identification, Placement and Review Committee) meetings.

- ***Educational Assistants***

In Grand Erie there are three types of Educational Assistant (EA) support allocated to schools - school-based EAs, Temporary EAs, and Transitional EAs.

School-based EAs are assigned to meet the safety needs (both health and behavioural) of students. EAs support the student by addressing the safety needs so that they can access their educational program. The needs of each student are described in the Individual Education Plan. EAs are assigned based on priorities in the school district and may be re-allocated at any time throughout the school year to address local pressures and priority situations.

Temporary EAs are assigned to meet the safety needs (both health and behavioural) of students new to a school or classroom. The support is temporary, allowing for a trained individual to assist at the school level, ascertaining if more permanent support is required.

Transitional EAs provide increased support for significant transitions for students. Transitional EAs support the implementation of comprehensive Behaviour or Safety plans and stabilization support during an assessment period/while behaviour or safety plan are being developed in escalated situations. Transitional EAs allow for a trained individual to assist at the school level, ascertaining if more permanent support is needed, and to follow through with a release of responsibility model to existing school staff.

System Level

- ***Program Coordinators (Curriculum, Special Education and Applied Behavioural Analysis)***
Program Coordinators may be a resource for programming for a student with individual needs. They can assist with defining differentiated strategies, resources and/or approaches, which allow the child to continue successfully in the regular program.
- ***Teacher Consultants (Curriculum and Special Education)***
Teacher Consultants-Special Education can be a valuable resource to a school. They can offer strategies, resources, referrals to outside agency supports, and connections to other teachers who are facing similar issues. They can also assist the Principal in the formal IPRC process, if required.
- ***System Learning Resource Teachers/Itinerant Teachers***
System Learning Resource Teachers are assigned to support classroom teachers meet the needs of specialized populations of students. In Grand Erie System Learning Resource Teachers support students with Learning Disabilities, Intellectual Disabilities, Autism, and students who are Deaf/Hard-of-Hearing. Itinerant Teachers support classroom teachers to enhance their programming in the areas of Differentiation and Early Years/Self-Regulation. Itinerant teachers work with teachers and students.
- ***Lead Educational Assistants***
Lead Educational Assistants are assigned to support programming for classroom teachers and educational assistants to meet the needs of specialized populations of students. Their support is generally working directly with students, but sometimes the Lead EA will support staff members through modelling and coaching supports that may best meet the needs of a student. In Grand Erie Lead Educational Assistants support students who have Specialized Equipment Amount (SEA) technology, students with Autism, and students with complex special education needs
- ***Complex Behaviour Intervention Team (CBIT)***
The CBIT becomes involved with Tier 3, specific student referrals. When a student's challenging behaviour continues to be a significant concern despite involvement of many system level supports, the CBIT may become involved. To be considered for the CBIT, the student's challenging behaviours must be frequent or intense enough to pose a safety risk to themselves, staff or other students. A student with complex needs may, or may not, have a diagnosis or be identified as an exceptional student.

- ***Student Support Services***

Assessment services, speech-language services, psychological, behavioural, and social are among the other professional services available within the Board

Student Support Services are organized to provide four types of support:

- ***Communication Services*** will identify needs and provide programming suggestions for speech, articulation, language, augmentative communication and fluency disorders. Speech Language Pathologists and Communicative Disorders Assistants provide Speech-Language support services.
- ***Behavioural Services*** will provide prescriptive plans and programming assistance for behavioural, psychological, emotional, social and attendance issues. Behaviour Counsellors and Attendance Counsellors provide behavioural support services.
- ***Psychological Services*** will do formal assessments and provide programming assistance for students with gaps between aptitude and achievement. Psychological Associates and Psychological Consultants provide psychological services support.
- ***Counselling Services*** will serve to provide counselling to students and support to the parents/guardians in times of social or emotional distress. Counselling services are provided by Social Workers and Child and Youth Workers.
- **Outside Services**
When the programming needs of the student exceed the services available within the Board, staff may work in cooperation with families to support a referral to an outside agency. The parent/guardian has the final decision regarding any referrals to outside agencies.
- ***Physical Needs***
An accessible school in each area may be designated as the "Home School" for students with needs for extensive physical accommodations.

Standard 3: ROLES AND RESPONSIBILITIES

The purpose of the standard is to provide the public with information on roles and responsibilities in the area of Special Education.

The Ministry of Education defines 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 appropriate 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 maintain Special Education Plans, review them annually, and submit amendments to the Ministry;
- requires School Boards to establish Special Education Advisory Committees (SEAC's);
- establishes Special Education Tribunals to hear disputes between parent/guardians 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 Grand Erie District School Board

- 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 memoranda;
- 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/guardian guide to provide information about Special Education programs, services, and procedures;
- establishes one or more IPRC's to identify exceptional pupils and determine appropriate placements for them;
- establishes a Special Education Advisory Committee (SEAC);
- provides professional development to Special Education staff.

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 parents, 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/guardians;
- 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 the parent/guardian and with School Board staff to determine the most appropriate program for exceptional pupils;
- ensures the development, implementation, and review of a student's IEP, including a transition plan, according to provincial requirements;
- ensures that the parent/guardian is 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 parent/guardian consent is obtained.

The 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 practices;
- where appropriate, works with Special Education staff and the parent/guardian 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 the parent/guardian;
- in consultation with the parent/guardian, 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/Guardian:

- becomes familiar with and informed about Board Policies and Procedures in areas that affect their child;
- participates in IPRC’s, parent/guardian-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 the IPRC, the parent-teacher conferences, and other activities, as appropriate.

Standard 4: EARLY IDENTIFICATION PROCEDURES AND INTERVENTION STRATEGIES

The purpose of the standard is to provide details of the Board's early identification procedures and intervention strategies to the ministry and the public.

Grand Erie complies with the *Ministry Policy/Program Memorandum # 11 (1982)* which states: These procedures are part of a continuous assessment and program planning process which should be initiated when a child is first enrolled in school or no later than the beginning of a program of studies immediately following Kindergarten and should continue, ongoing, throughout a child's school life.

Guiding Principles that are critical to the success of the entry-to-school planning process:

- A Focus on the Whole Child and the Family
 - Collaboration
 - Sensitivity to Diversity
 - Clear Definitions
 - Responsiveness
- (Planning Entry to School: *A Resource Guide* Ministry of Education 2005)

The Educator Team is comprised of the teacher and designated early childhood educator.

The Educator Team's Role in Early Identification

- to lead a Spring information meeting for the parents/guardians of children who will enter Kindergarten in the Fall;
- to invite the children to participate in an orientation classroom visit and school tour in the Spring;
- to collect significant information through conversation with the parent/guardian that will help the teacher to get to know and understand the child; e.g., health, early literacy;
- to ensure the parent/guardian completes the "*Grand Erie DSB School Entry Parent-Teacher Conference Form*"
- to listen to the parent/guardian share information about their child;
- to observe and document the child's readiness for literacy through the Child-Teacher conversation about books over the first few weeks of school;
- to continue with ongoing identification of students and complete observation forms, to assess the student's development, learning abilities, and needs;
- to "provide parents with an overview of initial observations of their child's learning in relation to the overall expectations in the Kindergarten Program and with information about appropriate next steps to further the child's learning" (Growing Success, Kindergarten Addendum, pg. 12)
- to send home a Communication of Learning: Initial Observations mid to late November followed by parent visits where they can observe and share information
- to complete a written anecdotal, **Kindergarten Communication of Learning** which is provided at two points in the school year: February and June
- to collect pedagogical documentation of learning over time as evidence of the achievement of expectations (e.g., electronic portfolio, samples of child's work, recorded conversations, anecdotes, etc.) expectations as corroborated in the **Kindergarten Communication of Learning**
- to inform the parent/guardian and refer to School Team observed needs of the child for speech and language, cognitive and behavioural assessments, occupational therapy, and/or physiotherapy;

- to implement strategies of intervention and work with all support personnel as needed; to address observed needs of the child for learning;
- To communicate with parents any concerns, as they arise, and suggest appropriate resources / personnel for assessment and support as needed.

PLEASE NOTE: If a child enters school for the first time in Grade 1, and the teacher has a concern about the child's progress, the parent/guardian should be informed, and the teacher utilizes strategies to resolve the concern. If concern remains refer to School Team Process. (Appendix B)

The parent/guardian's role in early identification

- to provide accurate information and authorize permission for the release of information from outside community agencies on the special needs of the child;
- to attend a Spring information meeting for the child who will enter Kindergarten in the Fall;
- participate in a case conference for the child;
- to ensure the child participates in an orientation classroom visit and school tour in the Spring;
- practice school routines with child;
- to complete the Kindergarten Home Connection Form provided by the school (Appendix D);
- to provide information through conversation to help the teacher get to know and understand the child; e.g. health, early literacy;
- review entry process with case conference team to see if plans were successful or if future modifications would improve results for children;
- to attend parent interviews/student-led conferences focused on the child's portfolio (November – December);
- to dialogue with the teacher on the student's needs, strengths, and next steps for learning and progress using the structured, parent/guardian observation visit;
- to read the Kindergarten Communication of Learning providing follow-up where needed;
- the parent/guardian should be regularly involved in decisions about the education of their child;
- the parent/guardian should access the available community agencies that can assist with their child's growth and development;
- the Ministry of Education states that the parent/guardian must play a significant role in their child's learning.

The Parent's Role

Parents play an important role in their children's learning. Studies show that children perform better in school if their parents are involved in their education. By becoming familiar with the Kindergarten program, parents can better appreciate the value of play-based learning and learn about the attitudes, skills, and strategies that their children are developing. This awareness will enhance parents' ability to discuss their children's learning with them, to communicate with educators, and to ask relevant questions about their children's development. Knowledge of the program will also help parents understand their children's growth in learning and will enhance their ability to work with educators to improve their children's learning and development. (The Kindergarten Program 2016.)

Policies and Procedures On Screening, Assessment, Referral, Identification, and Program Planning for Students who may be in need of Special Education Programs and Services:

- procedures for assessment are as follows:
- when an assessment is being recommended, the parent/guardian is informed of the reason for and type of assessment that will be administered to his/her child;
- the parent/guardian is then able to give informed, written consent which is filed in the student's Ontario Student Record (OSR);

- the parent/guardian may be informed when the testing will take place;
- upon completion of the assessment, the staff person will prepare a written report detailing the results and recommendations;
- the report will be explained to the parent/guardian first, and then to school staff in a meeting;
- the report is usually placed in the student's OSR except when the parent/guardian requests otherwise;
- a copy of the report will be provided to the parent/guardian.
- referral and identification for a student who may be in need of Special Education Programs and/or Services are outlined in the **School Team Process**. (refer to appendix B)
- to meet the curriculum, the parent/guardian will be informed that further testing by the School's LRT may be necessary. The teacher will discuss the School Team Process with the parent/guardian.
- With informed, written parent/guardian consent, the LRT may administer the Academic Achievement Battery (AAB) test.
- The teacher may:
 - contact/consult with the parent/guardian;
 - complete an OSR search / Student Profile;
 - try remedial strategies in own classroom.
 - If unsuccessful, consult with:
 - previous classroom teacher(s), other teachers, LRT, administrator;
 - apply suggested strategies (including allowable accommodations);
 - if unsuccessful, contact/consult the parent/guardian.
- Once the parent gives consent, refer to School Team through process established by the School:
 - set agenda through process established by the School;
 - inform the parent/guardian of the date and time of the meeting;
 - invite the parent/guardian to attend or to submit their concerns;
 - School Team makes recommendations for strategies and sets a date for review of progress;
 - inform the parent/guardian if not in attendance;
 - strategies are attempted.
- Return to School Team:
 - process may be repeated if concern is unresolved;
 - when School Team believes that all appropriate accommodations (Standard 9) and in-school supports have been exhausted, the pupil's name may be referred to the Resource Team (see Appendix B)
- Learning Resource Teacher contacts the Teacher Consultant-Special Education
 - teacher informs the parent/guardian of the decision to take the child's name to the Resource Team and may invite the parent/guardian to attend or assures that the parent/guardian will be informed of the recommendations of the Committee following the meeting.
- Resource Team may:
 - make recommendations and establish a date for review of progress;
 - support referral to support personnel;
 - support referral to IPRC;
 - support referral to outside agencies.
- If referral is made to support services, appropriate personnel will obtain consent from the parent, and then respond with the initial contact.
- Procedures on program planning for students who may be in need of Special Education Programs and Services are guided by the following statements:
 - a variety of sources of information must be used in making program decisions for exceptional pupils;

- Special Education Programs and Services should be provided in the most enabling environment, consistent with the educational needs of the student;
- teachers have primary responsibility for educational programs. The services of a variety of other professionals and para-professionals may be necessary to allow exceptional pupils to benefit as much as possible from their educational experience.
 - o After determining the child requires a differentiated program, and after ensuring that the parent has given consent the classroom teacher with input from the School or Resource Team follows the procedures below:
 - inform the parent/guardian of the differentiated program plan that will be provided to the student including the use of alternate subject specific resources, withdrawal by the LRT or trained volunteer;
 - inform the parent/guardian of the allowable accommodations that will be utilized for the child;
 - inform the parent/guardian when the child's progress will be reviewed by School or Resource Team;
 - if the student demonstrates progress then continue with existing program,
 - if progress is limited the teacher will do the following:
 - alter the strategies and resources used in instruction, or the level of support the student receives;
 - develop new expectations, if learning is proceeding faster than had been anticipated by the plan or breaking expectations down into smaller steps, if learning is proceeding at a slower rate than had been anticipated by the plan.
 - From Special Education in Ontario, Kindergarten to Grade 12: Individual Education Plans, Ministry of Education, 2017 If the student requires long-standing accommodations, the teacher and LRT will create an IEP in consultation with the parent/guardian.
 - if the child continues to require a modified program, the parent/guardian will be informed by the School Principal of the Resource Team's decision to refer the child to IPRC. Along with the Letter of Invitation to the IPRC, the parent/guardian will receive a copy of the Parents' Guide to Special Education and any information that will be presented at the meeting.

Procedures for Providing Parent/Guardians with Notice that their Child is Experiencing Significant Challenges Impacting Success

- if the teacher has a concern about a child's progress, the parent/guardian will be informed and asked to participate in the School Team Process (Appendix B) in the most appropriate manner
- as outlined in the School Team Process, the teacher will try remedial strategies in the classroom to meet the child's needs after consulting with the parent/guardian.
- if the classroom strategies are unsuccessful, then the School Team Process begins:
 - the parent/guardian is informed and encouraged to be involved in decisions regarding their child throughout the process;
 - referral is made to the School Team when concerns persist, with parent/guardian consent;
 - the parent/guardian is invited to attend or submit their concerns to the School Team;
 - review of the child's progress using strategies recommended by the School Team.

- When all in-school supports have been exhausted, the parent/guardian is informed that a recommendation is being made that their child is being referred to the Resource Team, with parent/guardian consent:
 - the parent/guardian continues to be informed and asked to participate in reviewing the progress of their child by the Resource Team;
 - student referred to IPRC, outside agencies or for assessments.

Procedures used within Grand Erie DSB for referring a student for an assessment

- At various steps in the School Team Process, a variety of assessments, from informal to formal, requiring increased expertise in specific forms of testing may be necessary. The following may be the hierarchy of assessments a student could require to determine programs and services that will meet his/her educational needs. At each level (other than regular classroom methods), the parent/guardian must give written consent and be informed of the outcome of the assessment.
- Assessment of a student begins with the teacher in the classroom using a variety of methods on a regular basis (such as work samples, portfolios, teacher-made tests, observations, checklists, Brigance, DRA (Diagnostic Reading Assessment), BAS (Benchmark Assessment) to evaluate student progress.
- If the classroom teacher notices that a child is experiencing difficulty during the course of ongoing assessment which could affect his/her ability to meet the curriculum, the parent/guardian that further testing by the School's LRT may be necessary. The teacher will discuss the School Team Process with the parent/guardian.
- With informed, written parent/guardian consent, the LRT may administer the, Academic Achievement Battery (AAB), or any other educational assessment. The parent/guardian, classroom teacher and LRT will discuss the results of the assessment along with recommendations or strategies to be implemented by school personnel and the parent/guardian.
- Upon referral to the School Resource Team, a psycho-educational assessment by qualified personnel may be recommended to the parent/guardian for the child. This form of assessment may include tests of intellectual abilities, perceptual development and/or academic achievement. The parent/guardian and school personnel will be informed of the results of the assessment and recommendations.
- A referral to the family physician may be suggested to identify any physiological factors, which may interfere with learning.
- The child may be referred to an IPRC depending on the recommendations of the Resource Team and discussions with the parent/guardian. Further assessment by a speech-language pathologist, psychologist or outside agencies or health care
- Professionals such as an occupational therapist may be recommended for the child before identification occurs. The Psychological Associate/Psycho-Educational Consultant and Resource Team will provide the parent/guardian with an explanation of the need for further assessment. For the School Board to release or receive information, including assessments from outside agencies, the parent/guardian must provide written authorization for the exchange of information.
- After the psychologist or speech-language pathologist completes the assessment of the student, the results will be shared with the parent/guardian either in a meeting or by telephone and with School Resource Team personnel. Discussion will also include recommendations for programming, resources, and services, both within the Board and outside agencies. Referral to IPRC may occur at this time following the procedures noted above.
- Once a child is referred to IPRC and determined to be exceptional, the parent/guardian will continue to be informed of his/her progress through consultation in the development and review of the IEP at each reporting period. In addition, the parent/guardian will receive confirmation of their child's progress at the annual IPRC.

Grand Erie DSB personnel use the following types of assessment:

- Educational Assessments: These assessments identify strengths and weaknesses. Recommendations and/or strategies will be a component.
- Psycho-educational Assessments: A psycho-educational assessment may include tests of intellectual abilities, perceptual development and/or academic achievement. These tests are conducted by a Psycho-educational Consultant or Psychological Associate who are qualified to administer such tests. Psycho-educational Consultants are supervised by Psychological Associates.
- Test of Intellectual Abilities: These are tests that measure an individual's ability levels at a given point in time. The results of these tests are used by teachers to help students reach their maximum functioning level by identifying their strengths and weaknesses.
- Tests of Perceptual Development: These are tests and/or observations that may indicate strengths/weaknesses with the processing of visual and/or auditory information.
- Tests of Academic Achievement: These are standardized tests which measure an individual's performance on reading, spelling and mathematics tasks.
- Speech-Language Assessments: Speech-Language Assessments may include tests of articulation, voice, stuttering and receptive and expressive language. These tests are conducted by Speech-Language Pathologists.
 - **Speech:** These tests may involve the following:
 - assessment of the child's ability to produce speech sounds and control the muscles and oral structures required for speech;
 - assessment of vocal quality, pitch, loudness and resonance;
 - assessment of stuttering.
 - **Language:** These tests may involve the following:
 - assessment of the child's understanding of oral language;
 - assessment of the child's ability to orally express himself/herself;
 - assessment of a child's needs for additional communication support.
 - **Behavioural Assessments:** These assessments measure a child's adjustment to social situations.
 - They are conducted by qualified personnel and may involve observations or **checklists**.

Procedures for Providing Parent/Guardians with Notice that their Child is Being Considered for Referral to an IPRC

- Students who have behavioural, communicational, intellectual, physical, or multiple exceptionalities, may have educational needs that cannot be met through regular instructional and assessment practices. These needs may be met through accommodations, and/or an educational program that is modified above or below the age-appropriate grade level expectations for a particular subject or course. www.edu.gov.on.ca/eng/parents/speced.html
- Through ongoing involvement in the School Team Process, the parent/guardian will be aware of his/her child's strengths and needs. When recommending a referral to IPRC, the Resource Team will examine information from a variety of sources regarding the student to see if it matches Ministry definitions and Board criteria.
- The parent/guardian will be informed by the School Principal of the Resource Team's decision to refer the child to IPRC. Along with the Letter of Invitation to the IPRC, the parent/guardian will receive a copy of the *Parents' Guide to Special Education* and any information that will be presented at the meeting (Appendix E)

Procedures for Providing Parent/Guardians with Notice that their Child is Being Considered for a Special Education Program and Related Services if the Child is *Not* Being Referred to IPRC

- All students who receive Special Education Programs and/or Services in the GEDSB may not be formally identified as exceptional. This philosophy blends with the following statement from Special Education in Ontario, Kindergarten to Grade 12: The Individual Education Plan, Ministry of Education 2017
 - *An IEP may be developed for a student who has not been identified by an IPRC as exceptional, but who has been deemed by the board to require a special education program or services in order to attend school or to achieve curriculum expectations and/or to demonstrate learning.*
 - In addition, School LRT's may work with non-identified students in the regular classroom or on a withdrawal basis to help them achieve the curriculum expectations.
 - This type of support is seen as a preventative measure, allowing students to overcome difficulties and be successful in the school environment.

Early Intervention Supports for Students Prior to IPRC

Community based supports can be accessed at:

Haldimand-Norfolk REACH	519-587-2441 or 1-800-265-8087
Contact Brant	519-758-8228
Lansdowne Children's Centre	519-753-3153
Haldimand-Norfolk Healthy Babies, Healthy Children	519-426-6170 or 905-318-6623
Brant County Healthy Babies, Healthy Children	519-753-4937
Family Counselling Centre	519-753-4173
Big Brothers and Sisters of Grand Erie	519-302-3222
Local Health Integration Network – Haldimand Norfolk	519-426-7400
Local Health Integration Network- Brant	519-759-7752
The Children's Aid Society of Haldimand-Norfolk	1-888-227-5437
Brant Family and Children's Services	519-753-8681
Newcomer Connections Brantford	519-759-4150
Healthy Smiles	1-877-258-3392
Brantford Food Bank	519-751-4357
Community Living Access Support Services (Simcoe)	519-426-0007
Community Living Haldimand (Cayuga)	905-772-3344
Community Living Brant	519-756-2662
Early ON Child and Family Centres (Hald./Norfolk)	www.hnreach.on.ca/earlyon-child-
and-family-centres	
Early ON Brantford (Early Years Centre)	www.earlyonbrantfordbrant.ca

Early ON Child and Family Centres	
Haldimand & Norfolk	Brant/Brantford
Mapleview Elementary	Bellview School
Houghton Public School	Branlyn Community School
J.L. Mitchener	King George Public School
Lakewood Elementary School	Major Ballachey
Hagersville Secondary School	North Ward School
	Oakland-Scotland Public School
	Prince Charles Public School
	Princess Elizabeth
	Ryerson Heights Elementary School

Early and Ongoing Identification Resources: Grand Erie DSB.	Description	Ages
Initial Informal ESL/ELD Assessment	Battery of questions to identify numbers, colors, animals, time, etc.	Conducted after student is comfortable with school routine and environment
English Language Learner STEP Initial Assessment	Assessment to determine English Language Learner's language proficiency (oral, reading, writing), literacy development and mathematical skills level in order to provide appropriate programming supports and placement.	Grade 1(-12)
KSCAP	Assessment of phonemic awareness, phonics, concepts of print, emergent writing skills	Year 1 and 2

Early and Ongoing Identification Resources: Grand Erie D.S.B.	Description	Ages
Developmental Reading Assessment (DRA)	Developmental reading assessment tool used to determine a reader's independent reading level and identify students working below proficiency	Year 1 and 2 to Grade 3 as developmentally appropriate
Benchmark Reading Assessment (BAS)	Gathers relevant information about a student's reading level, fluency, comprehension, and other reading behaviours to guide instruction	Year 1 and 2 to Grade 6 as developmentally appropriate
Running Records	Students orally read a passage and teachers record errors, omissions, insertions, etc. to gather data to group students to effectively plan targeted reading instruction	Year 1 and 2 as developmentally appropriate

For the types of early intervention strategies that are used to support students prior to referral to IPRC, refer to **Accommodations** (Standard 9).

In addition to the accommodations noted above, assessments may provide recommendations for teachers and the parent/guardian to assist the student. The School LRT, EAs and trained volunteers may also be able to provide additional, individualized support to the student.

In May 2007, the Ministry of Education issued PPM 140: Incorporating Methods of Applied Behaviour Analysis into Programs for Students with Autism Spectrum Disorders, which provides direction to school boards and supports their use of Applied Behaviour Analysis (ABA) as an effective instructional approach in the education of students with Autism Spectrum Disorder (ASD).

PPM 140 outlines ABA and two requirements that must be in place for students with ASD:

- School boards must offer students with ASD special education programs and services, including, where appropriate, special education programs using ABA methods;
- School board staff must plan for the transition between various activities and settings involving students with ASD.

Grand Erie employs Board Certified Behaviour Analysts and Behaviour Counsellors with ABA expertise to support the implementation of PPM 140. A Behaviour Counselor also supports the implementation of the Connections for Students transition process.

PPM 140 and Connections

Supporting Seamless Transitions for Students with ASD from the Ontario Autism Program (OAP) to school for those students that qualify.

The foundation of Connections for Students originates from PPM 140, and incorporates methods of ABA into programs for students with ASD, as directed:

- Approximately six months before the child transitions from OAP to school multi-disciplinary, student specific, school-based transition teams will be established and will remain in place until six months after the student's entry to school.
- Transition teams will include the Principal as the team lead, parent/guardian, teacher(s), Behaviour Counsellor with ABA Expertise, and other multi-disciplinary staff as required.

Goals of Connections:

- For students with ASD transitioning from an Intensive Behavioural Intervention (IBI) Program into and through school, to have a seamless Transition Plan.
- Each transition plan will represent a prepared student, a prepared family, a prepared educator, and a prepared environment.
- This process will support and assist schools as they work to meet the expectations set out in PPM 140 for transition planning for students with ASD.
- Support collaboration between the school board, regional autism providers and the family.

Grand Erie DSB Students Involved in IBI or Connections during 2018-19 School Year

- To date, 7 students have been discharged from IBI this year.
- Currently, we have 21 students receiving service from IBI.
- To date, 5 students have been discharged from Connections
- Currently, we have 7 students involved in Connections

Standard 5: THE IPRC PROCESS AND APPEALS

The purpose of the standard is to provide details of the Board's Identification, Placement and Review Committee(s) (IPRC) process to the ministry and the public.

Statement of Purpose and Responsibility:

Regulation 181/98 requires that all school boards establish one or more Identification, Placement and Review Committees (IPRCs). The IPRC meets and decides if a student should be identified as an exceptional pupil and if so, the placement that will best meet the student's needs. An IPRC is composed of at least three persons, one of whom must be a principal or supervisory officer of the board, or a designate assigned to act in the place of the principal or supervisory officer. A school board trustee may not be on the IPRC.

Committee Composition

Grand Erie DSB uses three levels of Identification, Placement and Review Committees (IPRCs):

- a) School Level
- b) Area Level
- c) System Level

Level	Membership	Jurisdiction
School	<ul style="list-style-type: none">• The Principal (of the school) – Chair*• The LRT of the school• The classroom teacher or other teacher	<ul style="list-style-type: none">• review of original identification• review of original "regular class" placements
Area	<ul style="list-style-type: none">• one Principal (from the area) - Chair**• another Principal or Vice-Principal (or designate)• a Teacher Consultant-Special Education (for the area)	<ul style="list-style-type: none">• original identification• original "regular class" placements• placements in area special classes• review of placements in area special classes• original identification and placement of complex cases
System	<ul style="list-style-type: none">• Superintendent, Principal-Leader of Special Education or designate – Chair***• The Program Coordinator for Special Education• a Teacher Consultant-Special Education (for the area)	<ul style="list-style-type: none">• original identification and placement of complex cases• placement of students in system special classes• review of placements in system special classes• referral to Provincial / Demonstration Schools

The School Level IPRC is:

- * The chair of the School level IPRC is the Principal of the home school. If the Principal is unable to attend, a Principal from another school and/or a Supervisory Officer must attend as a Vice-Principal can not be the sole Principal representative on an IPRC.
- ** The chair of the Area level IPRC is a Principal other than the Principal of the school in which the student is enrolled.
- *** The chair of the System level IPRC is Superintendent or Principal-Leader Special Education or designate.

In addition to the three people that constitute an IPRC, other people may attend an IPRC meeting, including the Principal of the home school, resource people such as the student's teacher or board support staff, a parent/guardian or the student (if over 16 years of age) and/or a parent representative. The parent/guardian and, where the pupil is over 16, the pupil, are entitled to be present and participate in the discussions about the pupil and to be present when the committee's identification and placement decisions are made.

Committee Operating Procedures and Scope

The Scope for each level of IPRC is, as follows:

- a) School level IPRCs review an original identification and review an original placement if the placement was "regular class".
- b) Area level IPRCs determine the original identification of a student. They also determine the original "regular class" placements and placements in area special classes. Area IPRCs also review placement in area special classes. In addition, they will determine the original identification and placement of complex cases.
- c) System level IPRCs determine the placement of students in system special classes. They also review placements in system special classes. System level IPRCs also make referrals to Provincial schools, determine placements in Provincial Demonstration schools and determine original identification and placement of complex cases.
 - Principals may, upon written notification to the parent/guardian, and must, at the written request of the parent/guardian, refer a student to an Identification, Placement and Review Committee (IPRC).
 - Identifications are made in accordance with Ministry policy and regulations. In order to be identified as an "exceptional pupil" a student must meet the criteria for the exceptionality and, in most circumstances, must require modifications of program.
 - School level IPRCs have one option for placement – regular class.
 - Area level and System level IPRCs have two options for placement – regular class or special class.
 - Discussions about a student's Individual Educational plan and other program options may occur at a meeting of the IPRC and this discussion should include description of the student's strengths and needs. The decision-making of the IPRC is restricted to the student's identification and placement and includes identifying the next date for a review.
 - Notification to parents/guardians and other parties about the date, time and location of the IPRC is the responsibility of the Principal of the home school and must be provided 10 days in advance of the IPRC.
 - Minutes of the IPRC will be completed by the Chair and will include a checklist indicating the decision about identification and placement. Minutes must be filed at the school in the Ontario Student Record (OSR).

- Communication of IPRC decisions to parents/guardians and to area/central files should occur, as follows:
 - a) School Level IPRC – the home school Principal communicates in writing to the parent/guardian
 - b) Area Level IPRC – the Principal who chairs the IPRC communicates in writing to parent/guardian, and to schools,
 - c) System Level IPRC – Principal-Leader Special Education or designate communicates in writing to parent/guardian, and to schools.

Role of the Board

The Grand Erie District School board shall establish one or more committees for the Identification and Placement of exceptional students, determine the jurisdiction of each committee and establish the manner in of selecting the chair of the committee. The board shall direct administration to select individuals who meet the requirements of the members set out by the board.

The Board shall appoint three or more persons to each committee that it establishes. The board shall appoint as one of the members of each committee:

- a) a Principal employed by the board
- b) a Supervisory Officer employed by the board

The Board shall direct administration to ensure that individual membership on each IPRC meets the requirements as set out by the board.

The Board shall prepare a guide (A Parent's Guide to Special Education) for the use and information of parents and pupils that provides information concerning:

- a) the function of the IPRC and the IPRC review
- b) the procedure for identifying a student as exceptional and for deciding the student's placement
- c) the IPRC's duty to describe the strengths and needs of the student
- d) the IPRC's duty to include the student's exceptionality and the category and definition of that exceptionality in its statement of decision
- e) the function of a special education appeal board and the parent's right to appeal the decision of the IPRC to such a board
- f) the names, addresses and telephone numbers of the Provincial and Demonstration schools
- g) whether and to what extent the school board purchases special education programs from another school board
- h) a list of local parents' organizations eligible to be on a Special Education Advisory Committee (SEAC)
- i) the information that an IPRC placement decision cannot be implemented unless a parent has consented to the decision or has not filed a notice of appeal within the required time limit.

All parents shall be informed by means of an item in the school newsletter or by other appropriate means, at least once each year, of the availability of the Parent's Guide to the IPRC process. At the same time, parents shall also be informed of their right to request that their child be referred to an IPRC. (**A Parents' Guide to Special Education - Identification Placement and Review Committee** (Appendix E), also (**A Guide for Parents – Individual Education Plan (IEP)** Appendix F).

The Board shall ensure that copies of the guide are available at each school in the Board's jurisdiction and at the Board's head office and shall provide a copy to the appropriate district office of the Ministry.

Number of IPRC referrals for the school year ~~2017-2018: 302~~ 2018-2019:
Number of IPRC reviews for the school year ~~2017-2018: 2,326~~ 2018-2019:
Number of IPRC appeals for the school year ~~2017-2018: 0~~ 2018-2019:
NB Final Numbers not available until June 2019

Standard 6: EDUCATIONAL AND OTHER ASSESSMENTS

The purpose of the standard is to provide details of the board's assessment policies and procedures to the ministry and to make parents aware of the types of assessment tools used by the school board, the ways in which assessments are obtained by IPRCs, and the ways in which assessments are used.

Types of Assessments

Assessments are intended to assist the student by providing staff with insights into the student's strengths, needs and learning profile. Three types of assessments are conducted by personnel within Grand Erie: Educational, Psycho-educational, and Speech and Language.

Educational assessments are limited to achievement testing of individual students both by formal and informal means. Responsibility for training of staff to use these assessment tools is assumed by the Program/Student Success Team if the assessment is to be administered by classroom teachers to inform program delivery for all students and by the Special Education team when more in depth assessment to be administered by the Learning Resource Teacher is needed for a specific student. Formal measures include (but may not be limited to):

For *Classroom Teachers*:

Developmental Reading Assessment (DRA) – Primary
Benchmark Assessment System – Primary & Junior
Ontario Comprehension Assessment (OCA)
Groupe Beauchemin (GB+) – French Immersion

For *Learning Resource Teachers*:

Academic Achievement Battery (AAB)
Brigance Tests of Basic Skills
Brigance Early Development Scale

The Canadian Cognitive Abilities Test (CCAT 7) is administered in grade 3 either directly by or under the guidance of the Gifted/Enrichment Learning Resource Teachers. It is used as a tool to help classroom teachers better understand the learning profile of their Grade 3 students and to inform program development for all students based on their profile of learning strengths and needs. This assessment tool may also assist to flag students who may be in need of further assessment to understand their learning needs, and as a screening tool to inform whether an individual student may require additional supports in the area of Enrichment/Gifted Learning.

Psychological measures are used by Psychological Associates and Psycho-Educational Consultants. All are administered individually to students after informed consent from parents/guardians has been obtained. They can be subdivided into various types. Among the most frequently used tests are the following:

(a) ***Global Cognitive/Intellectual measures:***

Wechsler Intelligence Scale for Children – Fifth Edition (WISC V) (Canadian norms)
Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV) (Canadian norms)
Wechsler Preschool and Primary Scale of Intelligence – Fourth Edition (WPPSI-IV) (Canadian norms)
Stanford-Binet Intelligence Scale – Fifth Edition (SB5)
Wechsler Nonverbal Scale of Ability (Canadian norms)
Ravens 2 Progressive Matrices

(b) ***Academic Achievement Measures***

Kaufman Test of Individual Achievement – Third Edition (Canadian norms)
Wechsler Individual Achievement Test – Third Edition (Canadian norms)

(c) ***Processing and Specific Skills Tests:***

Bender Visual-Motor Gestalt Test – Second Edition
Beery Buktenica Developmental Test of Visual-Motor Integration – Sixth Edition (VMI-6)
Beery VMI Developmental Test of Visual Perception – Sixth Edition
Beery VMI Developmental Test of Motor Coordination – Sixth Edition
California Verbal Learning Test – Children (CVLT-C)
Children's Colour Trails Test
Comprehensive Test of Phonological Processing – Second Edition (CTOPP-2)
Delis-Kaplan Executive Function System (DKEFS)
NEPSY-A Developmental Neuropsychological Assessment – Second Edition
Peabody Picture Vocabulary Test: Fifth Edition (Forms A & B) (PPVT)
Process Assessment of Learning – Second Edition (Language and Math) (PAL-II)
Rey Complex Figure Test (RCFT)
Test of Memory and Learning – Second Edition (TOMAL-2)

(d) ***Surveys and Checklists:***

Adaptive Behaviour Assessment System – Third Edition (various forms) (ABAS-II)
Beck Depression Inventory – Second Edition (BDI-2)
Behaviour Assessment Scale for Children – Third Edition (various forms) (BASC-III)
Behavior Rating Inventory of Executive Function – Second Edition (BRIEF2)
Brown Executive Function/Attention Scales (various forms)
Childhood Autism Rating Scale – Second Edition (CARS-2)
Gillam Autism Rating Scale – Second Edition (GARS-2)
Multi-dimensional Anxiety Scale for Children: Second Edition (MASC-II)
Piers-Harris Children's Self-Concept Scale – Second Edition

Speech-Language assessments are completed by Speech-Language Pathologists. Formal measures used to evaluate speech (articulation/phonology, fluency, resonance, voice) and oral language (receptive and expressive, vocabulary, phonological awareness, social/pragmatic language) include:

(a) ***Speech/Phonological Processes:***

Assessment of Phonological Processes – Revised (APP-R)
Fletcher Time-By-Count Test of Diadochokinetic Syllable Rate
Goldman Fristoe Test of Articulation – 3 (GFTA-3)
Kaufman Speech Praxis Test (KSPT)
Structured Photographic Test of Articulation –D: II (SPAT-D:2)
Stuttering Severity Instrument

(b) ***Language:***

Bankson Language Test – 2 Screen (BLT-2S)
Clinical Evaluation of Language Fundamentals – Fifth Edition (CELF-5)
Clinical Evaluation of Language Fundamentals – Primary (Second Edition)
Clinical Evaluation of Language Fundamentals, Fifth Edition Metalinguistics
Detroit Test of Learning Aptitude – Fourth Edition (DTLA-4)
Expressive One Word Picture Vocabulary Test - 3
Language Processing Test – 3 (LPT-3)
Montgomery Assessment of Vocabulary Acquisition (MAVA)
Peabody Picture Vocabulary Test –Fifth Edition (Forms A & B)
Preschool Language Scale – 5 (PLS-5)
Rapid Automatized Naming/Rapid Alternating Stimulus Tests (RAN/RAS)
Social Language Development Test – Elementary (SLDT-E NU)
Structured Photographic Expressive Language Test – 3 (SPELT-3)
Structured Photographic Expressive Language Test – Preschool Second Edition (SPELT-P2)
Test of Aided Communication Symbol Performance (TASP)
Test of Language Competence – Expanded (TALC-E)
Test of Narrative Language - 2 (TNL-2)
Test of Problem Solving – Third Edition (TOPS-3)
Test of Problem Solving 2 - Adolescents
Test of Word Finding – 2 (TWF-2)
The Listening Comprehension Test – 2 (LCT-2)
The Test of Language Development – Intermediate: 2 (TOLD-I:2)
The Test of Language Development – Primary: 4 (TOLD-P:4)
The Word Test – 3: Elementary
The Word Test – 3: Adolescent
Wiig Test of Basic Concepts (WABC)

(c) ***Phonological/Phonemic Awareness***

Emerging Literacy Language Assessment (ELLA)
Pre-Reading Inventory of Phonological Awareness (PIPA)
Profile of Phonological Awareness (PROPA)

Qualifications of Staff

Educational assessments are conducted by teachers who are governed by the Education Act, and regulated by the College of Teachers (www.oct.ca)

Psychological *et al.* assessments are administered by psychologists, psychological associates and psycho-educational consultants. Psychologists/psychological associates and those they supervise are governed by the Regulated Health Professions Act, 1991. Only psychologists/psychological associates provide and communicate diagnoses. Psychologists and Psychological Associates are members of the College of Psychologists of Ontario (www.cpo.on.ca).

Speech-Language assessments are administered by Speech-Language Pathologists who are also governed by the Regulated Health Professions Act, 1991 and belong to the College of Audiologists and Speech Language Pathologists of Ontario (www.caslpo.com).

Referrals Management and Wait Times

Individual assessments are completed to support educational program planning. Referrals for assessment are considered and prioritized through the Resource Team process. Meetings are held on a monthly basis with an agenda determined by the School Team which has already accessed expertise within the school building including a review of classroom based assessment information, standardized educational assessment (AAB), and participation in intensive early literacy intervention programs such as Strong Start, Levelled Literacy Intervention (LLI), and Empower if warranted and if available (See Appendix D). Resource Team (RT) discussion includes programming to support educational (academic and well-being) needs based on available information, and recommendations for medical assessment such as hearing/vision if required. If a referral for further assessment is not deemed to be necessary at the time of the Resource Team meeting but careful monitoring of progress to reconsider this decision in the future is, an intervention plan and timelines to bring back to the RT are developed and left with the School Team for implementation. Prioritizing of referrals takes into account:

- IPRC need
- severity of problems
- request for outside agency involvement
- school setting of priorities
- school referral patterns relative to the severity of needs across the district.

Referrals for assessment are logged centrally using the Learner Intervention for Tracking Excellence (LITE) process.

Wait times for psycho-educational assessments are generally 1 – 6 months. This reflects the time between the date a referral is made in LITE after a Resource Team meeting to the date of the parent/guardian meeting when the written report of assessment findings and recommendations is shared.

Wait times for speech-language assessments range from 1 to 13 months. In addition to Resource Team referrals, Communication Services staff meet with Kindergarten Educator Teams during the first 6 weeks of school to help determine children most in need of specialized support. Using a tiered intervention framework, the service delivery approach is developed based on student and school needs. For example, some schools might receive a block or even several blocks of service while others, based on comparative need, might not receive any blocks of direct intervention, but will have service delivered in a less intensive approach (i.e., Home Programming, classroom strategies to develop skills). Many schools receive speech-language services, in collaboration with the classroom teacher, through the (*Kindergarten Language and Literacy in the Classroom*) (KLLIC) program.

All direct interventions with students are conducted only with written parent/guardian consent which typically includes individual discussions with the parent/guardian to ensure that the consent is informed and voluntary. Limits of confidentiality, privacy of information, likely use of the assessment information, and distribution of the report are also discussed. Students 18 years of age or older, provide their own consent.

Results of individual Educational/Psycho-educational/Speech-Language assessments are communicated through a meeting or telephone call with the parent/guardian and a written copy of the assessment report is provided. Meeting face-to-face so that assessment findings and recommendations can be used to collaboratively determine next steps in program planning is preferred. Student participation in these discussions is determined in consultation with their parent/guardian, taking into account developmental constraints.

Appropriate school staff are involved when assessment results are communicated to the parent/guardian.

Reports prepared by ~~other~~ professionals outside the Board are reviewed to determine what information provided helps delineate a student's learning needs, strengths or problems and how it can be used for the improvement of instruction within a school context and in accordance with the *Education Act*, (R.S.O. 1990, S.226(2)). Where this information differs from data collected at the school, ~~discussions at~~ the Resource Team will determine how best to proceed. There is no requirement that assessments or reassessments must be conducted by Board personnel (i.e. reports are "transportable"). Allocation of educational resources and educational programming decisions remain the responsibility of school/system staff.

Protection of Privacy and Consent for Sharing Information

Privacy of Information is protected under the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and the *Personal Health Information Protection Act (PHIPA)*. Assessment reports are filed in the student's Ontario Student Record (OSR) folder. The original report is housed in a confidential Psychology or Speech-Language Record which is maintained for 10 years after the date of last contact or 10 years after the child turns 18 years of age in accordance with the Regulation Health Professions Act (RHPA).

Written authorization from the parent/guardian or student over 18 years of age is obtained prior to releasing reports to outside agencies.

Standard 7: SPECIALIZED HEALTH SUPPORT SERVICES IN SCHOOL SETTINGS

The purpose of the standard is to provide details of the Board's specialized health support services to the ministry and the public.

Ministry of Education Policy/Program Memorandum No. 81 – Provision of Health Support Services in School Settings provides direction about the delivery of services that go beyond educational services and are not part of normal preventative health programs already provided by boards of health to school children.

Policy/Program Memorandum No. 161 – Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, Epilepsy) in Schools must have policies and procedures in place to support students with prevalent medical conditions. For students to fully participate in the learning environment and achieve success, the Grand Erie District School Board, the Hamilton Niagara Haldimand Brant LHIN, the Southwest LHIN and the Lansdowne Children's Centre who manages the School Based Rehabilitation Services (SBRS) program share responsibility for these specialized health support services.

Further information regarding specialized health support services in Grand Erie can be found in the following documents:

Board Policy SO8 – Community Partnerships

Board Policy SO28 – Student Concussion and Head Injury

Board Policy SO30 – Management of Potentially Life Threatening Health Conditions in Schools

Board Procedure SO102 – Administration of Prescribed Medications, Including Medicinal Cannabis, In Schools

Board Procedure SO108 – Community Service Providers and Schools Working Together

Key abbreviations used within the document:

LCC – Lansdowne Children's Centre

LHIN – Local Health Integration Network

OT – Occupational Therapist

PT – Physiotherapist

PSL – Preschool Language System

RN – Registered Nurse

SBRS – School Based Rehabilitation Services

SHSS – School Health Support Services

SLP – Speech and Language Pathologist

Specialized Health Support Service	Agency or position of person who performs the service (e.g.: LHIN board, staff, parent, student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support	Criteria for determining when the service is no longer required	Procedures for resolving disputes about eligibility and level of support (if available)
Occupational Therapy	SBRS program managed through LCC	Meets criteria for assessment established by SBRS Occupational Therapy (OT) assessment indicating if OT services are required	SBRS clinician based upon established criteria	Criteria determined by SBRS SBRS OT indicates when occupational therapy services are no longer required	Discussion with SBRS Manager
Physiotherapy	SBRS program managed through LCC	Meets criteria for assessment established by SBRS Physiotherapy (PT) assessment indicating if PT services are required	SBRS clinician based upon established criteria	Criteria determined by SBRS SBRS PT indicates when physiotherapy services are no longer required	Discussion with SBRS Manager
Speech & Language Therapy	SBRS program managed through LCC Grand Erie Brantford/Brant County Preschool Language System (LCC) Haldimand-Norfolk Preschool Language Program (HN Public Health Services)	Meets criteria for assessment established by SBRS Speech-Language Pathologist (SLP) assessment	SBRS clinician based upon established criteria SLP based on assessment results PSL clinician based upon established criteria	Criteria determined by SBRS SLP indicates when intervention no longer required Transfer from PSL based on age and need	Discussion with SBRS Manager School Team meeting with parent/guardian and student if appropriate or required by legislation and SLP report
Nursing	LHIN (SHSS)	Medical assessment indicating that nursing must be provided during school hours	LHIN Care Coordinator	Medical assessment indicating nursing no longer required during school hours OR Parent/guardian assumes responsibility	School or parent/guardian can request case conference with LHIN Care Coordinator

Specialized Health Support Service	Agency or position of person who performs the service (e.g.: LHIN, board, staff, parent, student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support	Criteria for determining when the service is no longer required	Procedures for resolving disputes about eligibility and level of support (if available)
Administering of prescribed medications	Oral medication by school staff. G-tube and Intra-muscular medications by LHIN (SHSS) Student (if appropriate) **Note school staff are not authorized to administer injections; therefore, requests made in relationship to school staff administering injections shall be denied	Medical Statement OR Authorization of parent/guardian for medication to be administered at school except for administration of medicinal cannabis, which requires a Medical Statement	School Principal LHIN Care Coordinator	Medical recommendation indicating that prescribed medication no longer needs to be administered during school hours OR Student has learned to administer medications independently	School or parent/guardian can request a case conference with LHIN Care Coordinator
Assistance with Catheterization	Student Board Staff (i.e., volunteer Educational Assistants after training by LHIN (SHSS))	Medical assessment indicating that catheterization must be done during school hours.	LHIN Care Coordinator	Medical recommendation indicating catheterization no longer required during school hours OR Parent/guardian assumes responsibility	School or parent/guardian can request a case conference with LHIN Care Coordinator
Suctioning	LHIN (SHSS)	Medical Referral	LHIN Care Coordinator	Recommendation indicating that suctioning no longer required during school hours OR Parent/guardian assumes responsibility	School or parent/guardian can request a case conference with LHIN Care Coordinator
Lifting and positioning	School staff as trained by LHIN agent if appropriate (usually OT/PT)	Assessment by health professional indicating that lifting and positioning must be done during school hours	LHIN Care Coordinator	Recommendation indicating that lifting and positioning no longer required during school hours OR Parent/guardian assumes responsibility	School or parent/guardian can request a case conference with LHIN Care Coordinator

Specialized Health Support Service	Agency or position of person who performs the service (e.g.: LHIN, board, staff, parent, student)	Eligibility criteria for students to receive the service	Position of person who determines eligibility to receive the service and the level of support	Criteria for determining when the service is no longer required	Procedures for resolving disputes about eligibility and level of support (if available)
Assistance with mobility	School staff as trained by LHIN agent if appropriate (usually OT/PT)	PT Medical Referral	Medical Referral	Recommendation indicating that assistance with mobility no longer required during school hours OR Parent/guardian and student assume responsibility	School or parent/guardian can request a case conference with LHIN Care Coordinator
Feeding	Oral - school staff G-tube - LHIN (SHSS)	Medical Referral	Physician, Nurse	LHIN (SHSS): Parent directives based on physician orders	School or parent/guardian can request a case conference with LHIN Care Coordinator
Toileting	School staff - training available from OT/RN	Medical Referral	Physician, Nurse	Once school staff training is complete service may be discharged or placed on hold for future requests	Not applicable

Standard 8: CATEGORIES AND DEFINITIONS OF EXCEPTIONALITIES

PURPOSE: To make information on the categories and definitions of exceptionalities available to the public, including parents and community associations.

Students will be identified as exceptional by an Identification, Placement and Review Committee (IPRC) when their “behavioural, communicational, intellectual, physical or multiple exceptionalities are such that they are considered to need placement in a special education program” (Education Act) (Special Education program implies an Individual Education Plan with modifications within the regular program or a self-contained program.)

The IPRC requires an individual educational (classroom) assessment before making a decision about the identification of a student as exceptional or the placement of a student in a special education program. Educational assessments are conducted by the classroom teacher, often under the guidance of the School Team. Data from ongoing assessment *for* learning by the classroom teacher(s) and from ongoing assessment *as* learning by the student is collected to plan instruction and further assessment. Assessment *for* learning involves gathering evidence from a variety of sources to plan, adjust, and deliver instruction that meets the particular needs of individual students. It includes both diagnostic (i.e., review of recent report cards, consultation with previous teachers, parents, special educational teachers, classroom observations, classroom assessments) and formative (i.e., classroom tests, assignments, observations, progress towards alternate programming goals) assessment practices. Both educational (classroom) assessments and professional supporting assessments contribute to IPRC decisions. The determining factor for the provision of special education programs or services is not any specific diagnosed or undiagnosed medical condition, but rather the needs of the individual student based on an individual assessment of strengths and needs. It should be noted that when the IPRC identifies the student as exceptional and applies the ministry’s definition to describe the exceptionality, it is not diagnosing a condition but merely indicating an educational category. The IPRC identification should not be interpreted as a diagnosis.

There are five categories of exceptionality recognized in the Education Act. The Ministry has defined additional sub-categories for some of the categories.

Resources

Policy/Program Memorandum No. 8:

Identification of and program planning for students with learning disabilities.

Policy/Program Memorandum No. 140:

Incorporating methods of applied behaviour analysis (ABA) into programs for students with autism spectrum disorders (ASD).

Policy/Program Memorandum No. 156:

Supporting transitions for students with special education needs.

Steps to Identification with an Exceptionality are outlined in the Special Education Plan: Section 2
Allowable Accommodations are outlined in the Special Education Plan: Appendix G

Behaviour

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 that cannot be traced to intellectual, sensory, or other health factors, or any combination thereof.

Major Indicators:

- A persistent pattern of non-compliant, defiant, physical and/or verbally aggressive behaviours observed within the school environment;
- Behaviours are frequent, intense and of such a duration that they compromise the student's learning and ability to be successful at school (for example behaviour is the reason they are not meeting their potential) and/or their behaviour is interfering with the learning of others;
- Behaviours continue despite the implementation of behaviour strategies and interventions;
- Allowable accommodations have proven to be insufficient.

Supporting Assessment:

- ✓ School Documentation demonstrates that the nature, frequency, severity of the behaviours are disruptive to the student's learning;
- ✓ Behaviours are not secondary to other medical, neurobiological or other developmental disorders;
- ✓ All behaviours must be looked at in the context of functional/developmental age, and culture;
- ✓ Behaviour plan is in place;
- ✓ Consultation/involvement with the Behaviour Counsellor and appropriate support staff has occurred;
- ✓ A psycho-educational assessment and/or speech and language assessment are recommended when school Resource Team deems appropriate.

Communication

Autism

A severe learning disorder that is characterized by:

- a) disturbances in:
 - rate of educational development;
 - ability to relate to the environment;
 - mobility;
 - perception, speech, and language.
- b) lack of the representational symbolic behaviour that precedes language.

Major Indicators:

- *Persistent deficits in social communications and social interactions and restricted repetitive patterns of behaviour;*
- *Allowable accommodations are insufficient;*

- *ABA strategies, interventions and transition supports are in place and in compliance with PPM140;*
- *Consultation with the System Learning Resource Teacher for Autism and appropriate support staff has occurred.*

Supporting Assessment:

- ✓ A diagnosis by a qualified medical practitioner belonging to the College of Physicians and Surgeons of Ontario or qualified member of the College of Psychologists of Ontario.

Deaf and Hard-of-Hearing

An impairment characterized by deficits in language and speech development because of a diminished or non-existent auditory response to sound.

Major Indicators:

- Student is not meeting the grade level expectations (modifications that include either a reduction in the number and/or complexity of the student's current grade level expectations or modifications to a lower grade level);
- Allowable accommodations are insufficient;
- Up to date audiology assessment report completed by an audiologist (preferably within 1 year);
- Recent speech and language assessment has been completed;
- AAB or equivalent standardized assessment of academic achievement has been completed.

Supporting Assessment:

- ✓ Audiology Assessment completed by a registered audiologist belonging to the College of Audiologists and Speech-Language Pathologists of Ontario that states a specific level of hearing loss.

Language Impairment

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; and
- 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.

Major Indicators:

- Moderate to severe Receptive Language delay/impairment;
- Moderate to severe Expressive Language delay/impairment;
- Allowable accommodations are insufficient;
- Language impairment is impacting their ability to access the curriculum;
- Remedial programming is essential.

Supporting Assessment:

- ✓ Assessment by a registered Speech Language Pathologist belonging to the College of Audiologists and Speech Language Pathologists of Ontario
- ✓ Psycho-educational Assessment completed by or under the supervision of a qualified member of the College of Psychologists of Ontario The student displays a moderate to severe delay in receptive and/or expressive language development, at or below the 5th percentile on standard measures that is not due to cultural or linguistic differences;
- ✓ AAB or equivalent standardized assessment of academic achievement has been completed when deemed appropriate by the school Resource Team.

Speech Impairment

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.

Major Indicators:

- Difficult to understand speech that affects communication;
- The student displays a severe to profound impairment in articulation, phonology, motor speech and/or fluency that results in unintelligible (difficult to understand) speech;
- Accommodations/modifications are essential for orally expressing their knowledge and ideas.

Supporting Assessment:

- ✓ Assessment by a registered Speech Language Pathologist belonging to the College of Audiologists and Speech Language Pathologists of Ontario.

Learning Disability

One of a number of neurodevelopmental disorders that persistently and significantly has an impact on the ability to learn and use academic and other skills and that:

- affects the ability to perceive or process verbal and non-verbal information in an effective and accurate manner in students who have assessed intellectual abilities that are *at least* in the average range;
- results in (a) academic underachievement that is inconsistent with the intellectual abilities of the student (which are at least in the average range) and/or (b) academic achievement that can be maintained by the student only with extremely high levels of effort and/or with additional support;
- results in difficulties in the development and use of skills in one or more of the following areas: reading, writing, mathematics, and work habits and learning skills;
- may typically be associated with difficulties in one or more cognitive processes, such as phonological processing; memory and attention; processing speed; perceptual-motor processing; visual-spatial processing; executive functions (e.g., self-regulation of behavior and emotions, planning, organizing of thoughts and activities, prioritizing, decision making);
- may be associated with difficulties in social interaction (e.g., difficulty in understanding social norms or the point of view of others); with various conditions or disorders, diagnosed or undiagnosed; or with other exceptionalities;
- is *not* the result of a lack of acuity in hearing, and/or vision that has not been corrected; intellectual disabilities; socio-economic factors; cultural differences; lack of proficiency in the language of instruction; lack of motivation or effort; gaps in school attendance or inadequate opportunity to benefit from instruction.

Major Indicators:

- Difficulties in the development and use of skills in one or more of the following areas:
 - reading
 - writing
 - mathematics
 - work habits/learning skills
- Allowable accommodations insufficient for meeting student needs;
- Psycho-educational assessment indicates that academic achievement is inconsistent with the intellectual abilities of the student (which are at least in the average range) and/or achievement that is only sustainable with high level of effort and/or extensive support.

Supporting Assessment:

- ✓ Assessment reports and results are in compliance with PPM 8;
- ✓ Psycho-educational assessment completed by or under the supervision of a qualified member of the College of Psychologists of Ontario;
- ✓ Assessment measures are based on Canadian norms where possible, are culturally sensitive, and are provided to the student in accessible format, as required (e.g., sign language, Braille, large print);

Intellectual

Giftedness

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.

Major Indicators:

- Performance scores on Canadian Cognitive Abilities Test (CCAT) and discussion at school Resource Team.

Supporting Assessment:

- ✓ CCAT results with a composite standard age score of at least 130 (98th percentile rank) which typically means 9th stanine results on two of three subtests;
- ✓ If from outside the board: Psycho-educational assessment completed by or under the supervision of a qualified member of the College of Psychologists of Ontario, with Canadian norms, at the 98th percentile rank or higher on a Full Scale Intelligence Quotient (FSIQ) or General Ability Index (GAI);
- ✓ AAB or equivalent standardized assessment of academic achievement has been completed when deemed appropriate by the school Resource Team.

Mild Intellectual Disability

A learning disorder characterized by:

- a) an ability to profit educationally within a regular class with the aid of considerable curriculum modification and supportive service;
- 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.

Major Indicators:

- Student is not meeting grade expectations;
- Student requires accommodations/modifications to the pace, complexity and/or grade level expectations.

Supporting Assessment:

- ✓ Psycho-educational assessment completed by or under the supervision of a qualified member of the College of Psychologists of Ontario;
- ✓ Cognitive functioning that falls in the very low range;
- ✓ Not the result of impairments in vision, hearing, physical limitations, developmental disability, emotional problems or cultural differences.

Developmental Disability

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 designed to accommodate slow intellectual development;
- c) a limited potential for academic learning, independent social adjustment, and economic self-support.

Major Indicators:

- Student is not able to meet grade level expectations;
- Student is not able to perform age appropriate activities of daily living and personal independence without assistance;
 - Allowable accommodations are insufficient.

Supporting Assessment:

- ✓ Assessments meets the criteria of an Intellectual Disability as defined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM5);
- ✓ Psycho-educational assessments completed by or under the supervision of a qualified member of the College of Psychologists of Ontario;
- ✓ Medical Assessments completed by qualified member of the College of Physicians and Surgeons of Ontario may be accepted;
- ✓ Cognitive functioning that falls in the very low to extremely low range with significant delays in adaptive functioning;
- ✓ Assessment measures are based on Canadian norms where possible; are culturally sensitive and are provided to students in an accessible format, as required;
- ✓ Not the result of impairments in vision, hearing, physical limitations, emotional problems or cultural differences.

Physical

Physical Disability

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 students without exceptionalities who are of the same age or developmental level.

Major Indicators:

- Physical limitation where accommodations and modifications are essential for the student to access the curriculum and/or alternate program.

Supporting Assessment:

- ✓ Diagnosis by a qualified medical practitioner belonging to the College of Physicians and Surgeons of Ontario;
- ✓ Occupational Therapy or Physical Therapy assessment may be required to delineate functional needs.

MULTIPLE

Blind and Low Vision

A condition of partial or total impairment of sight or vision that even with correction affects educational performance adversely.

Major Indicators:

- Accommodations are extensive;
- Allowable accommodations have proven to be ineffective.

Supporting Assessment:

- ✓ Diagnosed by an Ophthalmologist, certified by the Ontario College of Optometrists.

Multiple

Multiple Exceptionalities

A combination of learning or other disorders, impairments, or physical disabilities, that is of such 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.

Criteria for identification:

- Student meets the criteria for identification in two or more exceptionalities with supporting documentation and/or assessment provided by the appropriate practitioners

The Board's IPRC applies the above categories and definitions in making decisions with respect to identification and placement by reviewing all information including assessment documentation, reporting detailed in the OSR, and anecdotal references from board personnel, parent/guardians and agencies:

- to develop a shared understanding of a student's current strengths, needs and learning profile;
- to compare available information with the board's IPRC decision making and assessment criteria;
- to ensure consistent interpretation and application of Ministry of Education requirements.

Standard 9: SPECIAL EDUCATION PLACEMENTS PROVIDED BY THE BOARD

The purpose of the standard is to provide details of range of placements provided by the Board, and to inform the public that placement of a student in regular class is the first option considered by an Identification Placement and Review Committee (IPRC).

Grand Erie District School Board believes that “if a student’s needs can be met in a regular classroom with *accommodations* and *modifications*, placement should be in a regular class in the home school.” (P1: Special Education Guiding Principles, 2017). We also believe that “the individual needs of some students with specific exceptionalities are such that placement within a self-contained class can also be the most enabling.” (P1: Special Education Guiding Principles, 2017).

SEAC participates in the review of self-contained classes, their locations and nature. Additionally, SEAC members were involved in the development of the Special Education Guiding Principles, which provides direction to the nature, and focus of congregated classes in Grand Erie.

Regular Class:

Placement in a regular class should be considered as the first option:

- Appropriate accommodations and modifications should be in place; (Grand Erie DSB Accommodations Document, 2004);
- Classroom Teachers should receive appropriate training in evidence-based strategies that improve student’s learning (Learning for All: A Guide to Effective Assessment and Instruction for All Students, Kindergarten to Grade 12);
- Support from the Learning Resource Teacher should be provided to improve classroom instruction.
- Educational Assistants can assist with the implementation of the programming for students with medical and safety needs;
- System special education support staff build the capacity of schools to meet the broad range of student special education needs. (P1: Special Education Guiding Principles, 2017).

The Identification, Placement and Review Committee (IPRC) always begins with regular class placement in mind but may determine that a self-contained setting with a high degree of expertise and support is required to meet the student’s needs.

Grand Erie is committed to fostering an inclusive culture in schools. “The culture of the school is essential in fostering an attitude of inclusion, and an attitude of inclusion recognizes and values the tiered approach to the provision of special education programs and services. An attitude of inclusion ensures that students in self-contained classes are welcomed and integrated into their school communities.” (P1 Special Education Guiding Principles, 2017).

When more intensive support is required for a student, self-contained placement may be considered. “Educational implications of participation in self-contained programs should be discussed with the parents and students through the Identification, Placement and Review Committee (I.P.R.C).” (P1: Special Education Guiding Principles, 2017). When a self-contained placement may be appropriate, it is a consultative process which honours the voices of parents, school staff, program support staff and the student as appropriate. After an IPRC confirms the student is exceptional and determines placement into a self-contained program discussion of program options may occur as follows:

- discussion may include the type of Special Education Services, the degree of curriculum modification, and any need for personalized equipment;
- provides some direction for the IEP;
- does not commit to a specific location or specific amount of individualized support (location is not part of the IPRC and is not subject to the appeal process).

To further support integrated programming, the sub-category of Delivery Options, Special Education Class, states “integration into regular program should occur, in consultation with the parents/guardians, as it is deemed appropriate for the individual pupil by the School Principal”.

The ways in which a student may be integrated into the regular, age-appropriate classroom are as follows:

- integrated on a regularly scheduled basis for specific subjects or periods of time;
- integrated on the basis of specific content in a subject area;
- integrated on days when special events occur;
- integrated for assemblies;
- integrated into social situations.

When being integrated into a regular class the student may receive support from an Educational Assistant. When the student’s placement is a Special Education Class with Partial Integration the student must be integrated into a regular class for at least one instructional period daily. When integration does occur for a student whose placement is in a self-contained program, it does not exceed 49% of the school day.

Types of placements provided at the elementary and secondary levels:

There are five placement options available to students in elementary and secondary levels.

Regular Class

- Indirect Support
- Direct Support (Resource Assistance)
- Withdrawal Assistance (which can include Regular Mode Enrichment)

Self-contained Class

- Partial Integration
- Full Time

The following one or more criteria are considered for admission to a self-contained class placement:

- the student requires a uniquely designed individual program for more than 50% of the day;
- the student requires a range of specialized instructional support for more than 50% of the day;
- the student requires a classroom environment containing specialized facilities.

Admission to placement will occur as soon as possible. The student may require support or services in the regular class placement while waiting for admission to a special class.

The level of support provided in each placement, including the assignment of intensive support, is determined by:

- needs of students within a school;
- needs of students within a Family of Schools;
- needs of students throughout the entire Board;

The level of support for individual students is based on student needs, such as:

- safety - to self or others;
- medical issues;
- academic;
- social /emotional;
- physical;
- alternative programming;
- augmentative communication.

An IPRC may recommend a change in a students' placement if:

- the student requires a placement that permits a greater focus on the goals and objectives of the Individual Education Plan (IEP);
- the student is meeting goals and objectives more closely approximating the expectation of the Ontario Curriculum and requires a program more focused on those goals and objectives.

When the needs of a student cannot be met within the Board's range of placements, an IPRC may support one of the following temporary or permanent placements:

- Child and Parent Resource Institute (CPRI)
- Education Programs in Care, Treatment, Custody and Correctional Facilities
- Amethyst School (for students with ADHD and/or severe learning disabilities)
- Trillium School (for students with severe learning disabilities)
- Robarts School (for students who are deaf /hard of hearing)
- W. Ross Macdonald School (for students who are blind/deaf-blind)

Options for placement outside the Board are communicated to the parent/guardians before the IPRC through:

- case conferences.
- visit to the outside placement.

SEAC is presented a general overview of the philosophy of types of placements available and changing needs for Self-contained program throughout the Board. They provide feedback and discussion about the philosophy and changing needs. A final copy of the Self-contained Classes and their locations is then shared with SEAC as information.

Most students identified as exceptional within Grand Erie DSB are placed in a regular class. The document that follows identifies the location of the special classes within the Board for the 2018-19 school year.

Elementary Self Contained 2018-2019	
School	Class
Brant North	
Cedarland	Jr/Int DD
Centennial Grand Woodlands	Pr Strategies
Centennial Grand Woodlands	Gifted
Centennial Grand Woodlands	Jr/Int DD
Cobblestone	Jr/Int MID
Cobblestone	Jr/Int DD
Russell Reid	Autism
Russell Reid	Jr/Int MID
Graham Bell	Autism
Grandview	Pr/Jr Autism
Greenbrier	Autism
Greenbrier	Jr/Int MID
Greenbrier	Pr/Jr DD
Prince Charles	MH
Prince Charles - NEW	Autism
Brant South	
Agnes Hodge	Multi-Handicap
Banbury	Junior Tech
Bellview	Pr Strategies
Branlyn	Strategies
James Hillier	Autism
Major Ballachey	Strategies
Major Ballachey	Jr/Int MID
Ryerson Heights	Pr/Jr DD
Haldimand	
Caledonia Centennial	Strategies
Fairview Ave	Autism
Hagersville Elem	Hearing/Language Impaired
Hagersville Elem	Jr/Int MID
Hagersville Elem	Jr/Int DD
Jarvis	Gifted
JL Mitchener	Junior Tech
JL Mitchener	Jr/Int Autism
Thompson Creek	Autism
Thompson Creek	Pr Strategies
Norfolk	
Delhi Public	Strategies
Bloomsburg	Jr/Int MID
Bloomsburg	Autism
Langton	Autism
Lynndale Hts	Jr/Int DD
Walsh	Pr/Jr/Int DD

Secondary Self Contained 2018-2019	
School	Class
Brant North	
North Park	MID
North Park	MID
North Park	ME
North Park	Autism
Paris District	ME
Paris District	DD
Brant South	
Pauline Johnson	MID
Pauline Johnson	MH
Pauline Johnson	MH
Pauline Johnson	DD
Pauline Johnson	DD
Tollgate	MID
Tollgate	MID
Tollgate	ME
Tollgate	Autism
Tollgate	DD
Tollgate	DD
Tollgate - 4 sections	On Track
Haldimand	
Cayuga Secondary School	MID
Cayuga Secondary School	DD
Cayuga Secondary School	DD
Cayuga Secondary School	Autism
Dunnville Sec	ME
Hagersville Sec	MID
Norfolk	
Simcoe Composite	ME
Simcoe Composite	MID
Simcoe Composite	DD
Simcoe Composite	DD
Simcoe Composite - 4 sections	On Track
Valley Hts - 6 sections	MID
Waterford DHS	DD
Waterford DHS - New	Autism
Waterford DHS	MH

**SPECIAL EDUCATION PLACEMENTS/PROGRAMS
PROVIDED BY THE BOARD
2018-2019**

Self-Contained Class/Program	Criteria for Placement	Class Capacity
Autism (ASD) Self-Contained <ul style="list-style-type: none"> Provides individualized programming for students with Autism Spectrum Disorder; Programming will align with the individual strengths and needs of the student – including modified or alternative curriculum; Programming will support the principles of Applied Behaviour Analysis (ABA), as outlined in Ministry of Education PPM 140; Programming will include individualized transition plans for students, as outlined in PPM 140. 	<p>Placement in an ASD Class may be recommended through the Identification Placement and Review Committee (IPRC) process to a student who:</p> <ul style="list-style-type: none"> Identified as an exceptional student through the IPRC process under the category of Communication: Autism; Evidence that ongoing interventions in regular class have been insufficient to meet the student’s needs, including the utilization of ABA strategies, interventions and transition supports; Evidence that smaller class size and program structure will allow the child to thrive and be more successful in their school environment. 	6
Deaf and Hard of Hearing (DHOH) Self-Contained <ul style="list-style-type: none"> Provides individualized programming for students with moderate to severe hearing loss; Programming will align with individual strengths and needs of the student - modified or alternative curriculum; Emphasis on self advocacy in the use of audiology equipment (hearing aids, FM Systems) Allows for integration into the regular class in subject areas of strength up to 49% of the day 	<p>Placement in the Deaf and Hard of Hearing class may be recommended through the IPRC process to a student who:</p> <ul style="list-style-type: none"> Identified as an exceptional student through the IPRC process under the category of Communication: Deaf and Hard of Hearing; Evidence that ongoing interventions in the regular class have been insufficient to meet the student’s learning needs; Evidence that smaller class size and program structure will allow the child to thrive and be more successful in their school environment. 	12

<p>Developmental Disabilities Class (DD) Self-Contained The program in a self-contained DD class focuses on developing functional skills for the highest possible level of personal independence. The program is developed based on the student's individual needs in the following areas:</p> <ul style="list-style-type: none"> • Functional Academics – literacy and numeracy skills that are relevant and meaningful to the student. Some students will be at a pre-academic stage of learning. • Social Skills – demonstrating appropriate social behaviours in a variety of settings both in the school and in the community • Skills for Independent Living – encompass a wide range of skills including: personal care and hygiene, shopping and food preparation, cleaning and organizing tasks, transportation and community safety skills, pre-vocational skills), and recreation • Communication Skills – communicating for different purposes in a variety of settings; some students may require assistive or augmentative means of communication • Self-advocacy skills – asking for help when help is required; making choices and decisions; speaking up when there is a problem 	<p>Placement in a Self-Contained Developmental Disabilities Class may be recommended through the IPRC process when:</p> <ul style="list-style-type: none"> • The student has been Identified through the IPRC process under the category of Intellectual: Developmental Disability; • The student requires a program that focuses on functional skills for daily living and personal independence; • Evidence that smaller class size and program structure will allow the child to thrive and be more successful in their school environment; • The student will require a supported living environment and supported employment in the future 	<p>10</p>
<p>Enrichment Program The Enrichment program is a 1 day a week withdrawal program in an area congregated classroom.</p> <ul style="list-style-type: none"> • Provides differentiated learning experiences of depth and breadth beyond the regular curriculum; • Provides opportunity for collaboration, learning and leadership with peers of similar intellectual abilities; • Programming focuses on critical and higher order thinking skills, creativity, problem solving, research, technology, and metacognition. <p>The Enrichment Learning Resource Teacher provides support to the home school teacher to assist with appropriate differentiated programming in the regular classroom.</p> <p>Mind Sparklers Program The Mind Sparklers Program is a two-day program for Grade 3 students to help them become familiar with the Enrichment congregated classroom and Enrichment programming to inform participation in the Enrichment Program beginning in Grade 4.</p>	<p>Attendance in the Enrichment program may be recommended at the Grade 4-8 level through the school resource team process. Considerations for participation include:</p> <ul style="list-style-type: none"> • Eligibility Scores from participation in Grade 3 blanket/ or Grade 4-8 individual Canadian Cognitive Abilities Test (CCAT); • Results of other existing standardized assessment; • Review of Profile of Strengths and Needs at school resource team meeting; • Recommendation to the program through participation in Grade 3 Mind Sparklers program and/or performance in regular classroom where student exhibits exceptionally high performance beyond grade level expectations in numerous subject areas which can be better addressed in a congregated setting. 	<p>Class Size is in compliance with Ministry of Education capacity requirements. Grand Erie DSB average is 24.15 students to 1 Teacher</p>

<p>Gifted Self-Contained</p> <ul style="list-style-type: none"> • Provided at the Elementary Level (Grade 5-8); • Provides differentiated learning experiences of depth and breadth beyond the regular curriculum; • Provides opportunity for collaboration, learning and leadership with peers of similar intellectual abilities; • Programming focuses on critical and high order thinking skills, creativity, problem solving, research, technology, and metacognition; • Integration into regular class setting as appropriate for individual student needs and as school schedules allow. 	<p>Placement in a Gifted class may be recommended at the Grade 5-8 level through the system IPRC process to a student who:</p> <ul style="list-style-type: none"> • Identified as an exceptional student through the IPRC process under the category of Intellectual: Gifted; • Evidence that ongoing interventions in regular class and enrichment program have been insufficient to meet the student's academic or social/emotional needs; • May exhibit exceptionally high performance beyond grade level expectations in numerous subject areas which can be better addressed in a congregated setting with students of similar intellectual abilities. 	<p>25</p>
<p>Secondary Programs Available to Gifted or Enriched Students</p> <p>The academic stream at Secondary meets the programming needs of many students with Gifted and/or Enriched learning needs.</p> <p>Pre-Advanced Placement and Advanced Placement (AP) courses are available to students in high schools in each area of the board (2017-18: Hagersville Secondary, North Park Collegiate, Pauline Johnson, Simcoe Composite). Advanced placement courses allow students to pursue university-level studies while in high school. Many universities grant credits to high-achieving AP exam writers. AP courses are currently offered in Biology, Calculus, Chemistry, English Literature, French, Physics, and Studio Art at different Grand Erie schools. Offerings vary year by year.</p> <p>The Laurier Program is offered at Brantford Collegiate Institute in partnership with Wilfred Laurier University. It offers enrichment in Leadership, Teamwork, and Presentation. There is an application process to be accepted to the Laurier Program.</p> <p>Specialist High Skills Majors (SHSM) – Students participating in a SHSM complete a bundle of classroom courses, workplace experiences, and sector certifications to receive a special designation on their diploma. A SHSM can prepare students for apprenticeships, college, university or the workforce</p>	<p>Registration in these courses and programs is determined at the school that holds the program.</p>	<p>Class size varies by program and enrollment.</p>

<p>Junior Technology Self-Contained</p> <p>The Junior Technology Program is a 1-year program for students identified by IPRC with a Learning Disability who are using Assistive Technology:</p> <ul style="list-style-type: none"> • Programming will align with the individual strengths and needs of the student – including modified or alternative curriculum; • Focus on executive functioning and self-advocacy skills • Use research based best practices for instruction and programming in literacy and numeracy for LD students to narrow academic gaps; • Emphasize the use of assistive technology: teach keyboarding and use of assistive software and hardware as assigned through SEA; • Help students understand their Learning Disability (demystification) and to utilize their strengths and interests; • Allow students to participate in self-contained classroom instruction as well as integration into regular classroom instruction daily; • Prepare student for the transition back to home school, regular class after one year. 	<p>Placement in a Jr. Technology Class may be recommended for students in Grade 5 (or 6) age who:</p> <ul style="list-style-type: none"> • Identified as an exceptional student through the IPRC process under solely the category of Communications: Learning Disabled; • Do not present with significant behavioural challenges (e.g. opposition, defiance, aggression, anger management problems); • Have average assessed cognitive ability; • Have very weak academic achievement, particularly in the reading skills; • Demonstrate spelling and writing skills far below grade expectations with difficulties putting thoughts and ideas onto paper; • May also present with other difficulties in: fine and gross motor coordination; visual or grapho motor coordination (letter and number formation), concentration/attention; • Evidence showing student is successful when information is visually mediated rather than language based; evidence that the student may have more success in hands-on learning; • Demonstrates consistently good attendance; • Evidence that smaller class size and program structure will allow the child to close learning gaps and develop technology skills to enable them to be successful in the regular classroom; • Students may also have emotional reactions related to frustration with school; these could include low motivation, discouragement, embarrassment, task avoidance, poor self-esteem, and over-independence on assistance; • Student selection for the class happens Annually at the end of March/Beginning of April through an application process led by the school resource team. 	<p>8</p>
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<p>Mixed Exceptionality (ME) / Mild Intellectual Disability (MID) Self Contained</p> <ul style="list-style-type: none"> • Available in Elementary beginning in Grade 4 • Programming will align with individual strengths and needs of the student - modified or alternative curriculum; • Individualized programming in literacy and numeracy is modified to the degree that significant achievement gaps can be addressed; • Alternative programming in the area of Life skills, personal living skills, pre-employment and employment skill; • Allows for integration into the regular class in subject areas of strength up to 49% of the day; • Programming in the self-contained class is not for credit • Secondary placements options are available for both fully and partially contained. 	<p>Placement in a Mixed Exceptionalities class may be recommended beginning in Grade 4 through the IPRC process to a student:</p> <ul style="list-style-type: none"> • Who is identified as an exceptional student through the IPRC process, usually within the category intellectual: Mild Intellectual Disability; • Evidence that ongoing interventions in regular class have been insufficient to meet the student's academic or social/emotional needs; • Where there is evidence that the student will be unable achieve enough credits in Secondary School to graduate with an Ontario Secondary School Diploma (OSSD). Opportunity for graduation with some credits would result in a Certificate. 	<p>16</p>
<p>Multi-Handicapped (MH) Self-Contained</p> <p>The program in an MH class focuses on individual goals for each student to meet his or her specific needs in the following areas:</p> <ul style="list-style-type: none"> • Medical and Safety needs; • Personal Care - feeding and toileting; • Physical/Motor – physical therapy needs as per Physiotherapist (PT) and Occupational Therapist (OT) recommendation; developing gross and fine motor skills; • Cognitive and Sensory – stimulating students' minds through various modalities (sight, touch, hearing, taste, smell); developing understanding of cause and effect; building functional skills (e.g. sorting, matching); • Communication – developing communication skills based on recommendations from Speech/Language Pathologist (SLP) reports; providing authentic opportunities to motivate the student to communicate; students may require assistive or augmentative means of communication; • Social Interaction – providing opportunities for students to participate in meaningful social interactions with people beyond the MH classroom; • Self-help – developing skills toward greater independence (e.g. eating with a spoon; washing hands). 	<p>Placement in a Self-Contained Multi-Handicapped Class may be recommended through the IPRC process when:</p> <ul style="list-style-type: none"> • Student is Identified through IPRC process under the category Multiple; • Student has both significant physical and intellectual impairments; • Student requires a high level of support for physical or medical needs (toileting, feeding, mobility, supervision for safety). 	<p>6</p>

<p>On Track On Track is an intensive resource program for students who are able to focus on only two or three periods of credit-bearing courses. A classroom teacher and EA work with students individually to support success in their other classes, while encouraging positive social interactions. On Track is only 1 or 2 sections a semester. On Track sections on their own are not for credit.</p>	<p>Students are not placed in On Track by an IPRC. On Track is timetabled for students who are identified as requiring a high degree of additional support as a result of behaviour or social/emotional needs.</p> <p>On Track sections are for secondary students who have been identified at elementary transition meetings prior to the student entering secondary school and can also be recommended by the secondary In School Resource Team.</p>	<p>16</p>
<p>Strategies Self-Contained</p> <ul style="list-style-type: none"> • Strategies classes are offered at the Elementary level for both Primary and Junior/Intermediate age level. • Provides individualized Behaviour Support Programming; • Programming will align with individual strengths and needs of the student - modified or alternative curriculum; • Emphasis on self advocacy, recognizing personal triggers and self regulation; • Allows for integration into the regular class in subject areas of strength up to 49% of the day; • Increased Behaviour Counsellor support; • Goal is for students to acquire the necessary skills to return to regular class within 2 years 	<p>Placement in a Strategies classroom may be recommended from SK to 8 level through the System IPRC process to student who:</p> <ul style="list-style-type: none"> • Identified as an exceptional student through the IPRC process under the category of Behaviour; • Evidence that learning gaps are the outcome of behaviour, and not an overall low level of cognitive development or Learning Disability. • Evidence that ongoing interventions in the regular classroom, as outlined in an Behaviour and Safety Plan, have been insufficient to meet the students' needs; • Evidence that smaller class size and program structure will allow the needed focus on alternative behaviour goals 	<p>8</p>

Standard 10: INDIVIDUAL EDUCATION PLANS (IEP)

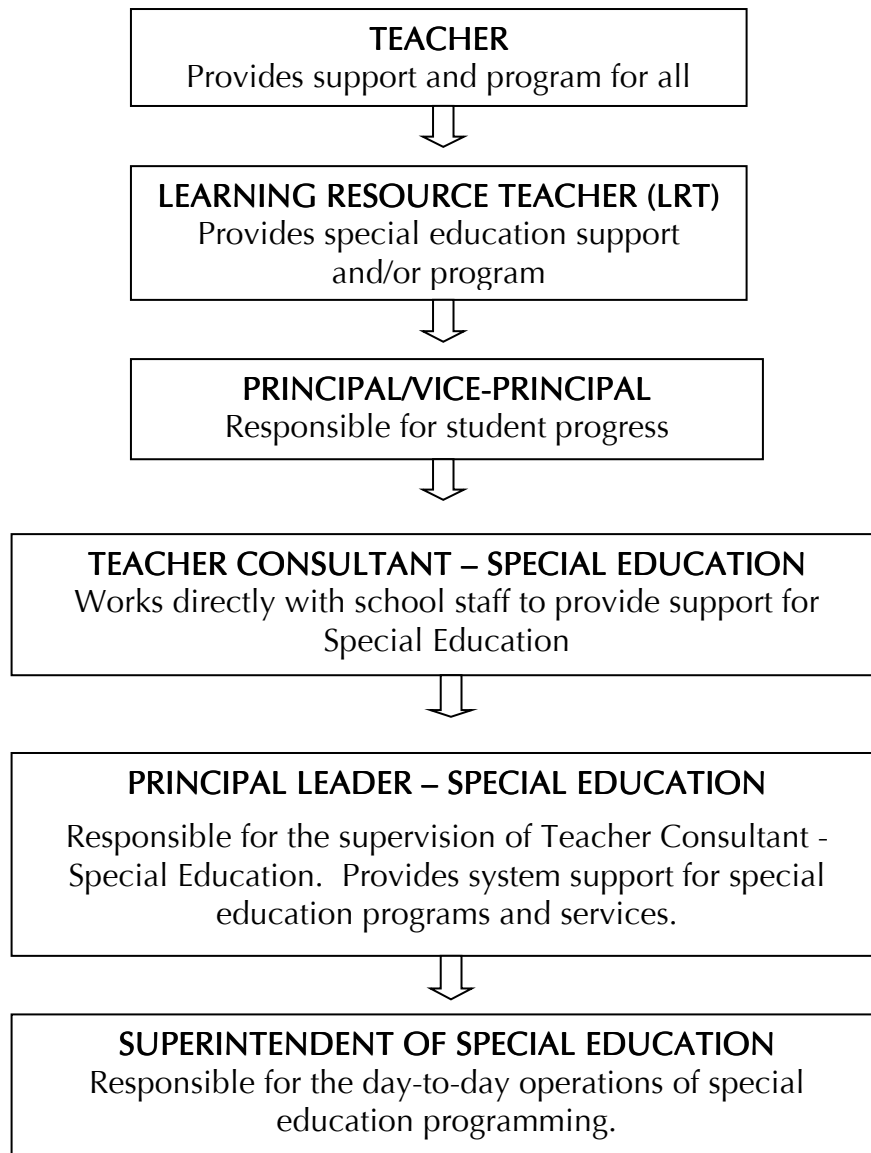
The purpose of the standard is to inform the ministry and the public about the ways in which the Board is complying with Ministry requirements for implementing IEPs.

The Individual Education Plan Writer used by Grand Erie District School Board is divided into the following sections:

- i. Identification
 - Reason for development of the IEP
 - Placement information
 - IEP completion date
 - IEP revision date
 - Student Profile
 - Ontario Education Number (OEN)
 - Exceptionality
 - IPRC Placement Decision
 - IEP Development Team
 - Assessment
 - Relevant Educational & Clinical Assessment Data
 - Strengths
 - Needs
 - Health Support Services
 - Accommodations
 - Instructional Accommodations
 - Environmental Accommodations
 - Assessment Accommodations
- ii. Human Resources
- iii. Equipment
- iv. Provincial Assessments
 - Permitted Accommodations
 - Exemptions from Provincial Assessment
- v. Elementary Program Exemptions
- vi. Secondary compulsory course substitutions
- vii. Program Areas
 - Modified Programs
 - Accommodations
 - Alternative Programs
 - Baseline Level of Achievements
 - Annual Program Goal
 - Learning Expectations, Teaching Strategies and Assessment Methods
 - Teaching Strategies
 - Strengths/Areas for Improvement/Next Steps
- viii. Transition Plan
- ix. Sources consulted in the Development of the IEP
- x. Parent/Student Consultation
- xi. Staff Review & IEP Updating

Dispute Resolution Process

Collaboration between school staff and parents is essential. When parents have questions or concerns about their child's Individual Education Plan, or special education programming, these are best addressed at the school level, always beginning with the classroom teacher. The chart below indicates the appropriate steps to follow if a parent/guardian feels that a question or concern has not been adequately addressed:



Standard 11: PROVINCIAL AND DEMONSTRATION SCHOOLS IN ONTARIO

The purpose of the standard is to provide the public with information about the Provincial and Demonstration Schools that are operated for students who are deaf, blind, or deaf-blind, or who have severe learning disabilities, which may include attention-deficit hyperactivity disorder (ADHD).

Provincial and Demonstration Schools:

- are operated by the Ministry of Education;
- provide education for students who are deaf or blind or deaf-blind or who have severe learning disabilities;
- provide an alternative education option;
- serve as regional resource centres for students who are deaf, blind, deaf-blind;
- provide preschool home visiting services for students who are deaf or 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;
- play a valuable role in teacher training.

a) **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, such as Braille materials, audiotapes, and large-print textbooks;
- 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 through home visiting for parent/guardians and families of preschool deaf-blind children to assist in preparing these children for future education.

b) Provincial Schools for the Deaf

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);
- Roberts 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.

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/her special needs met as set out in his/her IEP.

Schools for the deaf:

- provide rich and supportive bilingual/bicultural educational environment 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. (residence is provided for those students who live over 70 kilometers from the school)

Each school has a Resource Services Department, which provides:

- consultation and educational advice to the parent/guardian of deaf and hard-of-hearing children and school board personnel;
- information brochures;
- a wide variety of workshops for the parent/guardian, school boards, and other agencies;
- an extensive home-visiting program delivered to the parent/guardian of deaf and hard-of-hearing preschool children by teachers trained in preschool and deaf education.

Provincial School Contacts

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

Provincial Schools Branch, Ministry of Education

Provincial Schools Branch

255 Ontario Street South

Milton, Ontario

L9T 2M5

Tel.: (905) 878-2851

Fax: (905) 878-5405

Schools for the Deaf

The Ernest C. Drury School for the Deaf 255 Ontario Street, S. Milton, Ontario L9T 2M5 Tel.: (905) 878-2851 Fax: (905) 878-1354	The Robarts School for the Deaf 1090 Highbury Avenue London, Ontario N5Y 4V9 Tel.: (519) 453-4400 Fax: (519) 453-7943	The Sir James Whitney School for the Deaf 350 Dundas Street West Belleville, Ontario K8P 1B2 Tel.: (613) 967-2823 Fax: (613) 967-2857
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School for the Blind and Deaf-Blind

W. Ross Macdonald School
350 Brant Avenue
Brantford, Ontario
N3T 3J9
Tel.: (519) 759-0730
Fax: (519) 759-4741

School for the Deaf, Blind, and Deaf-Blind

Centre Jules-Léger
281 rue Lanark
Ottawa, Ontario
K1Z 6R8
Tel.: (613) 761-9300
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 1090 Highbury Avenue London, Ontario N5Y 4V9 Tel.: (519) 453-4408 Fax: (519) 453-2160	Sagonaska School 350 Dundas Street West Belleville, Ontario K8P 1B2 Tel.: (613) 967-2830 Fax: (613) 967-2482
Centre Jules-Léger 281 rue Lanark Ottawa, Ontario K1Z 6R8 Tel.: (613) 761-9300 Fax: (613) 761-9301 TTY: (613) 761-9302 and 761-9304	Trillium School 347 Ontario Street South Milton, Ontario L9T 3X9 Tel.: (905) 878-8428 Fax: (905) 878-7540

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 the parent/guardian consent. The Provincial Committee on Learning Disabilities (PCLD) determines whether a student is eligible for admission.

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.

The Provincial 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.

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.

Further information about the academic, residential, LEAD, and LD/ADHD, programs is available from the Demonstration Schools through the Special Needs Opportunity Window (SNOW).

An in-service teacher education program is provided at each Provincial Demonstration School. This program is designed to share methodologies and materials with teachers of Ontario School Boards. Information about the programs offered should be obtained from the schools themselves.

Following are current statistics (for the school year 2018-2019 with respect to the number of qualified resident students attending Provincial Schools and Provincial Demonstration Schools:

W. Ross Macdonald	34
E.C. Drury	6
Robarts	0
Amethyst	1

Transportation is provided for students, and assistants if required, to and from Provincial and Demonstration Schools. Depending on the needs of the students, transportation may be provided by taxi, van, minibus, wheelchair bus or wheelchair taxi.

Standard 12: SPECIAL EDUCATION STAFF

The purpose of the standard is to provide specific details on board staff to the ministry and the public.

Special Education Staff	ELEM.	SEC.	Staff Qualifications
Teachers of Exceptional Students			OCT & qualified to teach in Pr/Jr/Int/Sr divisions
Learning Resource Teachers (LRTs)	62 FTE	13 FTE	Special Education (minimum Part I)
Teachers for Self-Contained Classes	39 FTE	38.33 FTE	Special Education (minimum Part I)
Other Special Education teachers			Special Education (minimum Part I)
Itinerant teachers	1.0 0.5 1.0 2.0		Deaf specialist, vision specialist, advanced knowledge of strategies to support differentiation of curriculum and assessment, and self-regulation supports for students
Principal Leader Special Education	1.0		Principal Qualifications; Special Education Specialist
Program Coordinator	2.0		Special Education Specialist
System Learning Resource Teachers	4.0 Autism 2.0 Intellectual Disabilities 1.0 Learning Disabilities 1.0		Special Education Specialist
Enrichment Learning Resource Teachers	4.0		Special Education Specialist
Teacher Consultants	6.0 Elementary 5.0 Secondary 1.0		Special Education Specialist
Educational Assistants in Special Education			
Educational Assistants	307		Community College Diploma in field relating to special needs; experience
Lead Educational Assistant	4.0		Community College Diploma in field relating to special needs; experience
Lead Educational Assistant for Special Education Amount (SEA) Support	1.0		Community College Diploma in field relating to special needs; experience
Transitional Support Educational Assistant	7.0		Community College Diploma in field relating to special needs; experience

Other Professional Support Services Staff		
School Programs and Supports Lead	1.0	Master's Degree
School Mental Health and Well-Being Lead	1.0	Master's Degree
Psychological Associates	1.0	Master's Degree
Psycho-Educational Consultants	7.0	Master's Degree
Speech-Language Pathologists	7.5	Master's Degree in Speech/Language
Communicative Disorder Assistants	7.0	Community College/University
Social Workers	6.5	Master's Degree in Social Work; B.A.
Applied Behaviour Analysis Expert	1.0	B.A.
Board Certified Behaviour Analyst	2.0	Master's Degree
Behaviour Counsellors	6.0	B.A. or Child & Youth Services Worker Diploma
Child and Youth Workers	10.5	Child & Youth Services Worker Diploma
Indigenous Child and Youth Worker	1.0	Social Service Worker Diploma
Attendance Counsellors	6.0	B.A.
Indigenous Attendance Counsellors	1.0	B.A.

Standard 13: STAFF DEVELOPMENT

The purpose of the standard is to provide details of the board's professional development plans for special education staff to the Ministry and to the public.

Goal

The goal of the Special Education Staff Development Plan in Grand Erie DSB is to ensure that all staff has current knowledge and skills to provide appropriate support and programming for all students with special needs.

Involving the Stakeholders

Areas for professional development are determined by:

- Ministry of Education
- Senior administration
- System support personnel
- School and area administration
- Special Education and regular classroom teachers/early childhood educators
- Educational Assistants
- Parents/Guardians

Professional Development activities offered by the Board are often determined by staff identifying perceived areas of need. Input is received through the following avenues:

System:

- Special Education/Student Support Services
- Special Education Team (Principal Leader, Coordinator, Consultants, Mental Health & Wellness Lead, School and Program Supports Lead)
- Executive Council, in consultation with school administrators
- The Board's Multi-Year Plan
- The Board's Annual Operating Plans
- System Committees
- Secondary Special Services Department Heads Association
- Leadership Steering Committee

Area:

- Administrators
- Area support staff

Family:

- Learning Resource Teachers (LRTs) and Special Education classroom teachers request in-service
- Teacher Consultants - Special Education identify family needs
- CUPE Professional Development Committee
- School Professional Development Committees

School:

- administrators and staff request in-service for perceived areas of need
- School Councils and Home and School Associations request in-service
- school teams or resource teams request in-service
- school-based professional development committees

SEAC is consulted about staff development in the following ways:

- monthly meetings
- access through the Board's web page
- participation in Ministry of Education training sessions

Professional Development and Training

Priorities in the area of staff development are determined by:

- compliance with Ministry of Education directives, regulations, and initiatives
- response to urgent needs of students, staff and Board
- response to Education Quality and Accountability Office (EQAO) results
- related area of emphasis in Special Education
- response to demographic needs as identified by system personnel, community support agencies, medical staff, advocacy groups
- response to health and safety issues.

Staff development is provided in a variety of formats:

- Workshops on Professional Development days, before and after-school sessions, staff meetings at the invitation of school principals, and in the context of system initiatives such as the Renewed Math Strategy (RMS)/Fundamentals of Math, Applied Behaviour Analysis (ABA) and New Teacher Induction Program (NTIP)
- "Canned" Professional Development powerpoints shared monthly with principals and LRTs for delivery at the school level
- School and system training to develop an understanding of new Ministry requirements is provided as needs arise
- Training to support system programs for new to role staff is on-going (i.e., Individual Education Plan (IEP) writing, Academic Achievement Battery (AAB), Behaviour Management Systems Training (BMS), Violent Threat Risk Assessment (VTRA), Tragic Events Response Team (TERT))
- Conferences are attended by board staff throughout the year by designated staff
- Training in current counselling methods for the purpose of evidence-based and consistent approaches and services delivery.

Awareness of Professional Development Opportunities

Ways in which the School Board staff are made aware of professional development opportunities:

- School Resource Team Meetings, and Support Staff Meetings
- Staff Portal
- Staff email
- Monthly administrator and LRT Special Education newsletters
- Biweekly *Special Edition for Special Education* memo for Special Education Department Staff
- E-teacher electronic bulletin board and registration system
- Board maintained web page
- Family of Schools Administrators' Meetings

The following Professional Development sessions were offered during the 2018-19 school year:

Title	Description
Behaviour Management System [BMS]	Multiple sessions offered on PD days or at school locations where the main goals include improving safety and security for all staff and students, the promotion of respectful working and learning environments and breaking the cycle of inappropriate behaviour and consequences.
BMS Recertification	Recertification session for those already trained in Behaviour Management Systems.
ASIST	Applied Suicide Intervention Skills Training for staff only
New LRT Training	Training in Special Education processes, including School Team/Resource Team, SEA, IPRCs, LITE, etc... for staff new to the Learning Resource Teacher role.
LRT Update Sessions	Workshops offered at the beginning of the year to highlight new items that affect Learning Resource Teachers – upgrades to LITE, Personal Care Plan, changes to SEA, transition planning, IEP consultation, self-regulation supports, etc....
Kurzweil and other Assistive software	Sessions are offered to teachers along with their students in their classrooms. Kurzweil, WordQ, and Office 365 basics and strategies for embedding software use into classroom programming were offered.
Junior Technology Transition Workshops	Training for teachers who were receiving students back at home schools from the LD Technology classrooms that focused on: how to integrate technology into the classroom program, student and teacher collaboration on a task using assistive technology, useful websites, etc...
iPad Training	Individual training offered by our Lead EA for SEA when iPads are delivered to schools. System LRTs also train individual teachers on the use of student-specific apps.
Autism for Administrators	Guest speaker, Kelly Rogers, from the Grand Valley State University START Program spoke to administrators about effective inclusion strategies and facilitating student independence.
Networking Sessions for Teachers of Special Education Classes	These workshops (i.e. for teachers of Autism, Strategies classes) allowed teachers to explore the use of educational technology, behavior management strategies, resiliency, structured teaching, etc.
IEP Support Sessions	IEP Writing Sessions have been offered at both the school and system level, some open to any teachers and some specialized for self-contained teachers. Support is provided by System LRTs and Special Education Teacher Consultants.
Academic Achievement Battery™ (AAB)	This two-part in-service on our educational assessment tool was delivered to new LRTs. Assessment administration, test interpretation, report writing, and storage of information were covered. Refresher sessions were also offered and open to all LRTs.
Hearing Awareness Workshop	This workshop was offered to teachers with hearing impaired students currently in their classrooms or to teachers who will have hearing impaired students in their classrooms next year. This presentation, offered by our Deaf and Hard of Hearing itinerant teacher in conjunction with staff from EC Drury, focused on classroom accommodations, use of FM systems, etc.

NTIP – Special Education Presentations	New elementary and secondary teachers received practical ‘Special Education At A Glance’ information, with a focus on the importance of developing a Student Profile and instruction on how to record information in LITE. Student Support Services Staff provide an over-view of their roles and how they can support teachers to meet special education needs in the classroom.
Topics in Response to School Requests	Administrators request professional development for their staff members on a regular basis, with training usually delivered at Staff Meetings or during “Lunch and Learn” sessions. Topics have included: the SEA process, pathway toward modifications, use of visual supports and alternative communication systems, Microsoft assistive tools, Kurzweil, modifying program in Core French, Autism awareness, Functions of behaviour etc.
“Canned” Powerpoints on Timely Special Education topics	Coordinators, Teacher Consultants, and System LRTs have developed monthly powerpoints complete with speaking notes that principals and LRTs can use in their entirety or in relevant sections for professional development within their buildings. Topics this year have included: Updating IEPs, At-Grade-Level Modifications, Using Visuals, Strategies for Integration, Functions of Behaviour, and Moving Toward Independence
Grand Erie Special Education Games	System LRTs for ASD and ID are facilitating the events to be held at Cayuga Secondary School. Athletes from Secondary and Elementary Special Education classes will participate in a number of events (races, ball throws, mascot contest) for a fun-filled day.
Managing Challenging Behaviour	A series of workshops designed to guide staff through the process of creating function-based behavior interventions, strategies to increase appropriate behaviours rather than reinforcing problem behaviours, and class wide interventions.
Pulse	Pulse is a web-based, gamified program to help students identify their own learning style which in turn, helps teachers to differentiate instruction. Pulse information was offered through classroom sessions.
Teaching Numeracy Skills to Students in Self-Contained Classrooms	Presentation of strategies, lesson ideas, and manipulative kits to use with students in Strategies and MID classrooms
Sound Bites	Sound Bites is a kit of phonological awareness activities. Kindergarten teams were trained on the use of Sound Bites at a kindergarten workshop.
Lexia	Lexia is a responsive online literacy intervention tool. The Core5 program can be used with students in grades K-5 who are struggling with literacy. The Power Up program is for students in grades 6 and up. The program covers phonemic awareness, phonics, grammar, vocabulary, and comprehension. One day of face-to-face training was offered to one grade 2 teacher, MID teachers, and LRTs in participating schools. An overview webinar was offered to administrators. A follow-up data coaching webinar was offered to other Lexia users.
EMPOWER	EMPOWER is a literacy intervention that is delivered in some schools to small groups of students, who usually have a learning-disabled profile. New EMPOWER teachers must participate in 4 training sessions and experienced EMPOWER teachers complete a half-day refresher session.

Training for new Transitional Educational Assistant Team	A variety of in-house workshops were offered by our Lead Educational Assistants. Topics included: visual supports, use of Microsoft Office, function of behavior, Picture Exchange Communication System, Autism toolbox, etc.
Topics for Educational Assistants	A variety of topics were offered to Educational Assistants on PD days throughout the school year. Topics included: Microsoft Suite Tools, moving towards independence, level of prompting, Handwriting Without Tears, American Sign Language, Kurzweil, iPad apps, etc...
Supporting Children's Brain Development Through Relationships and Connectedness	8 th Annual PSSP Conference Dr. Jean Clinton, provided practical strategies for connecting with children and supporting children's brain development through relationships and connectedness.
Mental Health Mondays	After school workshops which advance mental health knowledge, attitudes and skills. Topics include Mind-Up curriculum, Understanding Anxiety and Depression, and Trauma-informed classrooms.
ABA Training	A wide variety of topics were offered to administrators, teachers, DECE's and EA's throughout the school year. Some topics included: Functions of Behaviour, "The Good Behaviour Game", Three-part series: Understanding and managing problem behaviour, Teaching breaks to reduce problem behaviour and Using visuals with students.
Self-Contained Teacher PD	Training opportunities were offered to self-contained teachers in elementary and high school during PD days. Topics included behaviour, how to collect and organize data, how to create IEP goals using ABA strategies, make and take work tasks and creating and monitoring transition plans.

Training with regard to the Legislation and Ministry policy on Special Education:

The Board sends Special Education personnel (Superintendent, Principal-Leader, School and Program Supports Lead, Mental Health and Well-Being Lead, Program Coordinator, and Teacher Consultants) to in-services provided by the Ministry of Education on legislation, policy and new initiatives.

These people return to the Board and present the information detailed at the Ministry's in-service to Administrators, Special Education and regular class teachers and other board support personnel. All teachers, including new practitioners, are encouraged to attend. If staff have difficulty with implementation of policies, the Teacher Consultants-Special Education provide further training and support.

In addition, senior special education staff attends the Regional Special Education Council (RSEC) meetings three times per year. Counterparts from other boards in South-Western Ontario and representatives from the Ministry of Education discuss initiatives, share effective programs and services, and discuss emerging issues. The Mental Health and Wellness Lead attends provincial and regional meetings and workshops by School Mental Health ASSIST and Special Interest Groups. The Special Education Management Team attend applicable workshops on education, Special Education, Mental Health legislation provide by Osgoode Professional Development Centre.

Program Coordinator-Special Education and Special Education Teacher Consultants continue to attend Special Education Regional Coordinator/Consultant Conference (SERCC) which meets twice a year to discuss Ministry of Education initiatives, share effective programs and services and discuss emerging issues in Special Education. Our Coordinator/Consultant team hosted one of the SERCC conferences this year.

Budget allocation dedicated to the staff development plan in the area of Special Education:

There are a few components of the Staff Development Budget, which affect Special Education personnel:

- Special Education Teachers can access monies as dictated by their collective agreement and their school Professional Development Committees;
- Professional Student Support Services Staff have a budget determined by their collective agreement to attend conferences/training related to their role;
- CUPE staff also have a collective agreement determined PD amount intended to provide in-service for Special Education and other Support Staff by application to their Professional Development Committee;
- Coordinators and consultants responsible for Special Education can access funds to attend professional development;
- A percentage of total funds allocated for professional development is dedicated to Special Education.

Cost-sharing arrangements for staff development with other ministries or agencies:

- Workshops by teleconference through Contact Brant (Ministry of Children, Community and Social Services);
- Regional Autism Forum - Ministry of Education;
- Job Readiness Training - NACL (Norfolk Association of Community Living);
- Early Child Development Centres and Launch Pads;
- Geneva Centre
- ASD, School Support Program-Hamilton Health Sciences;
- Transitional Aged Youth Protocol with Contact Brant
- Autism Spectrum Disorder summer training in London, in support of PPM 140
- LD@School Educators' Summer Institute

Standard 14: EQUIPMENT

The purpose of the standard is to inform the ministry, board staff members and other professionals, and parents about the provision of individualized equipment for some students with special needs.

Procedures for determining individualized equipment purchases for students to use at school comply with those outlined in the Ministry of Education document.

With the support of Teacher Consultants-Special Education, schools prepare a Special Equipment Amount (SEA) funding file for each individual student. Some types of equipment (Per Pupil) require approval from the SEA Approval Committee while others require an assessment (Claims Based) from a Speech-Language Pathologist or any other related health care professional or agency indicating that the student requires a specific piece of equipment.

Included in the file for non-computer (Claims-Based) equipment:

- letters of support from the professionals or organizations indicating that:
 - i) the equipment is essential / necessary to help the student benefit from instruction and,
 - ii) the disability that this device will assist with
 - iii) quotes from suppliers for the required equipment, and;
 - iv) a copy of the student's IEP identifying equipment and embedding the equipment in the accommodations and program expectations.

Included in the file for computer (Per Pupil) equipment:

- evidence that the student is having difficulty accessing curriculum (report cards, educational assessment results, letters of support from the school)
- evidence that the student uses technology willingly and effectively on a regular basis (assistive technology log, work samples)
- a copy of the student's IEP identifying equipment and embedding the equipment in the accommodations and program expectations

Requisitions to order equipment can be processed prior to the completion of documentation for trial purposes or after the trial of equipment and documentation is complete. A copy of the requisition is placed in the SEA file. Once documentation is complete, files are submitted to the Program Coordinator, Special Education-

Information contained in the SEA files will be entered to a spreadsheet and submitted to the Area Office according to procedures and dates determined by the Ministry of Education.

Upon receipt of the SEA submissions, the Ministry may audit files selected at random.

The Board assumes the first \$800.00 of the cost of non-computer equipment purchased for each student.

Not all SEA submissions are approved by the Ministry. The Board may assume the purchase costs of equipment deemed necessary for the student. Replacement of equipment may be required due to the physical growth of a student or improved technology. In these situations, the Board funds the equipment costs through alternate budget lines.

Other equipment related to student needs are personal protective equipment and alternate clothing necessary for the safety of staff. The list below indicates some of the required items:

Plexiglas face shields	Loose-fitting tops	Arm pads/gloves (cloth)
Uniforms/lab coats	Leg pads	Safety goggles
Wrist protection	Two-Way FM System	Torso protection

If purchased in significant quantities, some of the items noted above could be SEA fundable.

The Special Equipment Amount (SEA) provides funding to school boards to assist with the costs of equipment essential to support students with special needs, where the need for specific equipment is to provide students with access to the Ontario curriculum or a board-determined program and to attend school. Equipment purchased with SEA funding should be considered as a set of physical assets, which boards have a responsibility to protect, maintain, and manage as a public resource. It is assumed that boards will develop internal operating policies and procedures regarding the purchase, repair, use and disposal of equipment purchased with SEA funding.

There are typically four types of equipment purchased with SEA funds on behalf of students:

1. assistive technology
2. adaptive technology/equipment
3. technology/equipment to support a hearing loss
4. sensory equipment

School boards' responsibilities include ensuring that:

1. equipment is functioning properly and is meeting students' needs;
2. equipment is replaced as required, when students outgrow equipment or when equipment wears out through use;
3. upgrades and refurbishment are considered as an option before replacement;
4. equipment is reused by other students when no longer required by the student for whom it was purchased;
5. efforts are made to share equipment among several students when appropriate and possible;
6. policies are developed that provide board staff with direction on issues such as:
 - managing transfers between schools and boards;
 - use of equipment in students' home, in co-op placements, and in other program settings, including Section 23 classrooms;
 - staff training on use of SEA funded equipment;
 - inventory records;
 - documenting use of equipment in student's IEPs, where equipment is required to support the student;
7. reasonable efforts are made to acquire a fair market value when disposing of used equipment.

Boards are required to internally allocate an adequate amount of additional funding to support the other costs associated with ensuring that all students who need equipment have access to appropriate equipment. These other costs include the \$800 per pupil deductible, the purchase of equipment that costs less than \$800 for students who require low cost items, on-going insurance costs, consumables such as toner and paper for printers, the cost of parts for upgrading or refurbishing equipment and staff costs for managing equipment purchasing, set-up, repairs, training and inspections.

Standard 15: ACCESSIBILITY OF SCHOOL BUILDINGS

The purpose of the standard is to provide the ministry with further details of the board's multi-year plan, which was previously submitted to the ministry, for improving accessibility for students with physical and sensory disabilities, and to provide the public with this information

The Grand Erie District School Board has approved a multi-year capital expenditure plan for improving accessibility to its buildings, grounds and administrative offices, including resources dedicated to providing barrier-free access in the coming years. The Board's Plan includes increasing accessibility to as many school buildings as possible and providing specific facilities to accommodate students with special needs. Accessibility upgrades are considered any time a renovation or addition is made to a building.

Each elementary Family of Schools (Brantford, Brant and Norfolk, Haldimand) has at least one school ranked at Level Three and another at Level 4.

Each secondary Family of Schools (Brantford/Brant, Haldimand-Norfolk) has at least one school ranked at Level Three and another at Level 4.

The criteria provided to rank buildings for each Level of Accessibility is as follows:

- Level One Building cannot be reasonably made accessible.
- Level Two Building is accessible, has some washroom modifications to accommodate wheelchairs and limited interior access.
- Level Three Building has complete access and washroom(s) can accommodate wheelchairs.
- Level Four Meets Level Three plus additional features to accommodate students who are medically fragile.

In addition, to qualify as Level Three the facility should have the following features:

- 'main' entrance convenient for drop off and is wheelchair accessible:
 - includes ramping and rails meeting Ontario Building Code specifications and power door operators on both the exterior and vestibule doors;
 - vestibule must also meet minimum distance requirements.
- all rooms (except stage) within the school are wheelchair accessible:
 - Level Three facilities will be reviewed for interior "hold open" devices;
 - budget costs will be provided to complete the work;
 - cost for each door device is approximately \$1000.
- at least one separate washroom or one male and one female washroom in the school will accommodate wheelchairs:
 - recommendation for future considerations that a separate washroom be designed to accommodate a change table, storage and other specialized equipment.

The Special Education Program Coordinator and Facilities Services Personnel meet as a team to review the suitability of school sites in meeting the needs of students with accessibility needs on a case by case basis.

In addition to the Accessibility Plan, school boards are also required to comply with the Accessibility for Ontarians with Disability Act (AODA) including the Customer Service Standard and the Integrated Accessibility Standards Regulation. The Grand Erie District School Board approved a Multi-Year Accessibility Plan which integrates the requirements of both the Ontarians with Disability Act and the AODA and addresses Employment, Communication and Information, and Transportation. Revisions to the Ontario Building Code related to accessibility for the Built Environment are implemented in all new buildings.

The Grand Erie DSB Accessibility Plan can be found on the Grand Erie DSB's website.

[Grand Erie DSB Multi-Year Accessibility Plan 2017-22](#)

Standard 16: TRANSPORTATION

The purpose of the standard is to provide details of the Board's transportation policies to the ministry and the public.

The following students with special needs are eligible for transportation:

- students with exceptionalities who would be unable to travel independently due to a variety of reasons to either a regular class or special class placement;
- students attending gifted programs;
- students placed in a self-contained class which is not located in their home school;
- students who require a modified day;
- students who require a "fresh-start" placement which is not located in their home school
- Transportation services are currently being provided for students with the exceptionalities as noted below:
 - Behaviour;
 - Communication: *Autism, Deaf and Hard-of-Hearing, Speech & Language Impairment, Learning Disability;*
 - Intellectual: *Giftedness, Mild Intellectual Disability, and Developmental Disability;*
 - Physical: *Physical Disability, Blind and Low Vision;*
 - Multiple: *Multiple Exceptionalities;*
- A student's transportation is usually decided in discussions which follow the IPRC meeting. The Teacher Consultants-Special Education, in conjunction with the IPRC members and the parent(s), discuss the transportation needs. This is then noted on the IPRC Minutes Sheet;
- Transportation may be provided to a child/youth who is attending a care or treatment program if it is on an existing bus route. Transportation is not provided to/from a correctional facility or locations outside of the Board's district boundary;
- Transportation is provided to students who have been placed in a Provincial or Demonstration School through a system IPRC. Students may be transported on a daily, weekly or other basis to and from the school;
- Limited transportation is available for summer school. Currently students are required to congregate at specific locations.

Policy and Procedures were reviewed with respect to special transportation arrangements. The procedures are as follows:

- The School Principal will contact the Teacher Consultant-Special Education.
- The Teacher Consultant-Special Education will complete an "Individual Transportation Plan (ITP)" form in the LITE software system.
- The Principal Leader of Special Education receives an email notice that an Individual Transportation Plan has been submitted for approval.
- Once approved, by the Principal Leader of Special Education, the request is automatically emailed to Transportation Services.
- Transportation Services will contact the School Principal or designated Teacher Consultant for Special Education regarding the transportation arrangements to be implemented if additional information is required that is not listed on the ITP.

Safety criteria that are used by the Board in the tendering and selection of transportation providers for exceptional students are as follows:

- drivers must have first aid training and be able to meet the need(s) of the student they are providing service to, as per the ITP and any support plans which may accompany them.
- wheelchairs must be secured during transit.
- all buses require two-way communication

Standard 17: SPECIAL EDUCATION ADVISORY COMMITTEE

The purpose of the standard is to provide details of the operation of the Board's Special Education Advisory Committee (SEAC) to the ministry and to give the members of the public information to which they are entitled.

Names and Affiliations of Members and Contact Information

Chair:

Kyle Smith, Community Representative (Acclaimed January 17, 2019) 519-755-4153

Vice-Chair:

Rita Collver, Trustee (Acclaimed January 17, 2019) 519-582-4969

Local Agency Representatives:

LeaAnn Boswell, Information Services Coordinator, Contact Brant 519-758-8228, ext. 228
(Jane Angus, Contact Brant Alternate)

Christine Clattenburg, Woodview Mental Health and Autism Services 519-752-5308 ext. 137

Lorraine DeJong, Lansdowne Children's Centre 519-753-3153, ext. 202

Dr. Louise Scott, Fetal Alcohol Spectrum Disorder - ONE 519-414-9444

Parents/Community Representatives:

Carol Brady 289-244-8743

Beth Caers 905-768-3222

Michelle Carpenter 519-442-7209

Gary Drake 519-573-2895

Michelle Falkiner 519-755-7667

Kathy Jones 519-586-8852

Wendy Rose 519-448-1569

Kyle Smith (Chair) 519-755-4153

Tom Waldschmidt 519-442-2140

Tara Wilson 226-493-1111

Rochelle Winter 519-720-6778

Native Representative:

Audrey Powless-Bomberry 519-717-2721

Trustees:

Rita Collver (Vice-Chair) 519-582-4969

Susan Gibson 519-771-9622

(Alternates Eva Dixon and Carol Ann Sloat)

Staff:

Liana Thompson, Superintendent of Education 519-756-6306, ext. 281122

Paula Curran, SEAC Recording Secretary 519-756-6306, ext. 281173

Resource:

Julie White, Principal Leader – Special Education 519-756-6306, ext. 287214
Karin Mertins, School and Program Supports Lead - Special Education 519-756-6306, ext. 287219
Lesley Boudreault, Program Coordinator – Special Education 519-756-6306, ext. 287217
Piyali Bagchee – Mental Health and Wellness Lead 519-756-6306, ext. 287226
Lindsay Sheppard - Applied Behaviour Analysis Coordinator 519-756-6306, ext. 287227

What is SEAC?

- SEAC is an advisory committee mandated through the Education Act as a standing committee of each school board and governed by O. Reg. 464/97: Special Education Advisory Committees
- The committee reports to the school board and makes recommendations to the board regarding special education program and services.

Who is on SEAC?

- The SEAC of the Grand Erie District School Board is comprised of:
 - a) parents and other community representatives;
 - b) representatives of up to 12 local chapters of associations which further the interests of people with exceptional needs;
 - c) at least one person representing the interests of Native Students; and
 - d) board personnel who act as a resource to the committee

How are SEAC Members selected?

- The term of members of the committee shall be the same as the term of the Board of Trustees
- In September of an election year, the Superintendent of Education with responsibility for Special Education shall commence a recruitment process for a new roster of SEAC members.
- Current members in good standing will be asked to confirm their commitment to SEAC.
- If a full complement is not achieved from current members, the Communications department will place ads on the board's website and in selected media inviting interested persons to submit a letter of intention to the SEAC Chair.
- All current SEAC members will be involved in this process and the Committee will submit a proposed roster to the board of Trustees for approval by the November Board meeting

What does SEAC do?

- A special education advisory committee of a board may make recommendations to the board in respect of any matter affecting the establishment, development and delivery of special education programs and services for exceptional pupils of the board.

When does SEAC meet?

- SEAC meetings are held on a monthly basis, with a minimum of ten meetings per school year.
- The meetings begin at 6:00 p.m. at the Education Centre, 349 Erie Avenue, Brantford, and are open to the public.

Thursday, September 20, 2018
Thursday, October 18, 2018
Thursday, November 15, 2018
Thursday, December 13, 2018
Thursday, January 15, 2019

Thursday, February 14, 2019
Thursday, March 21, 2019
Tuesday, April 23, 2019
Thursday, May 16, 2019
Thursday, June 13, 2019

How SEAC Fulfilled its Role and Responsibilities:

Public Consultation

The Grand Erie District School Board values collaboration with families and community members.

What was done –

- A banner was placed on the Grand Erie DSB main webpage reminding the public to provide input through the survey which is linked to the Special Education Plan.
- School Administrators were asked to ensure parents are aware of the survey and encouraged to participate. <https://www.surveymonkey.com/r/SKKFJH5>

Making Recommendations to the Board

With respect to any matter affecting the establishment, development, and delivery of special education programs and services for exceptional students within the board:

What was done –

September 20, 2018 - Recruitment

SEAC members indicated a plan for member recruitment during the election year including a “We Need Your Help” campaign with ads on our public website, on school websites and which are connected to [our social media links](#).

A letter was created for members’ distribution among local agencies inviting them to submit a staff person as a SEAC representative.

February 14, 2019 – Appeal for Reinstatement of Bill 44 FASD

Grand Erie DSB SEAC sent a letter to Hon. Lisa Thompson, MPP, Minister of Education and Hon. Lisa MacLeod, MPP, Minister of Children, Community and Social Services and Ontario SEAC Chairs supporting the Reinstatement of the Education Act Amendment re FASD

February 14, 2019 – Appeal for Bill 64 Noah and Gregory’s Law

Grand Erie DSB SEAC sent a letter to the Hon. Lisa MacLeod, MPP, Minister of Children, Community and Social Services, Hon. Lisa Thompson, MPP, Minister of Education, Hon. Christine Elliott, MPP, Minister of Health and Long-Term Care and Deputy Premier and to Ontario SEAC Chairs supporting funding for the transition to Adult Developmental Services and Supports.

April 25, 2019 – Appeal to Reconsider Increased Class Sizes and Mandatory E-learning.

Grand Erie DSB SEAC sent a letter to the Hon. Lisa Thompson, MPP, Minister of Education in support of a letter received from Durham Catholic DSB SEAC, requesting the Ministry reconsider the proposed increase to class sizes and the proposed mandatory secondary credits via e-learning.

Participating in the Board’s Annual Review of the Special Education Plan:

What was done –

Consultation with the Special Education Advisory Committee

To meet the requirements of Regulation 464/97, the Grand Erie District School Board has ensured that its Special Education Advisory Committee has participated in the Board’s Annual Review of its Special Education Plan guided by Regulation 306 of the Revised Regulations of Ontario (1990). Involvement has included:

- ongoing discussion at SEAC meetings throughout the 2018-19 school year;
- opportunity for input through an online survey link on the Grand Erie District School Board website which will be highlighted in November, January, March and May;
- invitation to attend Board's budget meeting dealing with special education budgets;
- opportunity to meet with the Board's Manager of Business Services, to ask questions and receive clarification regarding Special Education budgets;

October 18, 2018 reviewed Standard 3 – Roles and Responsibilities

February 14, 2019 reviewed Standard 6 – Educational and Other Assessments

March 21, 2019 reviewed Standard 7 – Specialized Health Support Services

April 23, 2019 members received the first draft of the 2018-19 Special Education Plan

April 23, 2019 members participated in an activity to provide feedback on the challenges or ease of finding information in the Special Education Plan.

April 23, 2019 reviewed Standard 1 – The Board's Consultation Process

April 23, 2019 reviewed Standard 5 – The IPRC Process and Appeals

April 23, 2019 reviewed Standard 7 – Specialized Health Support Services

April 23, 2019 reviewed Standard 9 – Special Education Placements

May 16, 2019 members received the final draft of the 2018-19 Special Education Plan

June 13, 2019 members received the final 2018-19 Special Education Plan and Checklist and carried a motion to recommend the Board approve and submit to the Ministry of Education.

Participating in the Development of the Board's Annual Budget for Special Education:

What was done -

October 18, 2018 Special Education staff explained the Budget Pressures and Funding Changes to SEPPA and SIP made available to Grand Erie.

February 14, 2019 Contract Extension and Local Priorities Funding – Breakdown of Supports and their Value to the System was explained to members.

January 17, 2019 – The Manager of Business Services presented Funding Streams, Expenditures and the Budget Process for 2018-19

March 21, 2019 – Special Education Funding Update B Memo February 20, 2019 was shared with SEAC.

March 21, 2019 – Changes to the Ontario Autism Program (OAP) were reviewed.

April 23, 2019 – Members were provided with the schedule of the Board's Budget Review Meetings:

Thursday, April 25, 2019, Wednesday, May 22, 2019 and Tuesday, June 4, 2019.

Reviewing the Financial Statements of the Board as they Relate to Special Education:

What was done –

Grand Erie Financial Statements are available on our website.

http://granderie.ca/application/files/8615/4462/3792/Grand_Erie_DSB_Financial_Statements_2018_-_Signed.pdf

Contacting SEAC for Membership or to Express a View:

Parents, community members, or members of local associations wishing representation on SEAC or wishing to express their views on a special education topic should contact the SEAC Chair at SEACchair@granderie.ca

Questions Related to Special Education Services or Programs:

Principal Leader of Special Education (Services) 519-756-6306, ext. 287214

or

Program Coordinator of Special Education (Programs) 519-756-6306, ext. 287217

SEAC Terms of Reference:

Terms of Reference for SEAC were approved by the Board in June 2015 and are contained in pages 4-7 of [ByLaw 8 Committees of the Board](#).

Standard 18: CO-ORDINATION OF SERVICES WITH OTHER MINISTRIES OR AGENCIES

The purpose of the standard is to provide the ministry and the public with details of the board's strategies to ensure a smooth transition for students with special needs who are entering or leaving a school.

Transition Planning Process

The process for advance planning for students with special needs who are arriving from other programs is outlined as follows:

- i) For students entering school for the first time, intake meetings are scheduled in the Spring for students entering Grand Erie in September of that year. For students entering school at any other time during the school year, the outside agency contacts the Program Coordinator of Special Education or Teacher Consultant-Special Education to arrange a meeting. The content of the meetings provides a brief overview of students entering Grand Erie. From the information obtained in the meetings, the Teacher Consultants-Special Education are able to determine placements within the Board which will meet the child's needs.
- ii) Individual case conferences are held at the home school for students with high needs. The parent/guardians, agency staff, and the school staff are present. Teacher Consultants Special Education, System Learning Resource Teachers (LRT's), Community agency staff, etc. may also be invited to attend. Specific information such as school placements, equipment needs, and any other relevant information is discussed.
- iii) For students with minor special needs, individual case conferences will be scheduled at the request of the parent/guardians or agency. These will also be held at the School. School administrators, LRT's Special Education and classroom teachers will participate in the meeting.
- iv) The process for students with special needs who are arriving from a care, treatment, correctional or other board programs is as follows:
 - Care and Treatment Facility staff contacts school who notifies Teacher Consultant-Special Education.
 - Obtain signed parent/guardian consent for exchange of information.
 - A case conference will be initiated by Grand Erie staff or a referral agency. It may include the following board personnel: Teacher Consultant-Special Education, School Administrator and Special Education staff or classroom teacher and other appropriate system personnel. Parent/guardians and agency personnel may also be in attendance. Information which is relevant to the student's successful transition to school will be discussed including supports required, Special Education Amount, Special Education Amount (SEA) claims, the Individual Education Plan (IEP), medical or health/safety issues and other relevant information. A transition plan will be developed by system personnel. Minutes of the case conference will be taken and forwarded to the parent/guardians and a representative from the agency or board.
 - Further case conferences may be required to monitor the student's transition to school.

Sharing of information to support the transition from Pre-School Speech and Language Services (PSL) to School Speech and Language Services (SLS) for students entering their Senior Kindergarten year in September, involves meetings between Speech-Language Pathologists in May/June of the Junior Kindergarten year after the informed consent of the parent/guardian has been obtained. PSL providers provide a written copy of the most recent assessment report along with recommendations to school principals in the fall, so that discussions and referrals can be made at the Resource Team. Service cut off dates for Junior Kindergarten aged students are different for the Brant County Speech and Language Program than they are for the Haldimand-Norfolk Speech and Language Program. This information is received by Grand Erie and shared in a variety of ways with parents and school staff.

The Board has developed an “Early School Transition for Students with Special Needs” document for students with developmental disabilities, autism/PDD and other exceptionalities to facilitate a smooth transition into school. The Special Education Program Support Team has also developed a “Transitions Guide for School Teams” document that can support staff to facilitate smooth transitions for a variety of situations where students may be moving from one setting to another. Grand Erie participates in parent information sessions called “Parents as Partners” with Lansdowne, Haldimand-Norfolk R.E.A.C.H., and the Brant Haldimand Norfolk Catholic District School Board to assist with school entry for students with special education needs.

Grand Erie also works closely with various community agencies (e.g. Contact Brant, Contact Haldimand-Norfolk, Haldimand-Norfolk R.E.A.C.H., St. Leonard’s, Woodview), regarding students transitioning to or from schools.

Protocols have been developed with the following outside agencies to clarify roles and responsibilities:

- Children’s Aid Societies
- Autism Support Services
- Hamilton-Niagara Regional Autism Intervention Program
- Six Nations Tragic Events Response Team
- Violence Threat Risk Assessment Protocol
- Police and School Board Protocol
- Partnering Together for Healthy Schools Protocol

The Board’s Procedure addressing partnership development (SO108: “Community Service Providers and Schools Working Together”) continues to be implemented with community partners annually.

Outside Assessment Reports

Reports prepared by other professionals outside the Board are reviewed to determine what information provided helps delineate a student’s learning needs, strengths or problems and how it can be used for the improvement of instruction within a school context and in accordance with the *Education Act*, (R.S.O. 1990, S.226(2)). Where this information differs from data collected at the school, discussions at the Resource Team determine how best to proceed. There is no requirement that assessments or reassessments must be conducted by Board personnel (i.e. reports are “transportable”). Allocation of educational resources and educational programming decisions remain the responsibility of school/system staff.

Standard - 18 Page 2 of 3

Transitions to Out of Board Programs

When students leave this system to attend programs offered by other school boards or programs in care, treatment and correctional facilities, information is shared in the following ways, with *written and informed parental/guardian consent*:

- the Teacher Consultant-Special Education, School Administrator, LRT or special class teacher will contact the School Board or agency to establish a contact person from within our Board. A copy of the signed parental consent form giving staff permission to share information will be forwarded to the facility;
- the contact person will communicate with the School Board or agency to confirm information that may be required, the dates and personnel required to attend case conferences, etc.;

Staff Supporting Transitions

Board personnel ensuring the successful admission or transfer of students from one program to another may be one or a combination of the following:

- Teacher Consultant-Special Education
- School Administrator
- regular classroom teacher
- LRT
- special class teacher
- other board support personnel such as Social Workers, Child and Youth Workers, Behaviour Counsellors, Speech-Language Pathologists, Psychological Associates/Psycho-Educational Consultants and Lead Educational Assistant

Successful transition will also require parent/guardian commitment and support.

If the student is transferring to a program outside our Board, successful transition may require some involvement from the individuals as noted above. However, the agency or board where the student will be in attendance will need to implement a transition plan based on the information supplied by Board personnel.

Community Partnership Planning

Grand Erie staff represents the board at several community planning committees and initiatives including: Children's Services Committee (Brant); Child and Youth Planning Network (Brant and Haldimand-Norfolk); Joint Protocol for Student Achievement; Brant Suicide Prevention Committee; Suicide Prevention Network of Haldimand-Norfolk, and Case Resolution, which bring together agencies, ministries and school boards to consider common interests.

Grand Erie continues to implement SO108 Community Service Providers and Schools Working Together. This allows for a better understanding of community services, facilitates communication and collaboration between community agencies and the school board, and increases access to mental health services with a school setting. Partnerships continue to be reviewed annually with the community partner.

Standard 19 - SUBMISSION AND AVAILABILITY OF THE PLAN

Each board is required to make its special education plan available to the public at the same time that it submits the plan to the ministry. The board must inform the public in a variety of ways how to access the plan.

Two copies of the special education plan approved by the school board, and any amendments must be forwarded to the local district office of the Ministry of Education. The complete plan must be submitted along with the following documents:

- A letter from the director of the school board that confirms that the school board's special education plan is being submitted in compliance with the requirements of Regulation 306 and of the Standard's for School Boards' Special Education Plans
- A copy of the board's motion approval of the plan, including the date of the approval
- A copy of any related motions or recommendations from SEAC

On April 23, 2019 the Special Education Advisory Committee received the first draft version of the Special Education Plan.

On June 13, 2019 the Special Education Advisory Committee received a final draft of the plan and passed the following motion:

"THAT the Special Education Advisory Committee recommend the Grand Erie District School Board approve the 2018-19 Special Education Plan, dated July 31, 2019".

On June 24, 2019 the Grand Erie District School Board passed the following motion:

"THAT the Grand Erie District School Board approve the Annual Review of the Special Education Plan, and the submission of the Special Education Report Components Checklist to the Regional Office of the Ministry of Education."

In accordance with the Ministry of Education "Special Education Plans and Reporting Requirements on the Provision of Special Education Programs and Services", the 2018-19 Special Education checklist will be signed by Ms. B. Blancher, Director of Education and Secretary of the Grand Erie District School Board and will be submitted to the London Regional Office of the Ministry of Education with two copies of the 2018-19 Special Education Plan. The checklist confirms that the School Board's Special Education Plan has been updated and posted to the Board's website. The posted Plan continues to be in compliance with the requirements of Regulation 306 and the policy document Standards for School Boards' Special Education Plans.

The Board's Annual Review of the Special Education Plan will be available to the public at the same time that the checklist is submitted to the Ministry.

The public will be informed through Board minutes, School Principals, School Councils, SEAC members and the website on how to access the Plan.

The Plan will be available through the Board's website:
<http://www.granderie.ca/board/elementary/special-education>

A copy of any related motions or recommendations from the Board's Special Education Advisory Committee will also be submitted.

The following recommendations from SEAC were made to the board during the 2018-19 school year.

December 13, 2018

Grand Erie DSB SEAC requested the board amend Bylaw 8 SEAC Terms of Reference to include a second Native Representative to address special education needs for students of the Mississaugas of the New Credit First Nation.

Moved by: L. Boswell
Seconded by W. Rose

"THAT SEAC request the Grand Erie DSB amend Bylaw 8 SEAC Terms of Reference to include a second Native Representative to address special education needs for students of the Mississaugas of the New Credit First Nation."

Carried

Grand Erie DSB SEAC recommended the Board approve the addition of former trustee T. Waldschmidt as Community Representative to SEAC.

Moved by: K. Smith
Seconded by: C. Brady

"THAT SEAC requests the Board of Trustees approve the addition of T. Waldschmidt as a member of the Committee."

Carried

February 14, 2019

Grand Erie DSB SEAC recommended sending a letter to the Hon. L. Thompson MPP and all other appropriate Ontario Ministers and all Ontario SEAC Chairs with supporting documents including April 30, 2018, Copy of letter from former Minister of Education to Grand Erie DSB SEAC Chair, March 9, 2018, Copy of letter from Grand Erie DSB SEAC Chair to former Minister of Education; September 9, 2015, Copy of Ministry of Children and Youth Services Fetal Alcohol Spectrum Disorder Provincial Roundtable Report seeking the reinstatement of the Education Act Amendment re FASD.

Moved by: C. Brady
Seconded by: T. Waldschmidt
"THAT the Grand Erie DSB SEAC submit the package, with all
enclosures, to the relative Ministers and Ontario SEAC Chairs"

Carried

Grand Erie DSB SEAC recommended sending a letter to all appropriate Ontario
Ministers and all Ontario SEAC Chairs in support of Bill 64 2018 Noah and
Gregory's Law.

Moved by: C. Brady
Seconded by: T. Waldschmidt
THAT the Grand Erie DSB SEAC submit the letter as amended to
the relevant Minister and to Ontario SEAC Chairs.

Carried

April 23, 2019 –

Grand Erie DSB SEAC recommending sending a letter to all appropriate Ontario
Ministers and all Ontario SEAC Chairs in support of a letter received from Durham
Catholic DSB SEAC, requesting the Ministry reconsider the proposed increase to
class sizes and the proposed mandatory secondary credits via e-learning.

Moved by: K. Jones
Seconded by: W. Rose
THAT the Grand Erie DSB SEAC write to the Ministry of Education a letter in support of
the DCDSB concerns on revised class sizes and include a copy of the DCDSB letter.

Carried

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Grand Erie's Achievement Plan: Success for Every Student 2018-19

SUCCESS for Every Student

Multi-Year Plan Goals

- Increase staff understanding of effective instruction and assessment in literacy and numeracy
- Increase student understanding of effective learning strategies and how to use them

Where Are We Now?

Needs Assessment Findings

When we review our data from various sources, we find our student needs in mathematics align with the provincial EQAO trends. Upon further in-depth analysis, which includes achievement data for students with special education needs, corroborating evidence supports the need for a continued focus on providing differentiated instruction in mathematics. The identified focus will remain on our most urgent student learning needs in Number Sense and Numeration. Specifically, the content and process will **continue** to focus on the key understandings of Quantity Relationships; **Operational Sense**; and, Algebraic Reasoning, so students can capably think, reason, represent, and **flexibly** apply their understanding when solving mathematical problems. This focus enables students to develop key mathematical skills to be successful **across mathematical strands/big ideas**; in cross curricular areas; and, in their mathematics courses.

Feedback from educators about their learning needs shows that professional learning at the system and school level should give educators the knowledge and skills to **assess individual student needs** and provide **responsive**, differentiated mathematics instruction. **This provides opportunities for all students to understand mathematical concepts and processes that lay the foundation for problem-solving.** Further findings indicate Grand Erie staff continue to seek to learn and acquire strategies to promote and support student mental health, **productive disposition** and well-being, while maintaining high expectations for mathematics achievement in the classroom. Professional Collaborative Learning Initiatives at the system and school level will continue to be offered to support educator learning needs, and the **further** implementation of evidence based instructional **strategies to support students with their individual learning gaps.**

When we review our assessment data for literacy, which includes data for students with special education needs, our most urgent student learning needs exist around comprehension and **inferencing**. With a continued focus on differentiated assessment and instruction, individual student learning gaps will be identified and addressed. This focus enables students **to develop explicit and implicit meaning in their** reading and writing skills **that are** necessary to be successful in working towards the completion of the literacy credential required for graduation.

How Did We Do?

K-12

Percentage of **Grade 3 & 6** students achieving level 3 or 4 in reading, writing and oral language on report cards.

Percentage of **Grade 3 & 6** students achieving level 3 or 4 in **Number Sense & Numeration** on report cards.

Percentage of students achieving level 3 or 4 in language and mathematics on the Primary and Junior EQAO Assessments.

Percentage of Grade 2 students that increased reading levels who participated in Lexia and Empower.

Percentage of students in MID classrooms that increased reading levels who participated in Lexia and Empower

Percentage of Grade 7 & 8 students achieving level 3 or 4 in **Number Sense and Numeration**; and, **Patterning and Algebra** on report cards.

Percentage of students in Grade 10 Applied English achieving the Literacy Graduation Requirement on the Grade 10 OSSLT.

Percentage of students achieving level 3 or 4 in EQAO's Grade 9 Assessment of Mathematics for participating students in the Applied Grade 9 mathematics and participating students in the Academic Grade 9 mathematics.

Percentage of students achieving **6/8 and 8/8** credits by the end of Grade 9.

Percentage of students achieving **12/16 and 16/16** credits by the end of Grade 10.

Narrative Data

Committee of the Whole Board Meeting

Theory of Change

If students' most urgent learning needs are identified and responsive strategies are implemented, then students will demonstrate improvement with their achievement.

School Effectiveness Framework Components & Indicators: 4.1 - A culture of high expectations supports the belief that all students can learn, progress and achieve.

1.1 - Assessment is connected to the curriculum, collaboratively developed by educators and used to inform next steps in learning and instruction.

How Will We Get There?

Professional, and Collaborative Learning – Superintendents and Central Teams will support/guide Principals and their **multi-disciplinary** teams through learning about and implementation of effective **differentiated** instruction; ongoing assessment and reflection on student responses to instruction and feedback.

Principal and school multi-disciplinary learn teams will implement and, access additional resources to build instructional capacity. Principals and teachers will implement effective **differentiated** classroom instruction and assessment to meet individual student learning through the use of the plan, act, observe, and reflect cycle.

Individual student needs: In maintaining and striving for high expectations in achievement **and well-being** for all learners, wrap around supports are provided to decrease barriers, in response to student needs.

How Will We Know?

The focus is on **improved mathematics achievement**. All of the following practices are expected to be evident for school based literacy work **achievement**.

Educators implement effective **differentiated** instructional and assessment practices in response to individual student needs, supported by the leadership of the Principal.

Multi-disciplinary school based teams will implement responsive, evidence based practice and research that focusses on transforming teaching, learning and well-being.

Schools will be supported by system and principal leadership so that educators will effectively differentiate and accommodate instruction and assessment to meet needs identified in student profiles.

Teachers demonstrate a collaborative culture by co-planning, co-teaching, and co-reflecting during the learning cycle to provide differentiated instruction in response to individual student literacy and numeracy needs.

How Are We Doing?

System

- Family of Schools Superintendent **and System Multi-Disciplinary Teams** Learning Observations; Conversations.

Schools

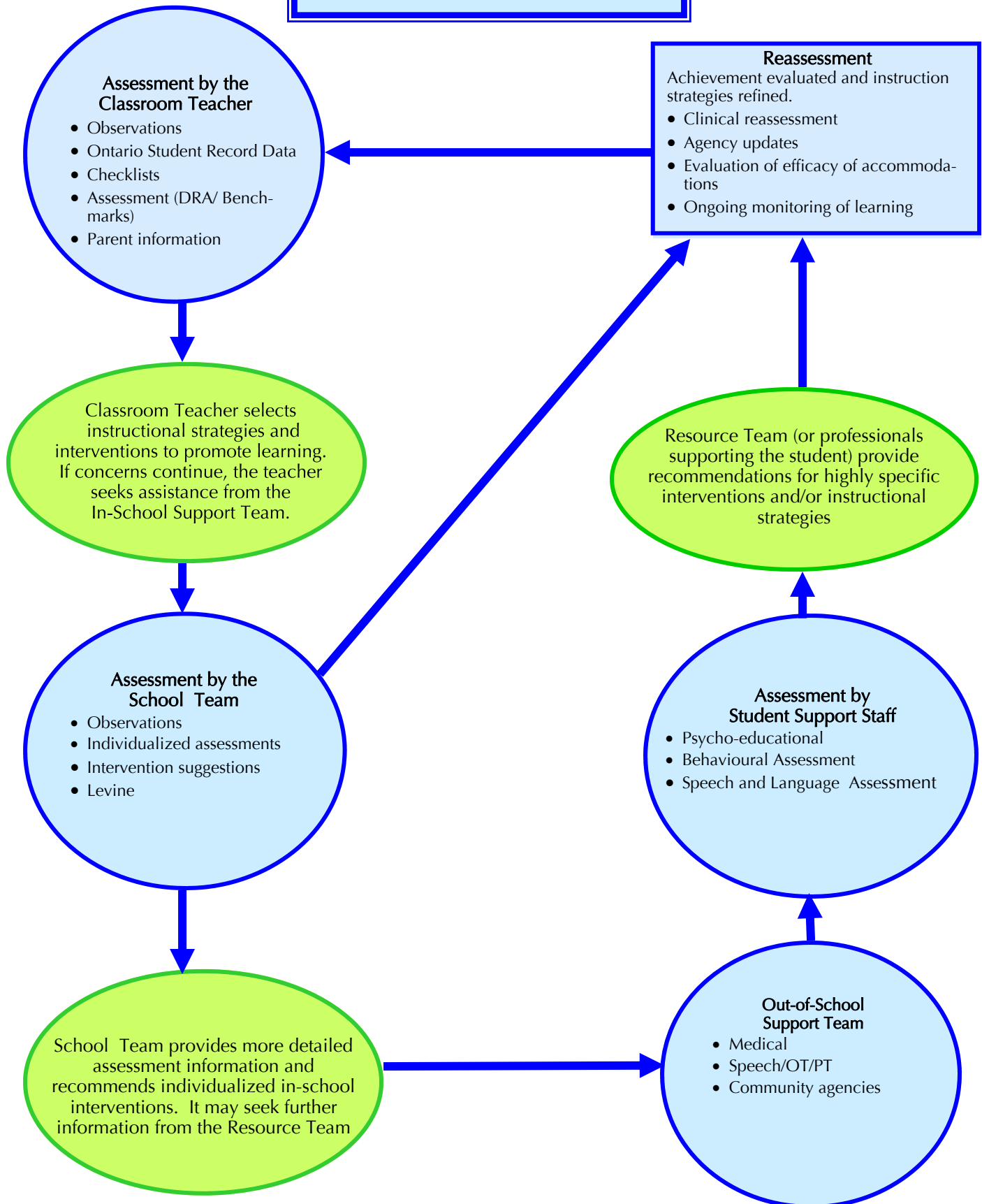
- Principal observations and reflections of instructional practice solicited throughout the implementation of strategies and the impact at the student level.
- School self-assessment, feedback, and reflections inform practice.
- Evidence of teacher knowledge/skills/confidence/support for implementation in a variety of forms (reflections, observations, responsive actions, portfolios, professional dialogue and teacher surveys).
- Principal and teacher dialogue and feedforward regarding **taking initiative for implementation of** their own professional learning goals and growth.

Classroom

- Triangulated student evidence in a variety of forms (**observation, conversation, and, products**).
- Student voice regarding **a change in** confidence **level** and **competency** as a result of engagement **that addresses** their most urgent learning need.

School Team — Resource Team Process

Appendix B





Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Appendix C

STUDENT PROFILE - 30-Aug-2011

Name Student Name **OEN** 111 222 333 **Board Id #** 111 222 333 **Grade** 4 **DOB** dd-mmm-yyyy
School School Name **Family** Family C **Gender** FEMALE

Exceptional Student Yes ☐ No ☒

Teacher Mrs. Teacher

Credits Accumulated

Sources Of Information (Check box and note date when a source has been reviewed or a new assessment completed)	
<input checked="" type="checkbox"/> Consultation with Parents	Date 13-Jul-2011
<input checked="" type="checkbox"/> Consultation with previous Teachers	Date 11-Aug-2011
<input checked="" type="checkbox"/> Report Card Printout (attached)	Date 25-Aug-2011
<input checked="" type="checkbox"/> Review of OSR	Date 23-Aug-2011
<input checked="" type="checkbox"/> School Team Meeting	Date 31-Aug-2011

Human Resources Teaching/Non Teaching Support Staff (LRT, EA, CYW, BeH, Counsellor, S&L, Psych Services, S.W.)
Example: Social Worker - Grief Counselling as a result of a death in the family System LRT for Autism - Assisted teacher with strategies to help student during transition times.

Referral to ☒ School Team ☒ Resource Team

Date 25-Aug-201

Reason For Referral

- ☒ Academic Growth ☒ Attendance ☒ Behaviour ☒ Medical Concerns
☒ Social/Emotional ☒ Speech/Language

Strengths

- Active participant
- Active working memory

Needs

- Goal setting to improve work
- Functional math skills

Instructional Strategies

- assign one task at a time
- assistive technology

Environmental Strategies

- minimize background noise
- oral reporting

Assessment Strategies

- chunk time of assessment
- colour cues

Assessments

(DRA, CASI, WJIII, S&L, Psycho-Educational, Medical, OT, PT, etc.)

Date	Category	Type	Summary of Results
13-Jul-2011	Educational Assessments	-Woodcock-Johnson Tests of Achievement	summary of results
17-Aug-2011	Clinical Assessments	-Test of Non Verbal Intelligence	summary of results



Grand Erie District School Board
349 Erie Avenue, Brantford, Ontario N3T 5V3

Program Goals

Referral to Behaviour Counsellor for Anger Management

Date	Summary of Strategies/Effectiveness/Next Steps	Responsibility
31-Aug-2011	Strategy: the use of a personal visual schedule attached to the student's desk. Effectiveness: The student was less anxious and decreased the number of times he asked "What's next". Next Steps: Move from picture symbols on the visual schedule to using text on the schedule.	Mrs. Teacher, Ms. E.A., Mrs. LRT

Sample

**Elementary
Program****Kindergarten Home Connection Form**

Dear Parent/Guardian,

Please complete the following form to help us get to know your Kindergarten child.
Please return this form by the second week of school.

CHILD'S NAME

Surname

First

Middle

Name Used

DATE OF BIRTH DD/MM/YYYY _____

1. Is there anything about your child's preschool development (sitting, creeping, walking, talking) that you think I should know?

2. Does your child have allergies, sensitivities or food intolerances? Please elaborate.

3. Do you have any concerns about your child's vision / hearing / speech? Please elaborate.

4. Does your child have any other medical concerns? Do you require the school to provide any additional supports for your child (e.g., administration of prescription medications, lifting)?

5. Has your child received support from any social, medical, or health agencies (e.g., Robarts, W. Ross MacDonald, Lansdowne Children's Centre, Health Unit, Hospital, Brant Family and Support Services, Haldimand-Norfolk REACH, Women's Shelter)?

6. Has your child acquired these skills? (Yes or No)
Dresses Self _____

Is toilet trained ____

Ties Shoes ____

Uses good manners ____

Comments: _____

7. Does your child have any behaviours about which we should be aware (e.g., is shy, cries easily, is overly active, has temper tantrums, eating/sleeping, sucks thumb)?

Comments: _____

8. What previous group experiences has your child had (e.g., Nursery School, YM-YWCA Program, Daycare, Library Story Hour, Montessori, swimming, dance, sports)?

9. How does your child respond in a group play situation (e.g., leader, follower, easily intimidated, withdrawn, play on own/with others)?

10. What types of activities (e.g., building, listening to stories/looking at books, watching TV, games, toys, make-believe, indoor/outdoor play) does your child enjoy most?

11. Are there celebrations that are important to *your* family?

12. Is there anything else I need to know about your child to make their entry into school more successful? (e.g., first child, number of siblings, name of before/after school care provider)

13. My child's strongest skills and best qualities are:

I consent to the use of the personal information by all school board employees, contained herein, on a need to know basis, and who may be involved in my child's educational program.

Signature of Parent / Guardian

Date

In order to ensure the safety of all students it is necessary that we have an up to date list of people that are authorized to pick your child up from school. Please list below the names, relationships and contact information of anyone that has this authorization.

NOTE: If for any reason arrangements need to be changed for any reason and someone other than the person(s) listed below you must contact the school or write a note indicating any changes. If a phone call or note is received and the person is not listed the educator(s) will ask for identification before releasing your child.

Name Relationship to child Contact Phone Numbers (cell & home)

Exceptional Pupils and Special Programs

Who is an exceptional pupil?

The Education Act defines an exceptional pupil as “a pupil whose behavioural, communicational, intellectual, physical or multiple exceptionalities are such that he or she is considered to need placement in a special education program”.

Who decides that a pupil is exceptional?

The identification is made by a Board-appointed Identification, Placement and Review Committee. For ease of reference this Committee is known as an I.P.R.C.. They will

- identify if your child is an “exceptional pupil” based on the above categories ;
- determine the placement or setting in which your child’s special education program will be delivered;
- review that placement at least once a year.

What is a special education program?

A special education program is a program that

- is based on and modified by the results of continuous assessment and evaluation;
- includes an Individual Education Plan (I.E.P.) containing specific objectives and an outline of educational services that meet the needs of the exceptional pupil.

What placements are offered?

Special education programs are designed for the individual and many will be carried out in the regular classroom setting with special services brought to the child. Where it is impossible to deliver developed programs within the regular classroom, the student may be withdrawn for part of the day. A small percentage of exceptional pupils may require specialized class settings on a full or part-time basis.

How is an IPRC requested?

The principal of your child’s school

- must request an I.P.R.C. meeting for your child upon receiving your written request;
- may, with written notice to you, refer your child to an I.P.R.C. when the principal and the child’s teacher(s) believe that your child may benefit from a special education program.

Within 15 days of receiving your request, or giving you notice, the principal must provide you with a copy of this guide and a written statement of approximately when the I.P.R.C. will meet.

May parents attend the IPRC meeting?

Regulation 181/98 entitles parents and pupils, 16 years of age or older, to be present at and participate in all Committee discussions about your child, and to be present when the Committee’s identification and placement decisions are made.

Who else may attend an IPRC meeting?

- the principal of your child’s school;
- other resource people such as your child’s teacher, special education staff, board support staff or the representative of an agency who may provide further information or clarification;
- your representative, that is, a person who may support you or speak on behalf of you or your child;
- an interpreter, if one is required.

What information will parents receive about the IPRC meeting?

At least 10 days prior to the meeting, the Chair of the I.P.R.C. will provide you with written notification of the date, time and place of the meeting and an invitation to attend. You are an important partner in considering your child’s placement. This letter will also ask you to indicate whether or not you will attend.

Before the I.P.R.C. meeting occurs, you will receive a written copy of any information about your child that the Chair of the I.P.R.C. has received. This may include the results of assessments or a summary of information.

What happens at an I.P.R.C. meeting?

The Chair introduces everyone and explains the purpose of the meeting. The Committee will review all available information about your child and may discuss any proposal that has been made about a special education program or special education services for the child.

You are encouraged to ask questions and join in the discussion. Following the discussion, after all the information has been presented and considered, the Committee will make its decisions.

What will the I.P.R.C.’s written statement of decision include?

- whether the I.P.R.C. has identified your child as “exceptional”;
- the categories and definitions of any exceptionalities identified ;
- a description of your child’s strengths and needs;
- the I.P.R.C. placement decision;
- the I.P.R.C.’s recommendations, if any, regarding a special education program and special education services
- the reasons for the decision that the pupil should be placed in a special education class, if applicable.

What happens after the I.P.R.C. has made its decision?

If you agree with the I.P.R.C. decision, you will be asked to indicate, by signing your name, that you agree with the identification and placement decisions.

If the I.P.R.C. has identified your child as an exceptional pupil and you have agreed with the I.P.R.C. identification and placement decision, the Board will promptly notify the principal of the school at which the special education program is to be provided of the need to develop an Individual Education Plan (I.E.P.) for your child.

What about reviewing the I.P.R.C.?

A review meeting will be held within one year unless the parent notifies the principal in writing that they wish to dispense with the annual review. The parent may request a review meeting at any time after a placement has been in effect for three months but the request may not be made more often than once in every three month period.

This review will consider the same types of information that were originally considered. With your written permission (request for review), the I.P.R.C. conducting the review will consider the progress your child has made in relation to the I.E.P. The I.P.R.C. will review the placement and identification decisions and decide whether they should continue or whether a different decision should now be made.

What can parents do if they disagree with the I.P.R.C. decision?

If you do not agree with either the identification or placement decision made by the I.P.R.C., you may

- within 15 days of receipt of the decision, request that the I.P.R.C. hold a second meeting to discuss your concerns; or
- within 30 days of receipt of the decision, file a notice of appeal with the Grand Erie District School Board.

If you do not agree with the decision after the second meeting, you may file a notice of appeal within 15 days of your receipt of the decision. If you do not consent to the I.P.R.C. decision and you do not appeal it, the Board will instruct the principal to implement the I.P.R.C. decision.

How do I appeal an IPRC decision?

If you disagree with the I.P.R.C.'s identification of your child as exceptional or with the placement decision of the I.P.R.C., you may, within 30 days of receipt of the original decision or within 15 days of receipt of the decision from the second meeting described above, give written notification of your intention to appeal the decision to the Grand Erie District School Board.

The notice of appeal must indicate the decision with which you disagree and include a statement that sets out your reasons for disagreeing.

What organizations are available to assist parents?

- Association for Bright Children of Ontario
- Association for Community Living
- Autism Society of Ontario
- Canadian Hearing Society
- Down Syndrome Association of Ontario
- Tourette Syndrome Association of Ontario

Where can parents obtain additional information?

- the school principal
- the Grand Erie District School Board

Superintendent of Special Education Services
(519) 756-6301

This brochure was approved by the
Special Education Advisory Committee
of the Grand Erie District School Board.

PARENTS' GUIDE TO SPECIAL EDUCATION



Identification, Placement and Review Committee



**GRAND ERIE
DISTRICT SCHOOL BOARD**

Ministry of Education Provincial and Demonstration Schools

The ministry operates provincial and demonstration schools throughout Ontario for deaf, blind, deaf-blind, and severely learning-disabled students, as well as those with attention deficit hyper-activity disorder (ADHD). Residential programs are offered at the schools Monday to Friday, for students who live too far from school to travel daily.

School for the Blind and Deaf-Blind

W. Ross Macdonald School
350 Brant Avenue
Brantford, ON N3T 3J9
(519) 759-0730

Schools for the Deaf

Ernest C. Drury School
255 Ontario Street, South
Milton, ON L9T 2M5
(905) 878-2851
TTY: (905) 878-7195

Robarts School
1090 Highbury Avenue
London, ON N5Y 4V9
(519) 453-4400 [TTY same]

Sir James Whitney School
350 Dundas Street, West
Belleville, ON K8P 1B2
(613) 967-2823 [TTY same]

Schools for Students with ADHD and Severe Learning Disabilities

Amethyst School
1090 Highbury Avenue
London, ON N5Y 4V9
(519) 443-4408

Schools for Students with ADHD and Severe Learning Disabilities (cont'd.)

Sagonaska School
350 Dundas Street, West
Belleville, ON K8P 1B2
(613) 967-2830

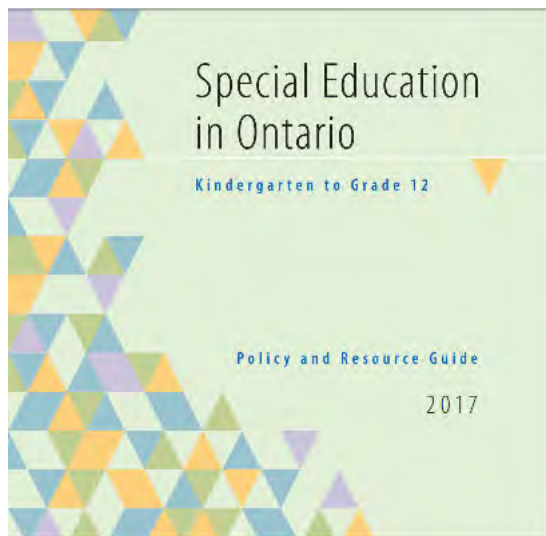
Trillium School
347 Ontario Street,
South Milton, ON L9T
3X9
(905) 878-8428
Centre Jules-Leger
281 rue Lanark
Ottawa, ON K1Z 6R8
(613) 761-9300
TTY: (613) 761-9302 and
761-9304

Special Education Programs and Services provided by the Grand Erie District School Board

The Grand Erie District School Board provides a range of placement options for exceptional pupils including regular class placements and special education class placements. Special education classes providing a variety of appropriate programs for exceptional pupils are available.

Many organizations are available to support you in understanding the I.E.P. and/or to provide additional resources. The principal of your school can provide the names of the organizations that serve your area. This information is also available in the Special Education Advisory Committee's brochure, available at your local school.

Resources for IEPs. Found on the Ministry of Education website.



www.edu.gov.on.ca

Grand Erie District School Board

519-756-6301 Ext 281122
519-754-1606 Ext 287214
519-756-6301 Ext 287217
519-756-6301 Ext 287227

Superintendent of Education— Special Education
Principal-Leader of Special Education
Program Coordinator of Special Education
Applied Behaviour Analysis Coordinator – Special Education

INDIVIDUAL EDUCATION PLAN (I.E.P.)

A Guide for Parents

“Special education cannot be defined in a single statement. It is a process, a journey that takes different routes for different students at different times in their educational careers. An IEP provides the roadmap for the completion of that journey.”

Special Education in Ontario
Schools 4th Edition 2005



Why Does a Student Have an IEP?

What is an I.E.P.?

A written plan that:

- Describes the special education programs and services your child needs to be successful.
- Lists your child's strengths and needs affecting his/her learning.
- Records supports and services that help your child learn and demonstrate learning.
- Identifies expectations that are changed (modified) from your child's age-appropriate grade level.
- Identifies alternative expectations in program areas that differ from the Ontario curriculum. (i.e. social skills, personal care etc.)
- Includes a transition plan for all students who have an IEP, whether identified as exceptional by an IPRC or not, for a variety of contexts that may include: entry to school, between grades, movement from elementary to secondary, movement from secondary to post-secondary, etc.

Every student who is identified as exceptional by an Identification, Placement, and Review Committee (IPRC) must have an I.E.P.

Students who are not formally identified as exceptional but who require a special education program and/or services have an I.E.P. when:

- The School's principal decides that the student will be assessed using modified expectations and/or
- The student regularly needs supports and services (accommodations) for instruction or assessment.

What is my role as a parent?

- Take part in developing the I.E.P.
- Provide up-to-date information that will help in developing and implementing your child's educational program.
- Practice skills at home that your child is learning at school.
- Share information about skills your child has learned at school and has transferred to home and the community.
- Maintain open communication with your child's school.
- Ask questions.

What can I expect from the school regarding the I.E.P.?

- A copy of the I.E.P. (within 30 school days of the initial IPRC, change of placement or placement in September).
- That the I.E.P. is written in clear, plain language.
- Ongoing participation in the I.E.P. process.
- Being informed of meeting times, and the topics to be discussed at your child's I.E.P. meetings.
- Regular communication from the school regarding your child's progress.
- That the I.E.P., as a working document is reviewed every reporting period.





Individual Education Plan

(Working Copy) Printed:

Growing Excellence....Inspiring Success

Name	DOB
School	Principal
Student OEN	School Year
Grade	SEA Equipment
Last IPRC/Annual Review Date	Placement Start Date
Exceptionality	Date Annual Review Waived

IPRC Placement	Program/Class Type
-----------------------	---------------------------

Reasons for Developing an IEP

IEP Development Team

Staff Member	Position
---------------------	-----------------

Health Support Services	Sources Consulted in the Development of the IEP
--------------------------------	--

-Parent/Guardian or Student if 16+

Individualized Equipment	SEA Equipment
---------------------------------	----------------------

Educational Assessments		
Type	Date	Summary of Results

Clinical Assessments		
Type	Date	Summary of Results

AREAS OF STRENGTH	AREAS OF NEED
--------------------------	----------------------

**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)					
Type	Position	Start Date	Intensity	Frequency	Location
Elementary Program Exemptions / Secondary Compulsory Course Substitutions					
Exemption	Substitution		Reasons		

Provincial Assessments	
Permitted Accommodations (As Part Of Regular Classroom Practice)	Exemptions

Secondary School Goal (For Secondary Students Only)

Student is currently working toward the attainment of a:

Successful completion of the Ontario Secondary School Literacy Test or the Ontario Secondary School Literacy Course is a requirement of the Ontario Secondary School Diploma.



Accommodations

Exceptionality : -No exceptionality specified

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

Instructional Accommodations

Environmental Accommodations

Assessment Accommodations

IEP Completion And Reporting

Date of IEP completion **Reporting Dates**

Reporting Format

This IEP also includes (check if applicable)

☐ **Annual program goals and learning expectations for modified subjects / courses or alternative program.**

☐ **A transition plan**



Transition Plan



Parent/Student Consultation and Staff Review and IEP Updating

Grand Erie District School Board		
Abbreviation/Acronym	Meaning	Department/Program
AAB	Academic Achievement Battery	Special Education
ABA	Applied Behaviour Analysis	Special Education
ABC	Association for Bright Children	Special Education
AC	Attendance Counsellors	Student Support Services
ADD	Attention Deficient Disorder	Special Education
ADE	Average Daily Enrolment	Business Services
ADHD	Attention Deficient Hyperactive Disorder	Special Education
ADP	Auditory Processing Disorder	Special Education
AER	Assessment Evaluation and Reporting	Special Education
AIP	Assessment For Improvement	
ALL	Analysis of Language Learning	Special Education
AODA	Accessibility for Ontarians with Disabilities Act	Special Education
AOYAP	Accelerated Ontario Youth Apprenticeship Program	Student Success
APA	Additional Professional Assignment	
ARC	Accommodation Review Committee	Business Services
ASD	Autism Spectrum Disorders	Special Education
BASP	Before and After School Programs	Elementary Program
BC	Behaviour Counsellors	Student Support Services
BCBA	Board Certified Behaviour Analyst	Special Education
BCP	Business Continuity Plan	Business Services
BIP	Board Improvement Plan	Student Success
BMS	Behaviour Management Systems	Student Support Services
BYOD	Bring Your Own Device	Information Technology
CAPD	Central Auditory Processing Disorder	Student Support Services
CAS	Children's Aid Society (see also FACS)	FOS SO
CASI	Comprehension Attitude Strategies Interests	Student Support Services
CCAC	see LHIN	Special Education
CDA	Communicative Disorders Assistant	Student Support Services
CEC	Council for Exceptional Children	Special Education
CILM	Collaborative Inquiry Learning Model	Student Success
CLA	Contextualized Learning Assignment	Student Success
COI	Certificate of Insurance	Business Services
CPRI	Child Parent Resource Institute	Student Support Services
CSAP	Cumulative Student Assessment Portfolio	Student Success
CUS	Community Use of Schools	Community Use of Schools
CYW	Child and Youth Worker	Student Support Services
D/HH	Deaf and Hard of Hearing	Special Education
DD	Developmental Disabilities	Special Education
DE	Developmental Education	Special Education
DI	Differentiated Instruction	Student Support Services
DOB	Date of Birth	Schools
DPA	Daily Physical Activity	Schools

Grand Erie District School Board		
Abbreviation/Acronym	Meaning	Department/Program
DRA	Diagnostic Reading Assessment	Elementary Program
DSM	Diagnostic and Statistical Manual of Mental Disorders	Special Education
E&E	Effectiveness and Efficiency Review	Business Services
EA	Education Assistants	Student Support Services
EDI	Early Development Instrument	Elementary Program
EFIS	Education Finance Information System	Business Services
ELD	English Literacy Development	Student Success
ELK	Early Learning Kindergarten	Elementary Program
ELL	English Language Learners	Student Support Services
ELP	Early Learning Program	Elementary Program
EPO	Education Programs Other (Grants)	Business Services
EQAO	Education Quality and Accountability Office	Student Success
ESA	Educational Services Agreement	Business Services
ESL	English as a Second Language	Student Support Services
ETFO	Elementary Teachers' Federation of Ontario	Human Resources
FACS	Family and Children's Society (see also CAS)	Student Support Services
FASD	Fetal Alcohol Spectrum Disorder	Special Education
FDK	Full Day Kindergarten	Elementary Program
FDL	Full Day Learning	Elementary Program
FNMI	First Nation, Metis, Inuit	Indigenous Education
FOG	aka Nominal, Head Count (actual number of students, not ADE)	Business Services
FOS	Family of Schools	Schools
FRG	Facilities Renewal Grant	Business Services
FSL	French as a Second Language	Elementary/Secondary Programs
FTE	Full Time Equivalent	Business Services
GEAP	Grand Erie's Achievement Plan	Student Success
GEESA	Grand Erie Elementary Sports Association	Schools
GEPIC	Grand Erie Parent Involvement Committee	Parent Engagement
GLD	General Learning Disability	Special Education
GPL	Good Places to Learn funding	Business Services
GrEAT	Grand Erie Elementary Administrators Team	Human Resources
GSN	Grants for Student Needs	Business Services
HI	Hearing Impairment	Special Education
HVAC	Heating Ventilation Air Conditioning	Facilities
IBI	Intensive Behaviour Intervention	Special Education
IEP	Individual Education Plan	Special Education
IIR Data	Individual Item Report Data	
IPRC	Identification Placement and Review Committee	Student Support Services
ISA	Intensive Support Amount	Special Education
ISC	Intensive Support Class	Special Education
ISRT	In School Resource Team	Special Education
JOHSC	Joint Occupational Health and Safety Committee	Health and Safety

Grand Erie District School Board		
Abbreviation/Acronym	Meaning	Department/Program
JUFA	Joint Use of Facilities Agreement	Business Services
KLLIC	Kindergarten Literacy Language in the Classroom	Elementary Program
LAN	Local Area Network	Information Technology
LANSA	Leadership Alliance Network for Student Assessment	Student Success
LD	Learning Disability	Special Education
LDCC	Locally Developed Compulsory Credit	Student Success
LEED	Leadership in Energy and Environmental Design	Facilities Services
LHIN	Local Health Integrated Network (previously CCAC)	Student Support Services
LITE	Learner Intervention Tracking for Excellence	Special Education
LLI	Levelled Literacy Intervention	Elementary Program
LNS	Literacy Numeracy Secretariat	Student Success
LRT	Learning Resource Teacher	Student Support Services
LSA	Leading Student Achievement	Student Success
LTSP	Long Term Suspension Program	Student Support Services
MACSE	Minister's Advisory Council on Special Education	Special Education
MAP	Math Alignment Project	Student Success
MFIPPA	Municipal Freedom of Information and Protection of Privacy Act	Privacy & Information
MHAN	Mental Health and Addictions Nurses	Student Support Services
MID	Mild Intellectual Disability	Special Education
MOE	Ministry of Education	Board
NAC	Native Advisory Committee	Indigenous Education
NETS-S	National Educational Technology Standards	Information Technology
NS/NL	Native Studies/Native Languages	Indigenous Education
NTIP	New Teacher Induction Program	Human Resources
OAP	Ontario Autism Program	Special Education
OCA	Ontario Comprehension Assessment	Student Support Services
OCD	Obsessive Compulsive Disorder	Special Education
OCT	Ontario College of Teachers	Human Resources
OCUP	Ontario Curriculum Unit Planner	
ODA	Ontarians With Disabilities Act	Student Support Services
ODD	Oppositional Defiant Disorder	Special Education
OELC	Ontario E-Learning Consortium	Information Technology
OEN	Ontario Education Number	Schools
OERB	Ontario Education Resource Bank	Schools
OESC	Ontario Education Services Corporation	Student Support Services
OEYC	Ontario Early Years Centres	Elementary Program
OFIP	Ontario Focused Intervention Partnership	Elementary Program
OISE	Ontario Institute for Studies in Education	Student Success
OnSIS	Ontario School Information System	Business Services
OPSBA	Ontario Public School Boards Association	Business Services
OSAPAC	Ontario Software Acquisition Program Advisory Committee	Information Technology
OSR	Ontario Student Record	School

Grand Erie District School Board		
Abbreviation/Acronym	Meaning	Department/Program
OSSD	Ontario Secondary School Diploma	Student Success
OSSLT	Ontario Secondary School Literacy Test	Student Success
OSSTF	Ontario Secondary School Teachers' Federation	Human Resources
OSTA	Ontario Student Trustees' Association	Executive Services
OT	Occupational Therapist	Student Support Services
OYAP	Ontario Youth Apprenticeship Program	Student Success
PASS	Principals Assessment of Schools Survey	Business Services
PDD	Pervasive Developmental Disorders (see also ASD)	Special Education
PDT	Program Development Team	Elementary Program
PDT	Provincial Discussion Table	Special Education
PIM	Privacy and Information Management	Executive Services
PIPA	Preschool and Primary Inventory of Phonological Awareness Skills	Elementary Program
PLC	Professional Learning Community	Human Resources
PLT	Principal Learn Team	Human Resources
PNC	Professional Network Centre	Human Resources
PSAB	Public Sector Accountability Board	Business Services
PSSP	Professional Student Services Personnel	Special Education
PSYCH	Psychological Consultants	Student Support Services
PT	Physio Therapist	Student Support Services
PTR	Prohibitive to Repair funding	Business Services
PTR	Pupil Teacher Ratio	Business Services
QA	Quality Accommodations	Business Services
RHPA	Registered Health Professionals Act	Human Resources
RMA	Risk Management Advisory	Business Services
RMS	Renewed Math Strategy	Elementary Program
ROKS	Reaching Out to Kids in Schools	Student Support Services
SAD	Student Achievement Division	Student Success
SAL	Supervised Alternative Learning	Student Success
SALT	System Administrative Leadership Training (formerly School ALT)	
SAO	Student Achievement Officer	Student Success
SAP	Student Action Plan	Student Success
SAPP	Sexual Abuse Prevention Program	
SC	Special Class	Special Education
SDW	Student Data Warehouse	Student Success
SEA	Special Equipment Amount	Special Education
SEAC	Special Education Advisory Committee	Special Education
SEF	School Effectiveness Framework	Student Success
SEPPA	Special Education Per Pupil Amount	Special Education
SHSM	Specialist High Skills Major	Student Success
SIM	Schools in the Middle	Student Success
SIP	School Improvement Plan	Student Success
SIP	Special Incidence Portion	Special Education

Grand Erie District School Board		
Abbreviation/Acronym	Meaning	Department/Program
SIT	School Improvement Team	Student Success
SLP	Speech / Language Pathologist	Student Support Services
SRPR	Surveyors' Real Property Report	Business Services
SS	Student Success	Student Success
SSI	Student Support Initiative	Student Success
SST	Student Success Teacher	Student Success
STEP	Student Transition Experience Program	Student Support Services
STRIVE	Socialization, Transition, Reflection, Innovation, Vocation and Education	
SW	Social Workers	Student Support Services
SWAC	School Within a College	Student Success
SWS	Student Work Study	Student Success
TAC	Tangible Capital Assets	Business Services
TC	Teacher Consultants	Special Education
TCPS	Total Capital Planning Solutions	Business Services
TIPS	Targeted Implementation and Planning Supports	
TLCP	Teaching and Learning Critical Pathway	Human Resources
TLX	Teaching Learning Examples	
TPA	Teacher Performance Appraisal	Human Resources
ULC	Underwriters Laboratory of Canada	Health and Safety
VMI	Visual-Motor Integration	Special Education
VoIP	Voice over Internet Protocol	Information Technology
WAN	Wide Area Network	Information Technology
WHMIS	Workplace Hazardous Materials Information System	Health and Safety

2019-20 Special Education Plan Checklist
Please submit to your regional office by July 31, 2019

District School Board/School Authority: Grand Erie District School Board		
Compliance with <i>Standards for School Boards' Special Education Plans (2000)</i> reproduced in full in <i>Special Education in Ontario Kindergarten to Grade 12 Policy and Resource Guide (2017)</i>	Report on the provision of Special Education Programs and Services 2018-19	Amendments to the 2019-20 Special Education Plan
Special Education Programs and Services		
Model for Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Identification, Placement, and Review Committee (IPRC) Process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Special Education Placements Provided by the Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual Education Plans (IEP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Special Education Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transportation for Students with Special Education Needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transition Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provincial Information		
Roles and Responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Categories and Definitions of Exceptionalities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provincial and Demonstration Schools in Ontario	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Related Information Required for Community		
The Board's Consultation Process	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Special Education Advisory Committee (SEAC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Identification Procedures and Intervention Strategies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Educational and Other Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of Services with Other Ministries or Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialized Health Support Services in School Settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accessibility (AODA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parent Guide to Special Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Where programs and services have not been provided as outlined in the 2018-19 Special Education Plan, please provide a description of the variance:</i>		

Additional Information:	
Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals (PPM 149) posted on school board website.	<input checked="" type="checkbox"/>
Special education is included in our ongoing self-improvement with respect to the Board Improvement Plan for Student Achievement.	<input checked="" type="checkbox"/>

Document:	Format:	Please indicate the URL of the document on your website (if applicable)
Special Education Plan	<input checked="" type="checkbox"/> Board Website <input checked="" type="checkbox"/> Electronic file <input checked="" type="checkbox"/> Paper Copy	Link will be added when the current plan is uploaded.
Parent Guide to Special Education	<input checked="" type="checkbox"/> Board Website <input checked="" type="checkbox"/> Electronic file	Parent Guide to Special Education and the IPRC
Protocol for Partnerships with External Agencies for Provision of Services by Regulated Health Professionals, Regulated Social Service Professionals, and Paraprofessionals (PPM 149)	<input checked="" type="checkbox"/> Board Website <input checked="" type="checkbox"/> Electronic file	SO 108 Community Service Providers and Schools Working Together

<p>Name of the Director of Education</p> <p><u>Brenda Blancher, Director of Education and Secretary</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Signature of the Director of Education</p> <p>_____</p> </div> <div style="width: 35%;"> <p>Date</p> <p>_____</p> </div> </div>	
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GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business and Treasurer
RE: **Fundraising Approval – Lakewood ES – Port Dover**
DATE: June 10, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve the Fundraising Plan for the Lakewood ES track rejuvenation.</p>

Background

The Todd Eaton Memorial Track is a 400-metre oval track with a rubberized surface at Lakewood Elementary School (formerly known as the Port Dover Composite School). It was built in memory of Todd Eaton, an alumni of Port Dover Composite School with exceptional competitive running skills, who succumbed to a fatal workplace injury. Construction of the track took place in 1996 through a 5-year partnership agreement between the City of Nanticoke and the Norfolk Board of Education. The source of funds for construction came through community fundraising, supported by the Eaton family.

The track is a remarkable Grand Erie District School Board asset which directly benefits Norfolk County elementary school students, and Norfolk residents, especially those living in the Port Dover community. Lakewood ES students use the track each day, walking or running during recess as well as participating in the school's running club. Annually, many Norfolk elementary schools use the track for their school's track and field meet and it is anticipated that 7 schools will use the track this season. Furthermore, all Norfolk Elementary schools participate in an annual track and field meet hosted at this site.

Lastly, the local community accesses the track for a variety of purposes. Leisure walking, fitness use, dog walking, community running clubs and The Steelhead Football team all benefit from the sustained use of the track. The Todd Eaton Memorial Track is clearly an asset that supports a large number of community members.

Additional Information

The track is now over 20 years old and there are many areas where the rubber has loosened from the asphalt base. Tree roots have grown under some areas on the west straightway close to the gully. Patch repair work has been completed various times over the last number of years by board facilities staff using a cold-patch product application.

Due to natural aging and wear and tear of many years of use, the condition of the track has deteriorated to such a degree that a full rubber resurfacing is required.

The cost to rejuvenate the entire track is expected to cost approximately \$250,000. This cost estimate includes:

- The removal of the steeplechase pit
- The removal of the existing rubber track
- Required repairs to the asphalt upon removal of rubber

- Required repairs where tree roots have infringed upon the track, asphalt, or other areas
- Plexitrac surfacing (choices between 10mm and 13mm are available)
- Layout and painting of lines
- Resurfacing within 6-8 years

The school does not possess the \$250,000 required to support such an investment.

Next Steps

As per Board Policy F3 – Capital Related Fundraising and Community Donations, “The Grand Erie District School Board supports, facilitates and encourages the development of authentic, mutually beneficial relationships between schools and the larger community, including business and non-business sectors, with due sensitivity and regard for the legitimate needs of all parties involved.”

Both Superintendent of Business and Treasurer Rafal Wyszynski and Superintendent of Education Wayne Baker assessed the requirements of the policy’s viability review with the Facilities Department and recommend that the project progresses. Enrolment at Lakewood school is expected to increase to approximately 600 students by 2024-25 and the benefits of a rejuvenated track have already been stated above. The school principal, Mr. Van Laecke, is passionate about the successful proposed project and is supportive of the fundraising plan developed in conjunction with senior administration.

As per the Policy F3, item 5.3, Board of Trustees approval is required for all capital projects funded by donations above \$50,000 in a year. The fundraising plan would encompass the following details:

- That the school opens a separate bank account to hold all fundraised dollars
- That the school raises \$150,000 by February 29, 2020
- That 100% of the \$150,000 is held in the same bank account
- That the school contributes \$50,000 to the project
- That the Board earmarks \$50,000 in its 2019-2020 capital budget to the project.

The province recognizes that parents and communities may choose to support their schools through fundraising activities. These activities have the potential to enrich the experience of students, but also help build a broader sense of community outside school hours. Funds can be raised for a particular school or on a board level – both have the potential to enhance parent engagement and contribute to a student’s educational experience.

A successful \$250,000 fundraising campaign would allow the construction of the new track to commence in late June 2020 with construction to last approximately 6-8 weeks. The rejuvenated track would be ready for use beginning the 2020-2021 school year.

Grand Erie Multi-Year Plan:

This report supports the Environment indicator of Success for Every Student and the following statement: we will ensure that students and staff have a safe and welcoming environment in which to learn and work.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **Contract Award – Caledonia Centennial Public School Masonry Restoration**
DATE: June 10, 2019

Recommended Action: It was moved by _____, seconded by _____ THAT the Grand Erie District School Board approve the award for masonry restoration services at Caledonia Centennial Public School as set out in Tender 2019-31-Q to 1219685 Ontario Limited/RD Masonry in the amount of \$980,000 plus HST.

Background:

Tender 2019-31-Q for masonry restoration services at Caledonia Centennial Public School was issued on May 8, 2019 and closed on June 7, 2019 at 2:00 p.m. A mandatory site meeting was held on May 14, 2019 at which three contractors attended.

Bids were received from 1 firm and listed in the table below:

Proponent	Unit Price Bid (Excl. HST)
1219685 Ontario Limited/RD Masonry	\$980,000

Additional Information:

The masonry on the building has been deteriorating over the years due to moisture penetrating the exterior walls. In the mid 1990's, moisture continued to penetrate the exterior walls causing the bricks to freeze, crack and spall. The areas that were deteriorating were covered by steel cladding during this time to prevent further moisture exposure, the cladding was a temporary measure. An intrusive investigation of the exterior walls was completed in 2018 which determined that there are significant issues with the structural steel and masonry around many areas of the perimeter of the school. An engineer was hired to establish a scope of work to repair the structural steel and masonry issues at this school.

Purchasing services has completed all the necessary evaluation steps of the competitive process and recommends the award of contract to **1219685 Ontario Limited/RD Masonry**. The estimated timeline for the project spans 60 working days.

Financial Impact:

The project will be funded by the School Condition Improvement Grant provided by the Ministry of Education.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand District School Board
FROM: Brenda Blancher, Director of Education & Secretary
RE: **Category III Trips**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board receive the Category III Trips as information.

Background

As per Procedure SO15 "Out-of-Classroom Field Trips and Excursions", the attached list is for trustee information.

Additional Information

The January report includes trips that were approved between January and June 2019, and previously approved trips that have not yet taken place.

Respectfully submitted,

Brenda Blancher
Director of Education & Secretary

Director Approval	School	Destination	Trip Departure Date	Trip Return Date	Anticipated # Students	Educational Purpose & Outcomes
May 17, 2018	HSS	Scotland/Ireland	March 10, 2020	March 19, 2020	20	Explore diverse culture, art, history in two countries
November 20, 2018	SCS	France	March 13, 2020	March 22, 2020	15	Experience French culture, language
January 14, 2019	PDHS	Costa Rica	March 14, 2020	March 21, 2020	30	Volunteer/Service Learning Trip
November 30, 2018	CSS	Ireland Wales England	March 12, 2021	March 21, 2021	12	Experience historical sites, Geography, History, Art & Culture

This Chart reflects all trips approved by the Director since the last Board Report on January 14, 2019, and all previously approved trips that have not taken place yet



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Wayne Baker, Superintendent of Education
RE: **Implications of 2019-20 Friday the 13th Event on Port Dover Students**
DATE: June 10, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve <i>Option 1 (Lakewood Elementary School remains opens to students)</i> for December 13, 2019 and March 13, 2020.</p>
--

1. Background Rationale

- 1.1. Each Friday the 13th in Port Dover, there is a community event where, in warm weather, extremely high numbers of motorcyclists visit the community for the weekend, arriving in town on or before the 13th. Their presence in the community can impact our students significantly. Such an event during warmer months is likely to be very well attended. Such an event in colder months will have much less impact on school operations.
- 1.2. In warm weather, access to the schools is severely limited by traffic, as streets are jammed and access to the town is restricted by the Norfolk O.P.P. Issues of safety in traveling to and from school on Friday the 13th are important considerations for our students, their families and our staff. Staff members who reside in town have indicated that staying in their community that day is better than leaving Port Dover and trying to return later in the day. During the colder months, travel is not impacted as significantly.
- 1.3. On previous warm-weather Friday the 13th days, the Board has closed Lakewood Elementary School to students. The staff has reported to school for PD and program activities. On previous cold-weather Friday the 13th days, the Board has kept the school open.
- 1.4. For secondary students living in Port Dover, and attending school at Holy Trinity, Simcoe Composite School and Waterford District High School, group stops were organized outside of town limits on warm-weather Friday the 13th days. During colder months, when transportation runs normally, these special arrangements are not necessary.
- 1.5. There are three Friday the 13th events during the 2019-20 school year: September 13, December 13 and March 13.
- 1.6. Friday, September 13, 2019, is a PA Day for all Grand Erie and BHNCDSD students. As such, students will not be in attendance at Lakewood that day. In alignment with section 2.2 of this document, Lakewood staff would be expected at work.

2. Options Considered

- 2.1. ***Option One — Lakewood Elementary School Remains Open to Students/Transportation Runs in Port Dover***

This is the usual option for cold-weather Friday the 13th events, such as December 13, 2019, and March 13, 2020.

2.2. *Option Two — Cancel Transportation in Port Dover/Lakewood Elementary School Closed to Students/Lakewood Staff Reports to School/Group Stops for Secondary Students:*

This is the usual option for warm-weather Friday the 13th events, and would have been the option for September 13, had it not been a PA day. This is not the usual

3. Recommendation

- 3.1. THAT Lakewood Elementary School remain open to students on December 13, 2019, and March 13, 2020, with transportation running normally.

4. Budget Implication

- 4.1. Nil

5. Next Steps:

- 5.1. The Principal at Lakewood Elementary School reviewed options with the School Council.
5.2. Trustee decisions will be communicated to Transportation, Facilities and Human Resources departments.
5.3. Trustee decisions will be communicated to the Lakewood School Council, parent community, and Port Dover community through the GEDSB website and all available media.
5.4. Trustee decisions will be communicated to all secondary schools with Port Dover residents, their students, their School Councils and their parent communities.

Respectfully submitted,

Wayne Baker
Superintendent of Education



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business and Treasurer
RE: **Burford Tennis Court Modifications**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board direct the Superintendent of Business and Treasurer to proceed with terminating the Burford Tennis Court lease agreement dated September 5, 2000 and to develop a new lease agreement to refurbish the Burford Tennis Courts.

Background

The Grand Erie District School Board is currently in a 20-year agreement with the County of Brant in which the Board leases the tennis courts located at Burford Elementary School to the municipality for the purposes of recreational use that benefits both students and the local community. This agreement expires on July 31, 2020.

There also existed a sub-lease agreement with the Burford Lions Club for which access was granted from 2000 until 2005 in return for a significant investment that supported renovations and repairs to the tennis courts. This sublease existed to allow the Burford Lions Club to secure a community funding grant and to take responsibility for the renovation and repairs. A sublease is not required moving forward.

Additional Information

Recently, the County of Brant performed a review of the current amenities and discovered that enhancements to the existing tennis courts would provide greater benefits to the students and local community. These upgrades would include:

- Repainting of entire court surface
- Replacement of fencing on three sides as per drawing on Appendix A
- Installation of a new fence between court 2 and 3
- Installation of Pickle Ball lines as well as tennis lines on court 1 and 2
- Installation of basketball nets on court 3
- Installation of ball hockey markings and equipment on court 3
- Installation of a walkway for accessibility from the Burford Community Centre parking lot to the court
- Installation of a storage locker for equipment

The County of Brant is seeking to terminate the current agreement and enter into a new 20-year agreement. The new agreement will be similar to the prior one in that the Grand Erie District School Board will permit the same access to the tennis courts in exchange for fully funded enhancements as described above.

Next Steps:

Senior administration recommends that we terminate the current agreement and enter into a new 20-year agreement with the County of Brant for the tennis courts at Burford ES.

Grand Erie Multi-Year Plan:

This report supports the Environment indicator of Success for Every Student and the following statement: we will ensure that students and staff have a safe and welcoming environment in which to learn and work.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer

Appendix A





GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **Bylaw 13 – Signing Authorities of the Board**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Bylaw 13 – Signing Authorities of the Board.
--

Background

Bylaw 13 – Signing Authorities of the Board was received in June 2015 and has been identified for review and was sent out to Trustees for comment.

Based on the comments received, draft revisions to the Bylaw have been made for Trustee consideration.

Comments Received

1. Comment: #3 – F107 – update to F6
Response: Amended.
2. Comment: If we have this bylaw why do we do an annual resolution at the Inaugural meeting of the board?
Response: I believe this is to verify the signing authority for the upcoming school year as changes may have occurred in the Chair, Vice Chair, Director and/or Superintendent of Business roles.
3. Comment: add electronic signatures as acceptable format and give Chair, Vice Chair, Director and Superintendent of Business the ability to complete electronic signature from devices
Response: Although this would enhance business efficiency, the development of a policy on the use of electronic signatures would be recommended.

Next Steps

Bylaw 13 – Signing Authorities of the Board will be distributed in accordance with Board process.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



BYLAW

BL13

Signing Authorities of the Board

Board Received: _____ Review Date: _____

1. **General Account**

The signing authorities for the Board to sign general account cheques shall be one of the Chair of the Board or the Vice-Chair of the Board, together with one of the Director of Education or the Superintendent of Business and Treasurer.

2. **Trust Account**

The signing authorities for the Board to sign trust account cheques shall be one of the Chair of the Board or the Vice-Chair of the Board, together with one of the Director of Education or the Superintendent of Business and Treasurer.

3. **Legal Documents, Contracts, Etc.**

The Board's signing authorities for legal documents, contracts as outlined in [Procedure F107](#) [Policy F6](#)-Purchasing, and bank loans shall be the Chair of the Board or the Vice-Chair of the Board, together with one of the Director of Education or the Superintendent of Business and Treasurer.

4. **Use of Facsimile Signature**

Facsimile signatures of the Board Chair and Superintendent of Business and Treasurer shall be used for signing General Account cheques produced by the Board's financial accounting system.

5. **Application of the Board's Seal**

Such documents as require the seal of the Board shall be so sealed only after all other portions of the document are in proper order.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Trustees of the Grand Erie District School Board
FROM: Brenda Blancher, Director of Education & Secretary
RE: **Bylaw 18 – Personnel Matters to be Considered In Camera**
DATE: June 10, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Bylaw 18 – Personnel Matters to be Considered In Camera.</p>
--

Background

Bylaw 18 – Personnel Matters to be Considered In Camera was received in May 2015 and has been identified for review and was sent out to Trustees for comment.

No comments were received and no revisions have been made to the Bylaw.

Next Steps

Bylaw 18 – Personnel Matters to be Considered In Camera will be distributed in accordance with Board process.

Respectfully submitted,

Brenda Blancher
Director of Education & Secretary

**Personnel Matters to be Considered In Camera**

Board Received: _____

Review Date: _____

To ensure that all employees can carry out their duties with dignity and assurance, any presentations or delegations at Board or Committee meetings which include statements questioning the personal integrity or professional competence of Board employees shall be treated as personnel matters to be considered in camera.

Presentations and/or Delegations Containing Personal References

All submissions or statements, including those made by delegations, containing personal references questioning the efficiency, judgement or actions of Board employees shall be heard in camera.

The components of the process to hear such reports, presentations and/or delegations include:

a) Informing the Employee

Employees referred to above shall be informed of the matter and shall be given sufficient time to gather data relevant to the issue.

b) Personnel to be Present at the Proceedings

The Board, the Director of Education as Chief Executive Officer, the appropriate Supervisory Officer(s), the Recording Secretary and the individual(s) involved in the matter shall be the only parties at the proceedings.

c) Representation by Counsel or Other Agent

Notwithstanding Clause b above, the Board and the individual(s) involved may be accompanied and represented by counsel or other agent.

d) Excusing Employee(s) and Representatives from the Meeting

After the Board has gathered all the information it deems necessary to clarify and to resolve the issue, using the procedure outlined in Clauses b and c above, the individual(s) involved and their counsellor(s) shall be excused from the meeting.

e) Conveying Decision to Employee(s) Involved

When the Board has reached a decision concerning the resolution of the matter, including the reasons therefore, it shall be conveyed to the individual(s) involved by the Director of Education, in writing.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Wayne Baker, Superintendent of Education
RE: **SO5 – School/Site Security (Lockdowns, Tornadoes and Bomb Threats)**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board forward **Policy SO5 – School/Site Security (Lockdowns, Tornadoes and Bomb Threats)** to all appropriate stakeholders for comments to be received by September 27, 2019.

Background

Policy SO5 – School/Site Security (Lockdowns, Tornadoes and Bomb Threats) was approved by the Board in 2015 and has been identified for review.

Additional Information

Suggested revisions have been made to the Policy and a draft revised policy is attached for circulation to stakeholders for comment.

Next Steps

This Policy will be circulated for stakeholder input in keeping with Board Bylaw BL9.

Respectfully submitted,

Wayne Baker
Superintendent of Education

**SCHOOL/SITE SECURITY**

(Lockdowns, ~~Hold and Secure~~, ~~Shelter in Place~~, Tornadoes and Bomb Threats)

Board Received: _____

Review Date: _____

Policy Statement

The Grand Erie District School Board is committed to providing a safe and secure learning environment for all ~~it of its~~ students and staff. School and site security protocols are an essential part of this commitment to safety. All Grand Erie District School Board schools and sites will have and practise protocols related to lockdown, hold and secure and shelter in place.

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – All staff/students trained in ~~safety~~ procedures
 - ~~s~~Safety protocols are practised
 - ~~s~~Safety protocols are implemented with maximum effectiveness

School/Site Security Protocols

Each school/site will have security protocols for events requiring “Lockdown”, “Hold and Secure” and “Shelter in Place”. The protocols are set out below:

Note: (For the purposes of these protocols, “Principal/Manager” includes “or Designate”).

All plans must consider the possibility of evacuation and any necessary accommodations for students or staff. It is the responsibility of parents to advise school administration of any necessary accommodations for their children; it is the responsibility of employees to advise administration of accommodations they might require. It is the responsibility of administrators to inform parents/staff of the need for this information.

1. Lockdown

“Lockdown” should only be used when there is a major incident or threat of violence within the school/site, or in relation to the school/site (e.g., armed intruder, attempted abduction). During a lockdown students and staff are directed to a secure room, doors locked, windows and curtains closed, and all sight lines into rooms blocked.

- The lockdown plan must be practised and logged in the fall and spring during the school year. These procedures and plans must be reviewed with staff at the beginning of each school year. Lockdown drills shall be conducted in a manner that will not unduly upset younger students. Early in the school year, parents/guardians shall be informed that lockdown drills will be conducted.
- This plan shall consider students and staff inside, as well as those outside the school. The plans ~~should~~ **must** include a process for dealing with situations where classes are in progress and at break. Plans must take into account communication systems within the school and for those who may be outside the building. Specific arrangements must be in place for students and staff in portables.
- The Principal/Manager will ensure that all occasional staff members are made aware of school/site security and lockdown plans.

- The Principal/Manager will announce a lockdown, then immediately call 911 (unless the police are already involved) and stay on the line to provide information requested. The Principal/Manager will contact the Superintendent of Education/Business and the Manager of Communications and Community Relations as soon as possible.
- The Principal/Manager will de-brief with staff, students, and parents as soon as possible after a lockdown has been implemented. Communication is important to avoid rumours and misinformation.
- After a school security protocol has been employed, a ~~written~~ report of the event will be prepared by the Principal/Manager and submitted to the Superintendent of Education/Business. Unless otherwise indicated, an email will suffice as a report.

An event requiring lockdown is a bomb threat.

a) **Bomb Threat Procedures:**

Most bomb threat warnings to schools are phoned in. **Bomb threats are always to be taken seriously.**

It is important to collect all available data in order to help determine the motivation of the caller and the subsequent action.

General evacuation is not initially recommended.
Consultation with the police is required.
The decision to evacuate lies with the Principal/Manager after the collection of available data.

The following procedures should be followed ~~at schools/sites~~ when a bomb threat is received.

i) **Telephone Operator**

- remain calm
- do not ignore a bomb threat; treat as genuine until established otherwise
- keep the caller on the line as long as possible in order to obtain as much information as possible
- record vital information on the Bomb Threat Procedures Telephone Card which is kept beside each telephone in the office. (See Appendix A)
- notify the Principal/Manager during the course of the conversation, but, if not possible, immediately afterwards. The back of the Telephone Card is printed with the words A Bomb Threat@ and should be used to notify those around the operator. (See Appendix B)

ii) **Principal/Manager**

- call police
- ensure that all outside doors are locked
- call for an immediate visual search to be conducted by employees in the building
- contact: 1. The Superintendent of Education/Business, or if unavailable
2. Another Superintendent of Education or the Director of Education

iii) **Superintendent of Education/Business**

- Contact Manager of Communications and Community Relations

iv) Staff

- conduct a **visual** search of immediate, familiar work areas. ~~Each school/site will have a plan to include unoccupied areas for this search.~~ Each school/site plan will include the search of unoccupied areas.
- report back to Principal/Manager as soon as possible

LOOK FOR	FOUND A SUSPICIOUS OBJECT
<ul style="list-style-type: none"> • sSomething that should not be there • sSigns of forced entry • oObject(s) similar to description in bomb threat • object(s) or package(s) suspicious in size, shape, labeling, location, volume • presence of tape, wire or explosive wrappings • signs of tampering with electrical installations 	<ul style="list-style-type: none"> • DO NOT touch suspicious object or package • DO NOT place blanket or anything else over object or device • DO NOT disturb object in any way or approach it • clear everyone from immediate area (including floors above and below) • notify Principal/Manager • DO NOT be heroic

If a Suspicious Object/Package IS NOT found

The Principal/Manager will:

- Communicate an all-clear to staff and that no further action is required.
- Inform the Superintendent of Education/Business, or, if unavailable, another Superintendent of Education or the Director of Education.

If a Suspicious Object/Package IS found

The Principal/Manager will:

- Consult with Police and then use fire alarm to signal EVACUATION.
- ~~E~~follow fire drill evacuation procedures, rerouting where necessary to avoid area(s) where suspicious object(s) have been located
- ~~A~~dvice staff to not use cell phones, pagers or walkie-talkies

After consultation with police, the Principal/Manager will determine when students and staff may return to the building.

v) **Return to School**

- Students and school/site personnel will return to the school/site building on the direction of the ~~P~~principal/~~M~~anager after consultation with the police. During rental use, the custodian on duty, in consultation with Facilities Services Manager, will provide direction to rental users regarding return to the building.
- A communication plan will be developed by the ~~P~~principal/~~M~~anager, in consultation with the Superintendent of Education/Business and the Manager of Communications and Community Relations.

Bomb Threat Telephone Procedures

- Listen carefully, be calm and courteous and do not interrupt the caller
- Notify the Principal/Manager as soon as possible

Call Taken by: _____ Time: _____ Sex of Caller: _____ Age: _____

Questions to Ask:

Who are you?

When is the bomb going to explode?

Where is it right now?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

Did you place the bomb?

Why?

What is your address?

[What is your name?](#)

Exact wording of threat

Caller's Voice

<input type="checkbox"/> Calm	<input type="checkbox"/> Soft	<input type="checkbox"/> Distinct	<input type="checkbox"/> Lisp	<input type="checkbox"/> Deep breathing
<input type="checkbox"/> Angry	<input type="checkbox"/> Loud	<input type="checkbox"/> Slurred	<input type="checkbox"/> Raspy	<input type="checkbox"/> Cracking voice
<input type="checkbox"/> Excited	<input type="checkbox"/> Laughter	<input type="checkbox"/> Whispered	<input type="checkbox"/> Deep	<input type="checkbox"/> Disguised
<input type="checkbox"/> Slow	<input type="checkbox"/> Crying	<input type="checkbox"/> Nasal	<input type="checkbox"/> Ragged	<input type="checkbox"/> Accent
<input type="checkbox"/> Rapid	<input type="checkbox"/> Normal	<input type="checkbox"/> Stutter	<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Familiar

If familiar, who did it sound like?

Background Sounds

<input type="checkbox"/> Street noise	<input type="checkbox"/> PA system	<input type="checkbox"/> Motor	<input type="checkbox"/> Animals	<input type="checkbox"/> Local
<input type="checkbox"/> Crockery	<input type="checkbox"/> Music	<input type="checkbox"/> Office machine	<input type="checkbox"/> Clear	<input type="checkbox"/> Long distance
<input type="checkbox"/> Voices	<input type="checkbox"/> House noises	<input type="checkbox"/> Factory	<input type="checkbox"/> Static	<input type="checkbox"/> Booth

Other?

Threat Language

<input type="checkbox"/> Well spoken	<input type="checkbox"/> Foul	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Irrational	<input type="checkbox"/> Taped
<input type="checkbox"/> Message read by caller				

BOMB THREAT

(To be printed on card stock and kept at each telephone in the office)

VISUAL SEARCH

LOOK FOR	IF YOU FIND A SUSPICIOUS OBJECT
<input type="checkbox"/> something that should not be there <input type="checkbox"/> signs of forced entry <input type="checkbox"/> object(s) similar to description in threat <input type="checkbox"/> object(s) or package(s) suspicious in size, shape, labeling, location, volume <input type="checkbox"/> presence of tape, wire, or explosive wrappings <input type="checkbox"/> signs of tampering with electrical installations	<input type="checkbox"/> DO NOT touch suspicious object or package <input type="checkbox"/> DO NOT place blanket or anything else over object or device <input type="checkbox"/> DO NOT disturb object in any way or approach <input type="checkbox"/> clear everyone from immediate area (including floors above and below) <input type="checkbox"/> notify Principal/Manager <input type="checkbox"/> DO NOT be heroic

2. *Hold and Secure*

“Hold and Secure” should be used when it is desirable to secure the school due to an ongoing situation outside and not related to the school (e.g., a bank robbery near a school). In this situation a secondary school would continue to function normally, with the exterior doors being locked until such time as the situation near the school is resolved. The exterior doors in elementary schools are locked at all times, in compliance with the Safe Welcome Program.

A communication plan will be developed by the pprincipal/manager, in consultation with the Superintendent of Education/Business and the Manager of Communications and Community Relations.

3. *Shelter in Place*

“Shelter in Place” should be used for an environmental or weather-related situation, where it is necessary to keep all occupants within the school, to protect them from an external situation (e.g., chemical spills, blackouts, explosions or extreme weather conditions).

A communication plan will be developed by the pprincipal/manager, in consultation with the Superintendent of Education/Business and the Manager of Communications and Community Relations.

An event requiring Shelter in Place is a tornado.

a) Tornado Procedures

While the possibility of a tornado can be noted in a severe weather warning, because of the speed with which they build up and move, it is almost impossible to provide advance warning about when and where a tornado will actually occur. Staff and students need to be

made aware in advance of what action should be taken if a tornado occurs in the area of the school.

- i) Each Principal/Manager has the responsibility of developing a tornado awareness ~~program~~ plan (see Appendix C) for the site, and for reviewing tornado procedures with staff and students twice each school year, in the months of:
 - September to ensure students new to the school are familiar with procedures; and
 - April to review procedures prior to the start of the season in which most tornadoes occur in southern Ontario.
- ii) A **severe weather watch** means the conditions exist for the development of severe weather in the area. The following actions shall be taken:
 - Monitor weather radio, ~~the~~ local radio stations and the ~~internet~~ (~~www.weatheroffice.gc.ca or www.theweathernetwork.ca~~) Grand Erie website closely for possible warnings and make observations of developments in the weather. Be prepared for further action in case a warning is issued.
 - Communicate with the Superintendent of Education/Business and take immediate action to ensure student safety.
- iii) A **tornado warning** means a tornado has been reported in the area. Keep (or get) the students in school. Move them away from windows and doors and out of large, open areas such as a gymnasium or auditorium until the worst of the storm is over. The safest location will be a central hallway on the ground floor, so move students from upper floors when possible. Students should protect their heads and crouch or kneel against the wall. As the situation permits, review with staff and students the procedures they should be following. Remind teachers to carry their class lists with them, and, if the situation permits, to take attendance and notify the Principal/Designate of any absent students.
 - * Do not use a fire alarm to signal a tornado emergency. A fire alarm is a signal for people to exit the building, and in a tornado emergency it is necessary for everyone to stay inside.
 - * Ensure that all persons on the school property come into the main building.
 - * Do not permit the departure of school buses if a tornado warning is in effect.
 - * Wait until word has been received from the appropriate officials before sounding the all-clear signal.
 - * Communicate with staff and students what they should/shouldn't do after a tornado.
 - * Inform the appropriate Superintendent of Education of the situation.

YOUR TORNADO AWARENESS PROGRAM PLAN SHOULD INCLUDE:

1. an emergency kit which includes: a battery-operated radio; flashlights; batteries that are charged; and devices required by the site for communication (bullhorns, walkie talkies, etc.);
2. a binder in the main office with a complete set of class lists;
3. an awareness of the weather, and an understanding of the difference between a WEATHER WATCH (possible storms in the next six hours) and a WEATHER WARNING (expected event within the next two hours);
4. knowing which radio or television stations in your area carry up-to-date weather information
5. knowing the name of your forecast region and your county;
6. provisions for the quick movement of mobility-impaired students;
7. provisions for communicating with staff, students, and others on the school property for the purpose of getting them into the building;
8. preparing or reviewing your plan and action in the event of severe weather.

PROCEDURES TO BE REVIEWED WITH STAFF AND STUDENTS:

When a tornado threatens, staff and students should:

1. Stay away from windows, doors and outside walls. Protect your head.
2. For maximum safety, try to reach the centre of the building or the side away from the storm. Teachers ~~should~~ must get students into hallways, away from ends of hallways with doors or windows, and have them crouch on their knees with their heads down and their arms over their heads.
3. Teachers are to carry a copy of the class list with them and keep their class together.
4. Close all doors behind you as you move toward the centre of the building. If possible, open windows in classrooms.
5. Avoid buildings with large areas of unsupported roof, such as arenas, gymnasiums, barns or areas with skylights. If caught in such a building, head for the lowest floor, an inside hallway or small interior windowless room, or get under something sturdy.
- ~~6. In the event of a severe weather warning, students and staff must be moved from portables/port-a-pacs to the main school building.~~
- ~~7.~~ 6. If caught in the open, try to determine the tornado's direction of travel and move at right angles to it. If you cannot avoid the storm, find a ditch, ravine or other depression and lie flat.
- ~~8.~~ 7. Outside classes and any other persons outside need to come into the school building.
- ~~9.~~ 8. Do not remain in your car or school bus or try to out-race the tornado.
- ~~10.~~ 9. If no shelter can be found, hang on to the base of a small tree or shrub.

AFTER THE STORM OR TORNADO:

Extraordinary dangers may exist after a severe storm is over.

1. Loose or dangling electrical wires must be avoided. If on city or county property, report them to local authorities. If on Grand Erie District School Board property, call Facility Services. Also, report broken sewer and water mains.
2. Beware of dangling tree limbs, and of buildings which have been weakened by the storm and could collapse. Bridges may also be weakened.
3. Unless you are requested or qualified to give help, stay out of damaged areas.
4. Drive only if necessary, and stay out of the way of emergency vehicles and rescue workers.
5. Leave the school land-line telephones open for official/emergency use.
6. Keep tuned to your local radio or television station for information or instructions.
7. Prepare a report for submission to the Superintendent of Education outlining damage to the school and the effectiveness of the school's tornado plan.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Denise Martins, Superintendent of Education
RE: **SO28 – Student Concussion and Head Injury**
DATE: June 10, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve Policy SO28 – Student Concussion and Head Injury.</p>

Background

Policy SO28 – Student Concussion and Head Injury was circulated to all appropriate stakeholders for comments to be received by May 30, 2019.

Comments Received

1. Comment: Accountability – all policies have frequency of reports
Response: Amended
2. Comment: 4.1 a. How will this be tracked/reported so it is confirmed to be completed?
Response: Appropriate board personnel for oversight of SO28 will monitor annually
3. Comment: 4.2 k iii. Should be appendix H
Response: No longer Appendix - placed in Supplemental Section
4. Comment: 4.2 s. should this point be higher up in the chronological order, near m or n?
Response: Amended
5. Comment: 4.3. c Should be Appendix G
Response: Amended
6. Comment: 4.4 j Should there be a formal way to reporting non-school concussions to principal?
Even as simple as asking for it in writing (not a medical note)
Response: Amended
7. Comment: 4.5 f Appendix G
Response: Amended
8. Comment: Appendix G – how is this document retained? How long?
Response: Amended
9. Comment: Appendix H – what is done with this with this document? Where is it retained, for how long?
Response: No longer an Appendix, this is a tool that should be used at the discretion of the administrator to track multiple students on a concussion plan, hence moved to Supplemental Section as not a requirement

10. Comment: Staff recommended some supporting materials that are not required for documentation purposes.

Response: Supplemental Section added to include flow charts and tracking documents to assist administrators.

Additional Information

As a result of these comments, suggested revisions have been made to the Policy and a draft revised policy and resource package is attached.

Next Steps

This approved Policy will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Denise Martins
Superintendent of Education



Student Concussion and Head Injury

Board Received: _____

Review Date: _____

Policy Statement:

Grand Erie District School Board is committed to ensuring the safety and well-being of students recognizing that children and adolescents are among those at greatest risk of concussion and/or head injury. The Board is committed in building awareness, prevention, identification and management of concussions and/or head injuries to reduce increased risk.

Accountability:

1. Criteria for Success – Adherence to the Student Concussion and Head Injury Policy

~~1.~~ 2. Frequency of Reports - As needed

1. Purpose

The Grand Erie District School Board recognizes concussions as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. Concussion awareness, prevention, identification and management are a priority. The implementation of the Student Concussion and Head Injury Policy is another important step in creating healthier schools in Grand Erie.

The resource package “Student Concussion and Head Injury” (SO 28-1) contains general concussion information, strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events. Included within the package is information on the safe removal of an injured student from activity, initial concussion – assessment strategies (use of common symptoms and signs of a concussion) and steps to take following an initial assessment. This package also includes information and the materials necessary for the management of a diagnosed concussion.

2. Information

2.1. Definitions

The definition of **concussion** outlined below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Association (Ophea) Safety Guidelines.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear;
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));

- can occur even if there has been no loss of consciousness, in fact most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1- 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

A concussion diagnosis:

Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with suspected concussions should undergo evaluation by one of these professionals.

Second Impact Syndrome:

Research suggests that students who suffer a second concussion before they are symptom free from the first concussion are susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

Collaborative Team Approach

Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, all staff, and school boards must understand and fulfill their responsibilities. It is critical to a student's recovery that the Return to Learn/Return to Physical Activity Plan be developed through a collaborative team approach led by the school principal. This team should include the concussed student, their parents/guardians, school staff and volunteers who work with the student, and the medical doctor/nurse practitioner. Ongoing communication and monitoring by all members of the team are essential for the successful recovery of the student.

3. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head. It is important to observe for **one** or more of the signs or symptoms of a concussion which may take hours or days to appear. Refer to the Student Concussion and Head Injury resource package for a list of common signs and symptoms.

4. Roles and Responsibilities

4.1 Appropriate Senior Administrator(s) will:

- a. Perform an annual review to ensure guidelines align with current best practice recommendations and, at a minimum, Ophea concussions guidelines;
- b. Ensure concussion education is made available to all school personnel and volunteers;
- c. Implement concussion awareness and education strategies for students and their parents/guardians;
- d. Provide support to schools and staff to ensure enforcement of Return to Learn and Return to Physical Activity guidelines and the Student Concussion and Head Injury Policy;
- e. Ensure that all Board staff, including volunteer coaches, involved in physical activity education and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take;

- f. Ensure that information on the Student Concussion and Head Injury Policy is available to the school community, including organizations that use the school facilities, such as community sports organizations and licensed child-care providers operating in schools of the Board; and
- g. Ensure each elementary and secondary school implements the *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E-2).

4.2 Principal will:

- a. Implement the Student Concussion and Head Injury Policy;
- b. Ensure all staff, volunteers, parents/guardians, and students are aware of the Student Concussion and Head Injury Policy and understand their roles and responsibilities;
- c. Ensure the Student Concussion and Head Injury Policy is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers;
- d. Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary;
- e. parents/guardians:
 - i. For a suspected concussion: *Tool to identify a Suspected Concussion* (Appendix C) and the *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2).
 - ii. For a diagnosed concussion: *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2).
- f. Ensure Opeha safety guidelines are being followed;
- g. Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- h. Maintain up to date emergency contact and telephone numbers;
- i. Encourage parental/guardian cooperation in reporting all non-school related concussions;
- j. Ensure concussion information is readily available to all school staff and volunteers;
- k. Ensure that all incidents have been reported, recorded and filed as necessary:
 - i. the Ontario School Boards' Insurance Exchange (OSBIE) incident report; and
 - ii. Critical Injury Report; and
 - iii. ~~Student Concussion Diagnosis Report (Appendix G).~~
- l. Coordinate a student conference to determine the individualized RTS Plan and to identify the RTS learning strategies and/or approaches required by the student based on the post concussions symptoms. See Appendix B for Return to Learn Strategies/Approaches;
- m. Once concussion is diagnosed, appoint primary staff member to act as the student's school contact to ensure adequate communication and coordination of their needs.
- ~~n.~~ Approve any adjustments to the student's schedule as required;
- ~~o.~~ Alert appropriate staff about students with a suspected or diagnosed concussion;
- ~~p.~~ Prior to student return to school, ensure the completion and collection of the following documentation:
 - i. *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2); and
 - ii. *Concussion Management – Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1).

- ~~p.q.~~ Ensure the completion of the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
- ~~q.r.~~ Ensure the completion and collection of the *Documentation for Medical Clearance* (Appendix F) prior to the student moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5);
- ~~r.s.~~ File above documents (Appendix D2, E1, E2 and F) in student's OSR and provide copy to appropriate school staff; and
- ~~s.a.~~ ~~Once concussion is diagnosed, appoint primary staff member to act as the student's school contact to ensure adequate communication and coordination of their needs.~~

4.3 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:

- a. Understand and follow the Student Concussion and Head Injury Policy;
- b. Attend and complete concussion training;
- c. Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion. Have students and their parent/guardian complete the *Player Code of Conduct* (Appendix ~~F~~ G);
- d. Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see the *Tool to Identify a Suspected Concussion* (Appendix C);
- e. Follow current Ophea safety guidelines related to concussions and implement risk management and injury prevention strategies;
- f. Make sure that occasional teaching staff are updated on concussed student's condition.

4.4 Parents/Guardians will:

- a. Review with their child the concussion information that is distributed through the school (e.g. *Concussion Information for Parents and Students* (Appendix A));
- b. Reinforce concussion prevention strategies with their child, for example the *Player Code of Conduct* (Appendix G);
- c. Understand and follow parents/guardian roles and responsibilities in this policy;
- d. In the event of a suspected concussion, ensure their child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day;
- e. Cooperate with school to facilitate the *Concussion Management – Home Preparation for Return to school (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
- f. Follow physician/nurse practitioner recommendations to promote recovery;
- g. Be responsible for the completion of all required documentation;
- h. Support their child's progress using the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2);
- i. Collaborate with school to manage their child's suspected or diagnosed concussions appropriately; and
- j. Report non-school related concussion to principal and complete Documentation of Monitoring/Documentation of Medical Assessment Form (Appendix D2).

4.5 Students will:

- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
- b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;

- c. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
- d. Remain on school premises until parent/guardian arrives if concussion is suspected;
- e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers;
- f. Complete the *Player Code of Conduct* (Appendix [F](#) [G](#));
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E2). -

Draft



Student Concussion and Head Injury

Resource Package

April 2019

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1. Information

1.1. Definitions

The definition of **concussion** outlined below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Association (Ophea) Safety Guidelines.

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury. It is possible for symptoms to take up to 7 days to appear.
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));
- can occur even if there has been no loss of consciousness, in fact most concussions occur without a loss of consciousness;
- cannot normally be seen on X-rays, standard CT scans or MRIs; and
- is typically expected to result in symptoms lasting 1- 4 weeks in children and youth (18 years or under), but in some cases symptoms may be prolonged.

A concussion diagnosis:

Medical doctors and nurse practitioners are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with suspected concussions should undergo evaluation by one of these professionals.

Second Impact Syndrome:

Research suggests that students who suffer a second concussion before they are symptom free from the first concussion are susceptible to a prolonged period of recovery, and possibly Second Impact Syndrome – a rare condition that causes rapid and severe brain swelling and often catastrophic results, including death.

2. Signs and Symptoms of a Concussion

The first step to managing a concussion is being able to recognize common signs and symptoms. A concussion may be caused by a significant impact to the head, face, neck or body, with an impulsive force transmitted to the head.

- 2.1 There is a difference between signs and symptoms:
 - a. A sign is something that will be observed.
 - b. A symptom is something the student will feel and explain.
- 2.2 When examining for signs and symptoms of a suspected concussion:
 - a. Concussion should be suspected in the presence of any **one** or more of the signs or symptoms
 - b. Signs and symptoms of a suspected concussion can occur immediately after the incident or can occur hours or days after the incident
 - c. Student does not have to lose consciousness in order to have a concussion

- d. Signs and symptoms may be different for everyone
- e. Concussion symptoms for younger students may not be as obvious compared to older students
- f. Students may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted
- g. It may be difficult for students under 10, with special needs, or students for whom English/French is not their first language, to communicate how they are feeling
- h. If any one or more red flag sign(s) or symptom(s) are present, call 911. Followed by a call to parents/guardians/emergency contact. Follow the Risk Management Advisory-Transporting Students to Hospital/Urgent Care.

2.3 Reference the Red Flag signs and symptoms and the other signs and symptoms below.

a. **Red Flag(s)** sign(s) or symptoms, call 911.

- ☐ Neck pain or tenderness
- ☐ Severe or increasing headache
- ☐ Deteriorating conscious state
- ☐ Double vision
- ☐ Seizure or convulsion
- ☐ Vomiting
- ☐ Weakness or tingling/burning in arms or legs
- ☐ Loss of consciousness
- ☐ Increasingly restless, agitated or combative

b. Other Concussion Sign(s) and Symptoms(s)

i. Other Signs (what you see)

- ☐ Lying motionless on the playing surface (no loss of consciousness)
- ☐ Disorientation or confusion, or an inability to respond appropriately to questions
- ☐ Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- ☐ Slow to get up after a direct or indirect hit to the head
- ☐ Blank or vacant look
- ☐ Facial injury after head trauma

ii. Other Symptoms reported (what the student is saying)

- ☐ Headache
- ☐ Blurred vision
- ☐ More emotional
- ☐ Difficulty concentrating
- ☐ "Pressure in head"
- ☐ Sensitivity to light
- ☐ More irritable
- ☐ Difficulty remembering
- ☐ Balance problems

- ☐ Sensitivity to noise
- ☐ Sadness
- ☐ Feeling slowed down
- ☐ Nausea
- ☐ Fatigue or low energy
- ☐ Nervous or anxious
- ☐ Feeling like “in a fog”
- ☐ Drowsiness
- ☐ “Don’t feel right”
- ☐ Dizziness

3. Roles and Responsibilities

3.1 Principal will:

- a. Implement the Student Concussion and Head Injury Policy;
- b. Ensure all staff, volunteers, parents/guardians, and students are aware of the Student Concussion and Head Injury Policy and understand their roles and responsibilities;
- c. Ensure the Student Concussion and Head Injury Policy is followed by all school staff (including occasional staff/support staff, recess supervisors), parents/guardians, students, and volunteers;
- d. Arrange for concussion in-servicing for staff and coaching volunteers, and repeat as necessary;
- e. Provide the following concussion documentation to students and their parents/guardians:
 - i. For a suspected concussion: *Tool to identify a Suspected Concussion* (Appendix C) and the *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2)
 - ii. For a diagnosed concussion: *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2)
- f. Ensure Opeha safety guidelines are being followed;
- g. Work as closely as possible with students, parents/guardians, staff, volunteers, and health professionals to support concussed students with their recovery and academic success;
- h. Maintain up to date emergency contact and telephone numbers;
- i. Encourage parental/guardian cooperation in reporting all non-school related concussions;
- j. Ensure concussion information is readily available to all school staff and volunteers;
- k. Ensure that all incidents have been reported, recorded and filed as necessary:
 - i. the Ontario School Boards’ Insurance Exchange (OSBIE) incident report; and
 - ii. Critical Injury Report.
- ~~iii. *Student Concussion Diagnosis Report* (Appendix H).~~
- l. Coordinate a student conference to determine the individualized RTS Plan and to identify the RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms. See Appendix B for Return to Learn Strategies/Approaches;
- m. Approve any adjustments to the student’s schedule as required;
- n. Alert appropriate staff about students with a suspected or diagnosed concussion;
- o. Prior to student return to school, ensure the completion and collection of the following documentation:

- i. *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2); and
 - ii. *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1).
 - p. Ensure the completion of the School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 2);
 - q. Ensure the completion and collection of *Documentation for Medical Clearance* (Appendix F) prior to the student moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5)
 - r. File above documents (Appendix D2, E 1, E 2 and F) in student's OSR and provide copy to appropriate school staff; and
 - s. Once concussion is diagnosed, appoint primary staff member to act as the student's school contact to ensure adequate communication and coordination of their needs.
- 3.2 School Staff (Includes administration staff, teaching staff, support staff, coaches, volunteers, etc.) will:
- a. Understand and follow the Student Concussion and Head Injury Policy;
 - b. Attend and complete concussion training;
 - c. Ensure age-appropriate concussion education, including prevention, is included for all students participating in activities that could result in a concussion. Have students and their parent/guardian complete the *Player Code of Conduct* (Appendix G);
 - d. Be able to recognize signs, symptoms and respond appropriately in the event of a concussion see the *Tool to Identify a Suspected Concussion* (Appendix C);
 - e. Follow current Opeha safety guidelines related to concussions and implement risk management and injury prevention strategies; and
 - f. Make sure that occasional teaching staff are updated on concussed student's condition.
- 3.3 Parents/Guardians will:
- a. Review with their child the concussion information that is distributed through the school (e.g. *Concussion Information for Parents and Students* (Appendix A));
 - b. Reinforce concussion prevention strategies with their child, for example the *Player Code of Conduct* (Appendix G);
 - c. Understand and follow parent/guardian roles and responsibilities in this policy;
 - d. In the event of a suspected concussion, ensure their child is assessed as soon as possible by physician/nurse practitioner, preferably on the same day;
 - e. Cooperate with school to facilitate the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2);
 - f. Follow physician/nurse practitioner recommendations to promote recovery;
 - g. Be responsible for the completion of all required documentation;
 - h. Support their child's progress using the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2);
 - i. Collaborate with school to manage their child's suspected or diagnosed concussions appropriately; and
 - j. Report non-school related concussion to principal and complete *Documentation of Monitoring/Documentation of Medical Assessment Form* (Appendix D2).

3.4 Students will:

- a. Learn about concussions, including prevention strategies, signs and symptoms, concussion management and student roles and responsibilities, throughout applicable curriculum;
- b. Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- c. Inform school staff if they experience any concussion related symptoms (immediate, delayed or reoccurring);
- d. Remain on school premises until parent/guardian arrives if concussion is suspected;
- e. Communicate concerns and challenges during recovery process with appropriate school staff, parents/guardians, and health care providers;
- f. Complete the *Player Code of Conduct* (Appendix G); and
- g. Follow concussion management strategies as per medical doctor/nurse practitioner direction and the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) and the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2).

4. Prevention

Regardless of the steps taken to prevent injury, some students will continue to be injured. The severity of the injury can be mitigated by the following:

- 4.1 Awareness and education for coaches, staff, parents and students to:
 - a. Recognize the symptoms of concussion;
 - b. Remove the student from play;
 - c. Refer the student to a medical doctor/nurse practitioner.
- 4.2 Wearing the sport specific protective equipment that:
 - a. Fits properly;
 - b. Is well maintained;
 - c. Is worn consistently and correctly;
 - d. Meets current safety standards;
 - e. Is replaced when damaged or expired.
- 4.3 Follow Ophea sport specific safety guidelines and follow the *Player Code of Conduct* (Appendix G)
- 4.4 Ensure all students receive instruction, understand and follow the sport/activity specific safety rules and skills prior to participation (e.g. eliminate all checks to the head and eliminate all hits from behind)
- 4.5 Teach skills in proper progression (e.g. emphasize the principles of head-injury prevention, keeping the head up and avoiding collision)
- 4.6 Outline the concussion risks associated with the activity/sport and demonstrate how they can be minimized e.g. teach proper sport techniques such as correct tackling in football, effective positioning in soccer and how to avoid over-crowding when using the playground
- 4.7 Students must follow their supervising staff/coach's/volunteer's safety instructions at all times

- 4.8 Reinforce to students that it is extremely important not to return to learning or physical activity while still recovering from a concussion to avoid further risk of injury
- 4.9 Discourage parents/guardians/teachers/coaches, school staff from pressuring recovering concussed students to play or learn before they are ready
- 4.10 Parents need to reinforce with their child the importance of following the Return to Learn/Return to Physical Activity Plan
- 4.11 Parents are encouraged to report concussion history on the student registration form
- 4.12 Provide reassurance, support and request/offer academic accommodations as needed.

5. Identification Procedures - Steps and Responsibilities in a Suspected Concussion

Immediate action must be taken following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the individual (e.g., teacher/coach) responsible for that student suspects a concussion. Refer to the *Tool to Identify a Suspected Concussion* (Appendix C) and *Emergency Action Plan for Concussion and Head Injury* (Appendix D1).

As stated in SO 120 – Student and Visitor Injuries/Accidents, initial response to all injuries is to administer first aid. Each school and work site has staff who have received first aid training.

5.1 Initial Response:

- a. If any Red Flag sign(s) and/or symptom(s) are present (you can reference section 2.3 for a list of Red Flag signs and/or symptoms):

Action	Responsibility
1. Stop the activity immediately; assume concussion.	Supervising School Staff/Volunteers
2. Initiate <i>Emergency Action Plan for Concussion and Head Injury</i> (Appendix D1) and call 911. If there has been any loss of consciousness, assume neck injury. Only if trained, immobilize student. DO NOT move the student or remove athletic equipment unless there is breathing difficulty.	Supervising School Staff/Volunteers
3. Remain with student until emergency medical service arrives	Supervising School Staff/Volunteers
4. Contact student's parent/guardian (or emergency contact) to inform of incident and that emergency medical services have been contacted.	Supervising School Staff/Volunteers
5. Monitor student and document any changes (physical, cognitive, emotional/behavioural).	Supervising School Staff/Volunteers
6. If the student has lost consciousness and regains consciousness, encourage student to remain calm and still. Do not administer medication (unless the student requires medication for other conditions (e.g. insulin)).	Supervising School Staff/Volunteers
7. Complete the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) and, if present, provide copy to parent/guardian retaining a copy.	Supervising School Staff/Volunteers
8. If present, provide the parent/guardian a copy of the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2)	Supervising School Staff/Volunteers

Action	Responsibility
and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.	
9. Complete board injury report (OSBIE, Critical Injury), inform principal of suspected concussion, and forward copy of the completed and signed <i>Tool to Identify a Suspected Concussion</i> (Appendix C) to principal.	Supervising School Staff/Volunteers
10. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/ Guardian/ Emergency Contact
11. Once diagnosis is made complete, <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and return completed and signed document to school principal prior to student's return to school.	Parent/Guardian
12. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student, of the suspected concussion.	Principal
13. Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical assessment to the school principal.	Principal

b. If there are no Red Flag sign(s) and/or symptom(s):

Action	Responsibility
1. Stop the activity immediately	Supervising School Staff/Volunteers
2. Initiate school <i>Emergency Action Plan for Concussion and Head Injury</i> (Appendix D1).	Supervising School Staff/Volunteers
3. When safe to do so, remove student from current activity/game.	Supervising School Staff/Volunteers
4. Conduct an initial concussion assessment of the student using the <i>Tool to Identify a Suspected Concussion</i> (Appendix C).	Supervising School Staff/Volunteers

c. Where a concussion is suspected (signs are observed, and/or symptoms are reported, and/or student does not answer correctly the Quick Memory Function Assessment):

Action	Responsibility
1. Do not allow student to return to play in the activity, game or practice that day even if the student states they are feeling better.	Supervising School Staff/Volunteers
2. Contact the student's parent/guardian (or emergency contact) to inform them: <ul style="list-style-type: none"> • Of the incident • That they need to come and pick up the student • That the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day 	Supervising School Staff/Volunteers
3. Stay with student until their parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
4. Monitor and document any changes (i.e. physical, cognitive, and emotional/behavioural) in the student. If signs or symptoms worsen, call 911.	Supervising School Staff/Volunteers
5. Complete the <i>Tool to Identify a Suspected Concussion</i> (Appendix C)	Supervising School Staff/Volunteers

Action	Responsibility
6. Do not administer medication (unless student requires medication for other conditions--e.g. insulin).	Supervising School Staff/Volunteers
7. Stay with student until their parent/guardian (or emergency contact) arrives.	Supervising School Staff/Volunteers
8. Student must not: <ul style="list-style-type: none"> • leave the premises without parent/guardian supervision; • drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner; and • take or be administered medications except for life threatening medical conditions (for example, diabetes, asthma); 	Supervising School Staff/Volunteers & Student
9. Provide parent/guardian (or emergency contact) a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C).	Supervising School Staff/Volunteers
10. Provide parent/guardian (or emergency contact) copy of the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.	Supervising School Staff/Volunteers
11. Inform parent/guardian (or emergency contact) that the student must be examined by a medical doctor or nurse practitioner as soon as possible that day.	Supervising School Staff/Volunteers
12. Complete an OSBIE incident report, inform principal of suspected concussion, and forward copy of the completed and signed <i>Tool to Identify a Suspected Concussion</i> (Appendix C) to principal.	Supervising School Staff/Volunteers
13. Ensure student is examined by a medical doctor or nurse practitioner as soon as possible that day.	Parent/ Guardian/Emergency Contact
14. Complete <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) once diagnosis is made. Return to school principal prior to student's return to school.	Parent/Guardian
15. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, coaches) and volunteers who work with the student of the suspected concussion.	Principal
16. Indicate that the student shall not participate in any learning or physical activities until parent/guardian communicates the results of the medical assessment to the school principal.	Principal

- d. Where signs are NOT observed, symptoms are NOT reported AND student passes Quick Memory Function Assessment (Appendix C) but supervising school staff/volunteers recognized that a possible concussion event occurred.

Action	Responsibility
1. Student to be monitored for 24 hours and removed from physical activity	Supervising School Staff/Volunteers
2. Inform parent/guardian (or emergency contact) of the incident and provide a copy of the <i>Tool to Identify a Suspected Concussion</i> (Appendix C) and the <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2) and inform parent/guardian that the form (Appendix D2) needs to be completed and submitted to principal after the monitoring period is completed. Explain to parent/guardian (or emergency contact) that student <ul style="list-style-type: none"> • will attend school • will not participate in physical activity for a minimum of 24 hours 	Supervising School Staff/Volunteers Parent/Guardian

Action	Responsibility
<ul style="list-style-type: none"> will be monitored for signs and/or symptoms for 24 hours will be monitored at school by teachers will be monitored at home by parents/guardians <p>If any signs or symptoms appear, the student needs to be examined by medical doctor or nurse practitioner as soon as possible on the same day and results shared with principal before return to school.</p> <p>Note: continued monitoring by parent/guardian (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or up to 7 days to emerge</p>	
3. Inform Supervising School Staff/Volunteers if symptoms appear during learning or any activity.	Student
4. If symptoms appear proceed with Action items under “If a concussion is suspected”.	Supervising School Staff/Volunteers & Parent/Guardian/Emergency Contact
5. If sign(s) and/or symptom(s) do not emerge, the student is permitted to resume physical activity after 24 hours. Medical Clearance is not required	Parent/Guardian

5.2 No Concussion Diagnosis

If **NO CONCUSSION** is diagnosed student may resume regular learning and physical activity.

Action	Responsibility
1. Communicate diagnosis to school principal and return completed and signed <i>Documentation of Monitoring/Documentation of Medical Assessment</i> (Appendix D2).	Parent/Guardian
2. Inform all school staff (e.g. classroom teacher, LRTs, physical education teachers, intramural supervisors, recess supervisors, coaches) and volunteers who work with the student of the diagnosis.	Principal
3. File any related written documentation of the incident and results of the medical assessment (e.g. in the student’s OSR).	Principal
4. Resume regular learning and physical activity.	Student

6. Management Procedures for a Diagnosed Concussion:

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery. It is essential in helping to prevent the student from returning to school or unrestricted physical activities too soon, risking further complications. Ultimately, this awareness and knowledge could help contribute to the student's long-term health and academic success.

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school (Collaborative Team), and outside sports team (where appropriate) with consultation from the student's medical doctor or nurse practitioner.

Other licensed healthcare providers (a healthcare provider who is licensed by a national professional regulatory body to provide concussion-related healthcare services that fall within their licensed scope of practice) may play a role in the management of a diagnosed concussion (e.g., nurses, physiotherapists, chiropractors, and athletic therapists).

6.1 Collaborative Team Approach:

The school collaborative team provides an important role in a student's recovery. In consultation with the parent/guardian, the team identifies the student's needs and provides learning strategies and approaches (consult Appendix B) for the prescribed stages in the Return to School (RTS) and Return to Physical Activity (RTPA) plan. Led by the school principal/designate, the team should include:

- the concussed student;
- the student's parents/guardians;
- school staff and volunteers who work with the student; and,
- the medical doctor or nurse practitioner and/or other licensed healthcare providers (e.g., nurses, physiotherapists, chiropractors, and athletic therapists).

The management of a student concussion is a shared responsibility, requiring regular communication between the Collaborative Team and outside sports team (where appropriate).

Principal will ensure collaborative team understands the importance of not placing undue pressure on concussed student to rush through the return to learn/physical activity steps to avoid prolonged or increased symptoms. Return to learn should proceed slowly and gradually.

One school staff lead (i.e., a member of the collaborative team, either the school principal/designate, or another staff person designated by the school principal) needs to serve as the main point of contact for the Collaborative Team.

The designated School Contact will monitor the student's progress through the Return to School and Return to Physical Activity Plan.

It is important for the designated School Contact, in consultation with other members of the collaborative team, to identify the student's symptoms and the ways they respond to various learning activities in order to develop appropriate strategies and/or approaches that meet the changing needs of the student. School staff and volunteers who work with

the student need to be aware of the possible difficulties (i.e., cognitive, emotional/behavioural) a student may encounter when returning to learning activities following a concussion. These difficulties may be subtle and temporary, but may significantly impact a student's performance (consult Appendix B).

6.2 Completion of the Steps within the Plan:

The members of the collaborative team must factor in special circumstances which may affect the setting in which the steps may occur (i.e., at home and/or school), for example:

- a. the student has a diagnosed concussion just prior to winter break, spring break or summer vacation; in this circumstance, the collaborative team must ensure that the student has:
 - completed RTS Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - completed RTPA Stage 1 – 4 and is symptom free; and
 - obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (refer to *Documentation of Medical Clearance* (Appendix F)) that indicates the student is able to return to full participation in Physical Education, intramural activities, Interschool sports (non-contact) and full contact training/practice in contact interschool sports.
- b. the student is neither enrolled in Health and Physical Education class, nor participating on a school team, the collaborative team must ensure that the student has:
 - completed RTS Stage 1 – 4b (full day at school without adaptation of learning strategies and/or approaches);
 - obtained a signed Medical Clearance Letter from a medical doctor or nurse practitioner (refer to *Documentation of Medical Clearance* (Appendix F)) that indicates the student is able to return to full participation in Physical Education, intramural activities, interschool sports (non-contact) and full contact training/practice in contact interschool sports.

6.3 If a Concussion Is Diagnosed:

Parent/Guardian must:

- communicate the diagnosis to school principal;
- return completed and signed *Documentation of Monitoring/Documentation for a Diagnosed Concussion* (Appendix D2); and
- report non-school related concussions.

A Return to School (RTS) and Return to Physical Activity (RTPA) Plan must be initiated and completed.

While the RTS and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTS is independent from their progression through the RTPA stages. Different students will progress at different rates.

a. Student is at Home

There are two parts to a student's RTS and RTPA plan. The first part occurs at home and prepares the student for the second part which occurs at school.

The home stages of RTS and RTPA occur under the supervision of the parent/guardian in consultation with the medical doctor or nurse practitioner or other licensed healthcare provider.

Refer to the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 1) for detailed background information, general procedures, instructions on how to complete the plan as well as activities that are permitted and are not permitted throughout the process.

b. Student Returns to School

The School Concussion Management plan occurs at school and where appropriate the RTPA part of the plan may occur at school activities or outside activities under the supervision of the Collaborative Team.

Refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan* (Appendix E 2) for general procedures, instructions on how to complete the plan as well as activities that are permitted and are not permitted throughout the process.

c. Return of Symptoms

Action	Responsibility
1. Report any return of symptoms to supervising staff/volunteers	Student
2. During all stages of RTS and in Stages 1-4 of RTPA: <ul style="list-style-type: none"> if symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated. 	Collaborative Team
3. During stages 5 and 6 of RTPA: <ul style="list-style-type: none"> if symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed. 	Collaborative Team
4. During all stages of RTS and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.	Collaborative Team
If the student requires a medical assessment for return/worsening symptoms	
5. Contact parent/guardian (or emergency contact) to inform of returned symptoms and need for medical assessment on the same day.	Principal or Designate
6. Have student examined by a medical doctor/nurse practitioner as soon as possible on the same day	Parent/Guardian
7. Follow medical doctor/nurse practitioner's recommendations.	Student & Parent/Guardian
8. Inform all school staff, School Contact, and volunteers who work with the student that student has experienced return/worsening of symptoms which requires a medical assessment.	Principal or Designate

6.4 Additional Information Pertaining to the Steps in Diagnosed Concussions

- a. Cognitive or physical activities can cause student's symptoms to reappear.
- b. Steps are not days; each step must take a minimum of 24 hours and the length of time needed to complete each step will vary based on the student and the severity of the concussion.
- c. The signs and symptoms of a concussion often last for 7-10 days, but may last longer in children and adolescents.
- d. Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
- e. Approximately 15-30% of individuals will experience symptoms that persist beyond this time frame.
- f. Individuals who experience persistent post-concussion symptoms (greater than 4 weeks for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- g. Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion symptoms.
- h. If a student returns to activity while symptomatic, or before the brain has fully recovered, they are at an increased risk of sustaining another concussion with symptoms that can be prolonged and increased.
- i. Principals, supervising staff, coaches and volunteers must not place pressure on injured students to "Return to School" or "Return to Physical Activity" prematurely.
- j. Parents/guardians must report non-school related concussions.
- k. Return to Learn/Return to Physical Activity steps must be followed regardless of where diagnosed concussion occurred.
- l. It is imperative that open communication be maintained between the collaborative team to ensure successful transition between Return to School (RTS) and Return to Physical Activity (RTPA) stages.

6.5 Encouraging Parent/Guardian Cooperation:

If the Parent/Guardian refuses a physician consultation and/or refuses to adhere to the Student Concussion and Head Injury Policy, the principal will:

- a. Discuss parental concerns (e.g. documentation fees) surrounding the process and attempt to address these concerns.
- b. Provide rationale for the required steps of the Student Concussion and Head Injury Policy.
- c. Include parent/guardian and their child in every step of the recovery process
- d. Provide parents/guardians with concussion information to increase their awareness and knowledge.
- e. Re-iterate the importance of obtaining an official diagnosis from trained physician/nurse practitioner.
- f. Explain to parent/guardian that if a staff member feels immediate medical attention is required, that they are obligated to call 911.
- g. Inform parent/guardian that school is obligated to follow the steps of the "Return to Learn" and "Return to Physical Activity" process.
- h. If unsuccessful in acquiring full parental cooperation seek support from Senior Administration.



Appendix A: Concussion Information for Parents and Students

Context

Knowledge of how to properly manage a diagnosed concussion is critical in a student's recovery and is essential in helping to prevent the student from returning to school or unrestricted physical activities too soon and risking further complications.

The management of a student's concussion is a shared responsibility, requiring regular communication between the home, school and outside sports/activities (where appropriate), with consultation from the student's medical doctor or nurse practitioner.

Concussion Definition

A concussion:

- is a traumatic brain injury that causes changes in how the brain functions, leading to signs and symptoms that can emerge immediately or in the hours or days after the injury;
- may be caused by a significant impact to the head, face, neck or body, that causes the brain to move rapidly and hit the walls of the skull (for a visual description of how a concussion occurs, consult [How a concussion occurs](#));
- signs and symptoms can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty concentrating or remembering), emotional/behavioural (e.g., depression, irritability) and/or related to sleep (e.g., drowsiness, difficulty falling asleep);
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness); and,
- cannot normally be seen on X-rays, standard CT scans or MRIs.

Common Concussion Signs and Symptoms

Following a significant impact to the head, face, neck or body, a concussion should be suspected with the presence of any one or more of the following signs or symptom:

Presence of ANY Red Flag sign(s) and or symptom(s) – Call 911.

✓ Neck pain or tenderness	✓ Severe or increasing headache	✓ Deteriorating conscious state
✓ Double vision	✓ Seizure or convulsion	✓ Vomiting
✓ Weakness or tingling/burning in arms or legs	✓ Loss of consciousness	✓ Increasingly restless, agitated or combative

Other Concussion Signs: Visual cues (what you see).

Lying motionless on the playing surface (no loss of consciousness)	Disorientation or confusion, or an inability to respond appropriately to questions	Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
Slow to get up after a direct or indirect hit to the head	Blank or vacant look	Facial injury after head trauma

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Other Concussion Symptoms: What the student is saying (what you hear).

Headache	Blurred vision	More emotional	Difficulty concentrating
"Pressure in head"	Sensitivity to light	More irritable	Difficulty remembering
Balance problems	Sensitivity to noise	Sadness	Feeling slowed down
Nausea	Fatigue or low energy	Nervous or anxious	Feeling like "in a fog"
Drowsiness	'don't feel right'	Dizziness	

➤ **IF ANY SIGN(S) OR SYMPTOM(S) WORSEN, CALL 911**

Concussion Diagnosis and Management

Medical doctors and **nurse practitioners** are the only healthcare professionals in Canada with licensed training and expertise to diagnose a concussion; therefore, all students with a suspected concussion should undergo evaluation by one of these professionals.

Other licensed healthcare providers (Examples include nurses, physiotherapists, chiropractors, and athletic therapists) may play a role in the management of a diagnosed concussion.

Second Impact Syndrome

Research suggests that a child or youth who suffers a second concussion before he or she is symptom-free from the first concussion is susceptible to a prolonged period of recovery, and possibly **Second Impact Syndrome** – a rare condition that causes rapid and severe brain swelling and often catastrophic results.

Additional Information:

- Signs and symptoms can appear immediately after the injury or may take hours or days to emerge. It is possible for symptoms to take up to 7 days to appear.
- Most students who sustain a concussion while participating in sport/physical activities will make a complete recovery and be able to return to full school and sport/physical activities within 1-4 weeks of injury.
- Individuals who experience ongoing concussion symptoms beyond 4 weeks (for youth athletes) may benefit from referral to a medically supervised multidisciplinary concussion clinic that has access to professionals with licensed training in traumatic brain injury that may include experts in sport medicine, neuropsychology, physiotherapy, occupational therapy, neurology, neurosurgery, and rehabilitation medicine.
- Signs and symptoms may be different for everyone.
- A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized, or academics could be impacted.
- It may be difficult for students with special needs or those for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

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Information for Parents/Guardians when a concussion is suspected

A student with a suspected concussion will NOT participate in any physical activity for a duration of 24 hours.

Student <i>has</i> signs and symptoms:	Student <i>has no</i> obvious signs or symptoms (student will be monitored because the supervising school staff/volunteers recognized that a possible concussion event occurred):
<p>Parent/Guardian will be:</p> <ul style="list-style-type: none">• provided with appropriate documentation;• informed that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day; and• informed that they need to communicate to the school principal the results of the medical assessment prior to the student returning to school. <p><u>If no concussion is diagnosed:</u> the student may resume regular learning and physical activities.</p> <p><u>If a concussion is diagnosed:</u> the student follows a medically supervised, individualized and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan with support from the school team.</p>	<p>Parent/Guardian will be:</p> <ul style="list-style-type: none">• provided with appropriate documentation;• informed that the student will:<ul style="list-style-type: none">o attend school;o not participate in physical activity for a minimum of 24 hours;o be monitored for signs and/or symptoms for 24 hours;o be monitored at school by teachers; ando be monitored at home by parents/guardians.• informed that monitoring information needs to be shared with the principal after the monitoring period is completed.• if any signs or symptoms emerge, the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Management for a Diagnosed Concussion

If a concussion is diagnosed by a medical doctor or nurse practitioner, the student follows a medically supervised, individualized, and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

There are two parts to a student's RTS and RTPA plan. The first part occurs at home and prepares the student for the second part which occurs at school.

For more information visit www.granderie.ca (select Elementary/Secondary > Concussion Information)



Appendix B: Return to Learn Strategies Approaches

COGNITIVE DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	<ul style="list-style-type: none"> Difficulty concentrating, paying attention or multitasking 	<ul style="list-style-type: none"> ensure instructions are clear (e.g., simplify directions, have the student repeat directions back to the teacher) allow the student to have frequent breaks, or return to school gradually (e.g., 1-2 hours, half-days, late starts) keep distractions to a minimum (e.g., move the student away from bright lights or noisy areas) limit materials on the student's desk or in their work area to avoid distractions provide alternative assessment opportunities (e.g., give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	<ul style="list-style-type: none"> Difficulty retaining new information, remembering instructions, accessing learned information 	<ul style="list-style-type: none"> provide a daily organizer and prioritize tasks provide visual aids/cues and/or advance organizers (e.g., visual cueing, non-verbal signs) divide larger assignments/assessments into smaller tasks provide the student with a copy of class notes provide access to technology repeat instructions provide alternative methods for the student to demonstrate mastery
Difficulty paying attention/ concentrating	<ul style="list-style-type: none"> Limited/short-term focus on schoolwork Difficulty maintaining a regular academic workload or keeping pace with work demands 	<ul style="list-style-type: none"> coordinate assignments and projects among all teachers use a planner/organizer to manage and record daily/weekly homework and assignments reduce and/or prioritize homework, assignments and projects extend deadlines or break down tasks facilitate the use of a peer note taker provide alternate assignments and/or tests check frequently for comprehension consider limiting tests to one per day and student may need extra time or a quiet environment

EMOTIONAL/BEHAVIOURAL DIFFICULTIES		
Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	<ul style="list-style-type: none"> Decreased attention/concentration Overexertion to avoid falling behind 	<ul style="list-style-type: none"> inform the student of any changes in the daily timetable/schedule adjust the student's timetable/schedule as needed to avoid fatigue (e.g., 1-2 hours/periods, half-days, full-days) build in more frequent breaks during the school day provide the student with preparation time to respond to questions
Irritable or Frustrated	<ul style="list-style-type: none"> Inappropriate or impulsive behaviour during class 	<ul style="list-style-type: none"> encourage teachers to use consistent strategies and approaches acknowledge and empathize with the student's frustration, anger or emotional outburst if and as they occur reinforce positive behaviour provide structure and consistency on a daily basis prepare the student for change and transitions set reasonable expectations anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise sensitivity	<ul style="list-style-type: none"> Difficulties working in classroom environment (e.g., lights, noise, etc.) 	<ul style="list-style-type: none"> arrange strategic seating (e.g., move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) where possible provide access to special lighting (e.g., task lighting, darker room) minimize background noise provide alternative settings (e.g., alternative work space, study carrel) avoid noisy crowded environments such as assemblies and hallways during high traffic times allow the student to eat lunch in a quiet area with a few friends where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	<ul style="list-style-type: none"> Withdrawal from participation in school activities or friends 	<ul style="list-style-type: none"> build time into class/school day for socialization with peers partner student with a "buddy" for assignments or activities

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Appendix C: Tool to Identify a Suspected Concussion

This tool is a quick reference, to support identifying a suspected concussion and to communicate this information to parent/guardian

Identification of Suspected Concussion

Following a significant impact to the head, face, neck, or body that is either observed or reported, a concussion must be suspected in the presence of **any one or more** of the signs or symptoms outlined below **and/or** the failure of the Quick Memory Function Assessment.

First, assess the danger to the victim and the rescuer, and then check airway, breathing and circulation.

COMPLETE APPROPRIATE STEPS BELOW.

An incident occurred involving _____ student name _____ on _____ date _____ at _____ time _____

They were observed for signs and symptoms of a concussion.

- ☐ No signs or symptoms described below were noted at the time of assessing the student/athlete.
***Note:** Continued monitoring of the student/athlete is important as signs and symptoms of a concussion may appear hours or days later (refer to Step D).*
- ☐ The following signs were observed or symptoms reported (refer to Step A or Step B).

STEP A

If any one or more of the following **Red Flag** sign(s) or symptom(s) are present, **call 911**. Then **call parents/guardians/emergency contact**. Follow the **Risk Management Advisory-Transporting Students to Hospital/Urgent Care**.

Red Flag(s) sign(s) and/or symptoms.

- ☐ Neck pain or tenderness
- ☐ Severe or increasing headache
- ☐ Deteriorating conscious state
- ☐ Double vision
- ☐ Seizure or convulsion
- ☐ Vomiting
- ☐ Weakness or tingling/burning in arms or legs
- ☐ Loss of consciousness
- ☐ Increasingly restless, agitated or combative

If **Red Flag(s)** are identified, complete only Step D – Action to be taken.

Please **complete** the following steps if Red Flag(s) have **not** been identified.



STEP B

Other Sign(s) and Symptoms(s)

If red flag(s) are not identified continue and complete the following steps (as applicable) and Step D – Action to be taken.

STEP B1

Other Concussion Signs

Check for visual cues (what you see).

- ☐ Lying motionless on the playing surface (no loss of consciousness)
- ☐ Disorientation or confusion, or an inability to respond appropriately to questions
- ☐ Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- ☐ Slow to get up after a direct or indirect hit to the head
- ☐ Blank or vacant look
- ☐ Facial injury after head trauma

STEP B2

Other Concussion Symptoms reported (what the student is saying)

Check for what the student feels.

- ☐ Headache
- ☐ Blurred vision
- ☐ More emotional
- ☐ Difficulty concentrating
- ☐ "Pressure in head"
- ☐ Sensitivity to light
- ☐ More irritable
- ☐ Difficulty remembering
- ☐ Balance problems
- ☐ Sensitivity to noise
- ☐ Sadness
- ☐ Feeling slowed down
- ☐ Nausea
- ☐ Fatigue or low energy
- ☐ Nervous or anxious
- ☐ Feeling like "in a fog"
- ☐ Drowsiness
- ☐ "Don't feel right"
- ☐ Dizziness

IF ANY SIGN(S) OR SYMPTOM(S) WORSEN, CALL 911

STEP C: Perform Quick Memory Function Assessment

Ask the student the following questions and record the answers below. Failure to answer any one of these questions correctly may indicate a concussion.

Note: It may be difficult for younger students (under the age of 10), students with special needs or students for whom English is not their first language to communicate how they are feeling. Select the most appropriate questions for the student based on their ability to respond.

Primary/Junior:

- What is your name? *Answer:* _____
- How old are you? *Answer:* _____
- What grade are you in? *Answer:* _____
- What is your teacher's name? *Answer:* _____
- Other _____ Answer _____

Intermediate/Senior:

- What room are we in right now? *Answer:* _____
- What activity/sport/game are we playing now? *Answer:* _____
- What field are we playing on today? *Answer:* _____
- What part of the day is it? *Answer:* _____
- What is the name of your teacher/coach? *Answer:* _____
- What school do you go to? *Answer:* _____

Comments:

STEP D: Action to be taken

- ☐ **Red Flag(s)** sign(s) observed and/or symptom(s) reported and EMS called. Parent/guardian (or emergency contact) contacted. Follow the **Risk Management Advisory-Transporting Students to Hospital/Urgent Care**.
- ☐ **Signs observed or Symptoms reported:**

If there are **any** signs observed or symptoms reported, or if the student/athlete fails to answer any of the above questions correctly:

- a concussion should be suspected;
- the student/athlete must be immediately removed from play and must not be allowed to return to play that day even if the student/athlete states that they are feeling better; and
- the student/athlete must not:
 - o leave the premises without parent/guardian (or emergency contact) supervision;
 - o drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner; and
 - o take medications except for life threatening medical conditions (for example, diabetes, asthma).

In all cases of a suspected concussion, the student/athlete must be examined by a medical doctor or nurse practitioner for diagnosis and must follow the Student Concussion and Head Injury Policy.

- ☐ **No signs observed or symptoms reported:**
 - Student to be monitored for 24 hours and removed from physical activity (where sign(s) and/or symptom(s) were not identified but a possible concussion event was recognized by supervising school staff/volunteers).
 - Monitoring of the student/athlete to take place at home by parents and at school by school staff.
 - To monitor for signs and symptoms parents/guardians can refer to Step A and B on the front of this information form.
 - If any signs or symptoms emerge, the student/athlete needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.

Comments:

School Contact/Teacher Advisor Name: _____ **Date** _____

Following the completion of this form (Appendix C), an OSBIE Incident Report form must be completed, indicating that the tool has been completed and the parent/guardian has received copies of Appendix C and Appendix D2.

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

***The original copy is filed with the principal**

***Duplicate copy provided to parent/guardian**

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Retention: E + 1 yr (E = retirement or graduation of student)

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Appendix D1: Emergency Action Plan for Concussion and Head Injury

After a significant impact to the head, face or neck or elsewhere on the body has been observed or reported, and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the following actions must be taken immediately:

First, assess the danger to the victim and the rescuer.
Then, check Airway, Breathing and Circulation.

If any Red Flag sign(s) and or symptom(s) are present:

- Stop the activity immediately – assume there is a concussion.
- Initiate Emergency Action Plan for Concussion and Head Injury and call 911.
- Assume there is a possible neck injury and, only if trained, immobilize the student before emergency medical services arrive.
 - Do not remove athletic equipment (e.g., helmet) unless there is difficulty breathing.
- Stay with the student until emergency medical services arrive.
- Contact the student's parent/guardian (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student.
- If the student has lost consciousness and regains consciousness, encourage him/her to remain calm and to lie still. Do not administer medication (unless the student requires medication for other conditions – e.g., insulin for a student with diabetes).
- Complete the *Tool to identify a Suspected Concussion* (Appendix C) and, if present, provide duplicate copy to parent/guardian retaining a copy.
- If present, provide the parent/guardian a copy of the Documentation of Monitoring/*Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that form needs to be completed and submitted to principal prior to student's return to school.
- Complete all necessary Board injury reports (i.e. OSBIE, Critical Injury), inform principal of suspected concussion, and forward copy of the completed and signed *Tool to Identify a Suspected Concussion* (Appendix C).

If there are no Red Flag sign(s) and or symptom(s), follow the actions listed below.

- Stop the activity immediately.
- Initiate Emergency Action Plan for Concussion and Head Injury.
- When the student can be safely moved, remove him/her from the current activity or game.
- Conduct an initial concussion assessment of the student (i.e., check for common signs and symptoms of concussion using the *Tool to Identify a Suspected Concussion* (Appendix C)).

If Signs are Observed or Symptoms are reported:

- A concussion should be suspected – do not allow the student to return to play in the activity, game or practice that day even if the student states that they are feeling better.
- Contact the student's parent/guardian (or emergency contact) to inform them:
 - o of the incident;
 - o that they need to come and pick up the student;
 - o that the student must not:
 - o drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - o take medications except for life threatening medical conditions (for example, diabetes, asthma).

that the student needs to be examined by a medical doctor or nurse practitioner as soon as possible that day.
- Monitor and document any changes (i.e., physical, cognitive, emotional/behavioural) in the student. If any signs or symptoms worsen, call 911.
 - o Refer to your board's injury report form for documentation procedures.
- Stay with the student until their parent/guardian (or emergency contact) arrives.
- Information to be provided to the Parent/Guardian:
 - o A copy of the *Tool to Identify a Suspected Concussion* (Appendix C).
 - o A copy of the *Documentation of Monitoring/Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that the form needs to be completed and submitted to principal prior to student's return to school.
- Complete OSBIE incident report, inform principal of suspected concussion, and forward copy of the completed *Tool to Identify a Suspected Concussion* (Appendix C) to principal.

If Signs are Not Observed or Symptoms are Not Reported but the Supervising School Staff/Volunteers recognized that a possible concussion event occurred:

- Student to be removed from physical activity.
- The student's parent/guardian (or emergency contact) must be contacted and informed of the incident.
- Information to be provided to the Parent/Guardian:
 - o Student will attend school
 - o Student will not participate in physical activity for a minimum of 24 hours
 - o Student will be monitored for signs and/or symptoms for 24 hours at school by teachers and at home by parents/guardians
 - o A copy of the *Tool to Identify a Suspected Concussion* (Appendix C).
 - o A copy of the *Documentation of Monitoring/Documentation of Medical Assessment*(Appendix D2) and inform parent/guardian that the form needs to be completed and submitted to principal after the monitoring period is completed.
 - o If any signs or symptoms emerge, the student needs to be examined by a physician/nurse practitioner as soon as possible that day and results shared with principal before return to school.

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Appendix D2: Documentation of Monitoring/Medical Assessment Form

This form is provided to the parent/guardian, in conjunction with
[Appendix C - Tool to Identify a Suspected Concussion](#)

MONITORING FORM

Student name _____ Date _____ sustained a significant impact to the head, face or neck or elsewhere on the body (observed or reported), and the individual responsible for that student suspects a concussion.

Results of initial assessment using Tool to Identify a Suspected Concussion:

☐ **NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT.**

Signs or symptoms can occur later within a 24-hour period. Your child is not to participate in physical activity for a **24-hour period**. While at home parent/guardian is to monitor their child using the *Tool to Identify a Suspected Concussion* (Appendix C). School Staff will monitor the student/athlete while at school.

Actions: If no signs/symptoms occur during the monitoring period, parent/guardian is to complete the Results of Monitoring section and submit the *Documentation of Monitoring/Documentation of Medical Assessment* (Appendix D2) to the principal after the monitoring period is completed.

Results of Monitoring

- ☐ As the parent/guardian, my child has been observed for the 24-hour period, and no signs/symptoms have been observed.

Parent/Guardian Signature: _____ Date: _____

Comments:

If signs or symptoms are observed within the 24-hour monitoring period,
please fill out the Medical Assessment Form to follow.

MEDICAL ASSESSMENT FORM

Student Name: _____ *Date:* _____

Your child must be seen by a medical doctor or nurse practitioner as soon as possible with the results of Medical Examination form (to follow) returned to the school principal after medical assessment.

☐ **SIGNS OR SYMPTOMS** were observed or reported by the individual responsible your child

Results of Medical Assessment

- ☐ My child has been examined and **a concussion has not** been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- ☐ My child has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:
- _____
- _____
- ☐ My child has been examined and **a concussion has been diagnosed** and therefore must begin a medically supervised, individualized and gradual Return to School (RTS) and Return to Physical Activity (RTPA) Plan.

Medical Doctor/Nurse Practitioner providing assessment

Name: _____

Phone Number: _____

Parent/Guardian

Parent/Guardian Signature: _____ *Date:* _____

Comments:

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's *Return to Learn* and *Return to Physical Activity*. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

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Retention: E + 1 yr (E = retirement or graduation of student)

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Appendix E 1: Concussion Management -Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Student Name: _____ *Date:* _____

This form is to be used by parents/guardians to track and to communicate to the school the student's progress through the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan following a diagnosed concussion.

- Each stage must take a minimum of 24 hours.
- All stages must be followed.

Background Information on the Concussion Recovery Process

A student with a diagnosed concussion needs to follow an individualized and gradual RTS and RTPA Plan. In developing the Plan, the RTS process is individualized to meet the particular needs of the student, as there is not a pre-set plan of strategies and/or approaches to assist a student returning to their learning activities. In contrast the RTPA Plan follows an internationally recognized graduated approach.

The management of a student concussion is a shared responsibility, requiring regular communication between the Collaborative Team* and outside sports team (where appropriate).

- * *The Collaborative Team consists of the student, parents/guardians, staff and volunteers working with the student with consultation from the student's medical doctor or nurse practitioner and/or other licensed healthcare providers (for example, nurses, physiotherapists, chiropractors and athletic therapists).*

There are two parts to a student's RTS and RTPA Plan. The first part of the plan occurs at home (refer to the *Concussion Management - Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 1)*) and prepares the student for the second part which occurs at school (refer to the *School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan (Appendix E 2)*).

General Procedures for Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

- **This Plan does not replace medical advice.**

1. The home part of the plan begins with the Parent/Guardian communicating the diagnosis to school principal. Reporting non-school related concussions as well.
2. The school principal or designate will communicate information on the stages of RTS and RTPA Plan that occur at home.
3. The stages of the plan occur at home under the supervision of the parent/guardian in consultation with the medical doctor/nurse practitioner and/or other licensed healthcare providers.

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4. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
5. If **symptoms return**, or **new symptoms appear at any stage** in the Home Preparation for RTS and RTPA Plan, the student returns to previous stage for a **minimum of 24 hours** and only participates in activities that can be tolerated.
6. If at any time **symptoms worsen**, the student/parent/guardian contacts medical doctor/nurse practitioner or seeks medical help immediately.
7. While the RTS and RTPA stages are inter-related they are not interdependent. Students do not have to go through the same stages of RTS and RTPA at the same time. However, **before a student can return to school** to start the second part of the plan (Appendix E 2) they must have completed RTS Stage 2 and RTPA Stage 2b.
8. A student must not return to vigorous or organized physical activities where the risk of re-injury is possible, until they have successfully completed all stages of the Return to School Plan. Early introduction of some low intensity physical activity in controlled and predictable environments with no risk of re-injury is appropriate.
9. Progression through the Plan is individual; timelines and activities may vary.
10. Prior to the student returning to school the principal will identify and inform members of the collaborative team and designate a staff member to serve as the main point of contact for the student and the collaborative team.

INSTRUCTIONS

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- Check (✓) the boxes at the completion of each stage to record student's progress through the stages.
- A student may progress through the RTS stages at a faster or slower rate than the RTPA stages.
- When the student has successfully completed all stages of the Home Preparation for RTS and RTPA Plan, parent(s)/guardian(s) must sign and date this form.
- Communicate to the school principal/designate that the student is ready to begin the school portion of the RTS and RTPA Plan (Appendix E 2).

Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Home Preparation for Return to School (RTS) Stages	Home Preparation for Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p><u>RTS–Initial Rest</u></p> <p>24 – 48 hours of relative cognitive rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Short board/card games ✓ Short phone calls ✓ Photography (with camera) ✓ Crafts <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ TV ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Video games ✗ Reading ✗ Attendance at school or school-type work 	<p><u>RTPA –Initial Rest</u></p> <p>24 – 48 hours of relative physical rest (sample activities below):</p> <p><u>Sample activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Limited movement that does not increase heart rate or break a sweat ✓ Moving to various locations in the home ✓ Daily hygiene activities <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and heart rate and sweating) ✗ Stair climbing other than to move locations throughout the home ✗ Sports/sporting activity
<p>Student moves to RTS Stage 1 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first. 	<p>Student moves to RTPA Stage 1 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms start to improve or after resting 2 days maximum, or whichever occurs first.
Stage 1	
<p><u>RTS – Stage1</u></p> <p>Light cognitive (thinking/memory/knowledge) activities (as per activities permitted listed below).</p> <p>Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Easy reading (for example, books, magazines, newspaper) ✓ Limited TV ✓ Limited cell phone conversations ✓ Drawing/building blocks/puzzles ✓ Some contact with friends <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Device use (e.g., computer, laptop, tablet, iPad, cell phone) ✗ Attendance at school or school-type work 	<p><u>RTPA – Stage1</u></p> <p>Light physical activities (as per activities permitted listed below) that do not provoke symptoms.</p> <p>Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation) ✓ Slow walking for short time <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increased breathing and/heart rate and sweating) ✗ Sports/sporting activity ✗ Stair climbing, other than to move locations throughout the home

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Retention: E + 1 yr (E = retirement or graduation of student)

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<p>Student moves to RTS Stage 2 when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 1. <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. 	<p>Student moves to RTPA Stage 2a when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates light physical activities (completes both activities above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 1 <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
Stage 2	
<p><u>RTS -Stage 2</u></p> <p>Gradually add cognitive activity (as per activities permitted listed below). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School-type work in 30-minute increments ✓ Crosswords, word puzzles, Sudoku, word search ✓ Limited device use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography) starting with shorter periods and building up as tolerated <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ School attendance 	<p><u>RTPA –Stage 2a</u></p> <p>Daily activities that do not provoke symptoms. Add additional movements that do not increase breathing and heart rate or break a sweat.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Light physical activity for example, use of stairs ✓ 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Physical exertion (increases breathing and/heart rate and sweating) ✗ Sports ✗ Sporting activities
<p>Student moves to RTS Stage 3a when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTS – Stage 2. <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must 	<p>Student moves to RTPA Stage 2b when:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student tolerates daily physical activities (completes activities permitted listed above) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms. <input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2a. <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms and must

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Retention: E + 1 yr (E = retirement or graduation of student)

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<p>return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>	<p>return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>
	<p><u>RTPA- Stage 2b</u></p> <p>Light aerobic activity</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ 20-30 minutes walking/stationary cycling (i.e., at a pace that causes some increase in breathing/heart rate but not enough to prevent student from carrying on a conversation comfortably) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Resistance or weight training ✗ Physical activities with others ✗ Physical activities using equipment
	<p>Student moves to RTPA Stage 3 when:</p> <p><input type="checkbox"/> Student tolerates light aerobic activities (completes activities above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has completed a minimum of 24 hours at RTPA – Stage 2b.</p> <hr/> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p>

Parent/Guardian communicates to school principal (by completing the following information on this form) that the student has completed RTS Stage 2 and RTPA Stage 2b and is ready to return to school and begin the school part of the Return to School and Return to Physical Activity Plan.

- ☐ My child has successfully completed all of the stages of the Home Preparation for Return to School (RTS) and Return to Physical Activity (RTPA) and is ready to return to school

Parent/Guardian Signature: _____ *Date:* _____

Comments:

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The school part of the plan begins with:

- Communication from the principal or designate to the Parent/Guardian to provide information on:
 - the school part of the RTS and RTPA Plan (Appendix E 2)
 - Collaborative Team participants and parent/guardian role on the team
- A student assessment to determine possible strategies and/or approaches for student learning

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

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Appendix E 2: School Concussion Management - Return to School (RTS) and Return to Physical Activity (RTPA) Plan

This form is to be used by parents/guardians and the school Collaborative Team to communicate and track a student's progress through the stages of the Return to School and Return to Physical Activity Plan following completion of Home Preparation for Return to School and Return to Physical Activity. The RTS and RTPA Plan is to be used with the GEDSB Student Concussion and Head Injury Resource Package (section 6 - Management Procedures for a Diagnosed Concussion)

- Each stage must take a **minimum of 24 hours**.
- All steps must be followed.

General procedures for School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

➤ **The Plan does not replace medical advice.**

1. The school part of the plan begins with a parent/guardian and principal or designate communicating information on:
 - the school part of the RTS and RTPA Plan (Appendix E 2);
 - the Collaborative Team members and their role
2. A student conference will be established to determine the individualized RTS and RTPA Plan and to identify:
 - the RTS learning strategies and/or approaches required by the student based on the post-concussion symptoms
 - the best way to provide opportunities for the permissible activities.
3. The need to report any return of symptoms to supervising staff/volunteer should be emphasized to the student and parent/guardian.
4. The stages of the General Procedures for School Concussion Management plan occur at school and where appropriate the RTPA part of the plan may occur during school activities or outside activities
5. For the student who is participating in activities outside of the school, communication is essential between the parent/guardian/student, activities supervisor and the collaborative team members.
6. Stages within the plan:
 - Stages are not days – each stage must take a **minimum of 24 hours**
 - The length of time needed to complete each stage will vary based on the student and the severity of the concussion.
 - A student who has no symptoms when they return to school must progress through all of the RTS stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
 - Completion of the plan may take 1-4 weeks.
7. The Collaborative Team will closely monitor student for the return of any concussion symptoms and/or deterioration of work habits and performance.
8. A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.

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9. A student's progression through the stages of RTS is **independent** from their progression through the RTPA stages.
10. Medical clearance by a doctor/nurse practitioner is required **prior** to beginning Stage 5 of RTPA (*Documentation for Medical Clearance* Appendix F).
11. Until a student has successfully completed all stages in the RTS plan they must not participate in the following physical activities where the risk of re-injury is possible:
 - full participation in the physical education curricular program;
 - intramural activities;
 - full participation in non-contact interschool activities; or
 - participation in practice for a contact sport.
12. Upon completion of the RTS and RTPA Plan, this form is returned to the principal or designate for filing in the OSR.

Return of Symptoms

- The student and the parent/guardian will report any return of symptoms to supervising staff/volunteers
- During all stages of RTS and in Stages 1-4 of RTPA:
 - if symptoms return or new symptoms appear, the student returns to previous stage for a **minimum of 24 hours** and only participates in activities that can be tolerated.
- After Medical Clearance, during stages 5 and 6 of RTPA:
 - if symptoms return or new symptoms appear, the student **must return to medical doctor/nurse practitioner** to have the Medical Clearance re-assessed.
- During all stages of RTS and RTPA, if symptoms worsen over time, follow the school's collaborative team procedures for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.

Students requires a medical assessment for return/worsening symptoms

- When there is a return/worsening of symptoms the principal or designate contacts parent/guardian (or emergency contact) to inform of returned/worsened symptoms and the possible need for medical assessment on the same day.
- The collaborative team is to be informed and to follow the medical doctor/nurse practitioner's treatment recommendations.

Instructions: At each stage, this form will be exchanged between the school and home.

- Review the activities (permitted and not permitted) at each stage prior to beginning the Plan.
- School provides appropriate activities and documents student's progress by checking (✓), dating, initialling completion of each stage and communicating information (form) to parent/guardian.
- Within each stage, parent/guardian completes, checks (✓), dates, and signs the student's tolerance to those activities giving permission for the student to progress to the next stage and returns completed form to school.
- Principal or designate will inform all school staff when the student:
 - is able to advance to the next stage
 - must return to the previous stage
 - must be medically assessed
 - has completed the plan

School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Stage 3	
<p><u>RTS - Stage 3a</u> Student begins with an initial length of time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning (refer to Appendix B: Return to Learn Approaches).</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity ✓ Adaptation of learning strategies and/or approaches <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Tests/exams ✗ Homework ✗ Music class ✗ Assemblies ✗ Field trips 	<p><u>RTPA –Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace) ✓ Simple individual drills (e.g., running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury ✓ Restricted recess activities (e.g., walking) <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Full participation in physical education or DPA ✗ Participation in intramurals ✗ Full participation in interschool practices ✗ Interschool competitions ✗ Resistance or weight training ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Jarring motions (e.g., high speed stops, hitting a baseball with a bat)
<p>School</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate up to a half day of cognitive activity.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian.</p> <p>School Initials (e.g., collaborative team Lead/designate): _____</p> <p>Date: _____</p>	<p>School</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian.</p> <p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p>	<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p>

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<input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____	<input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> E 2 sent back to school. Parent/Guardian: Signature: _____ Date: _____ Comments: _____
<p><u>RTS - Stage 3b</u> Student continues attending school half time with gradual increase in school attendance. Gradual increase in school work and a decrease in the adaptation of learning strategies and/or approaches.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ School work for 4-5 hours per day, in smaller chunks (e.g., 2-4 days of school/week) ✓ Homework – up to 30 minutes per day ✓ Decrease adaptation of learning strategies and/or approaches ✓ Classroom testing with accommodations <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	
<p>School</p> <input type="checkbox"/> Student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed above. <input type="checkbox"/> E 2 sent home to parent/guardian. School Initials (e.g., collaborative team Lead/designate): _____ Date: _____	
<p>Home</p> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours. <input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner. <input type="checkbox"/> E 2 sent back to school.	

Filed in OSR once completed

Retention: E + 1 yr (E = retirement or graduation of student)

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Parent/Guardian: Signature: _____ Date: _____ Comments: _____	
Stage 4	
RTS– Stage 4 a Full day school, minimal adaptation of learning strategies and/or approaches. Nearly normal workload. <u>Activities permitted if tolerated by student</u> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ Nearly normal cognitive activities ✓ Routine school work as tolerated ✓ Minimal adaptation of learning strategies and/or approaches <ul style="list-style-type: none"> • Start to eliminate adaptation of learning strategies and/or approaches • Increase homework to 60 minutes per day • Limit routine testing to one test per day with accommodations (e.g., supports - such as more time) <u>Activities that are not permitted at this stage</u> <ul style="list-style-type: none"> ✗ Standardized tests/exams 	RTPA –Stage 4 Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking. <u>Activities permitted if tolerated by student</u> <ul style="list-style-type: none"> ✓ Activities from previous stage ✓ More complex training drills (e.g., passing drills in soccer and hockey) ✓ Physical activity with no body contact (e.g., dance, badminton) ✓ Participation in practices for noncontact interschool sports (no contact) ✓ Progressive resistance training may be started ✓ Recess – physical activity running/games with no body contact ✓ DPA (elementary) <u>Activities that are not permitted at this stage</u> <ul style="list-style-type: none"> ✗ Full participation in physical education Participation in intramurals ✗ Body contact or head impact activities (e.g., heading a soccer ball) ✗ Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)
School <ul style="list-style-type: none"> <input type="checkbox"/> Student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches. <input type="checkbox"/> E 2 sent home to parent/guardian. School Initials (e.g., collaborative team Lead/designate): _____ Date: _____	School <ul style="list-style-type: none"> <input type="checkbox"/> Student has completed the activities in RTPA Stage 4 as applicable. <input type="checkbox"/> E 2 sent home to parent/guardian. <input type="checkbox"/> Documentation for Medical Clearance (Appendix F) sent home to parent/guardian. School Initials (e.g., collaborative team lead/designate): _____ Date: _____
Home <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must 	Home <ul style="list-style-type: none"> <input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms. <input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must

SO28 Student Concussion and Head Injury – Resource Package

<p>return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> E 2 sent back to school.</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	<p>return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p><input type="checkbox"/> E 2 sent back to school.</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
<p>RTS - Stage 4b</p> <p>At school: full day, without adaptation of learning strategies and/or approaches</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Normal cognitive activities ✓ Routine school work ✓ Full curriculum load (attend all classes, all homework, tests) ✓ Standardized tests/exams ✓ Full extracurricular involvement (non-sport/non-physical activity - e.g., debating club, drama club, chess club) 	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches), <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and <input type="checkbox"/> obtain a signed Medical Clearance from a medical doctor or nurse practitioner. <p>Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.</p>
<p>School</p> <p><input type="checkbox"/> Student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian.</p> <p>School Initials (e.g., collaborative team Lead/designate): _____</p> <p>Date: _____</p>	
<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.</p> <p><input type="checkbox"/> Student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>	

Filed in OSR once completed

Retention: E + 1 yr (E = retirement or graduation of student)

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Stage 5	
	<p><u>RTPA–Stage 5</u></p> <p>Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p> <p><u>Activities permitted if tolerated by student</u></p> <ul style="list-style-type: none"> ✓ Physical Education ✓ Intramural programs ✓ Full contact training/practice in contact interschool sports <p><u>Activities that are not permitted at this stage</u></p> <ul style="list-style-type: none"> ✗ Competition (e.g., games, meets, events) that involves body contact
	<p>School</p> <p><input type="checkbox"/> Student has successfully completed the applicable physical activities in RTPA Stage 5.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian.</p>
	<p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>
	<p>Home</p> <p><input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms.</p> <p><input type="checkbox"/> Student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for Medical Clearance reassessment.</p> <p><input type="checkbox"/> E 2 sent back to school.</p> <p>Parent/Guardian:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Comments: _____</p>
Stage 6	
	<p><u>RTPA - Stage 6</u></p> <ul style="list-style-type: none"> ✓ Unrestricted return to contact sports. Full participation in contact sports games/competitions
	<p>School</p> <p><input type="checkbox"/> Student has completed full participation in contact sports.</p> <p><input type="checkbox"/> E 2 sent home to parent/guardian</p>
	<p>School Initials (e.g., collaborative team lead/designate): _____</p> <p>Date: _____</p>

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	Home
	<input type="checkbox"/> Student has not exhibited or reported a return of symptoms or new symptoms and has completed the RTPA Plan.
	<input type="checkbox"/> Student has exhibited/reported a return of symptoms or new symptoms and must return to medical doctor/nurse practitioner for Medical Clearance reassessment.
	<input type="checkbox"/> E 2 sent back to school for documentation purposes.
	Parent/Guardian:
	Signature: _____
	Date: _____
	Comments: _____

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

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Appendix F: Documentation for Medical Clearance

This form is to be provided to students who have completed the Return to School (RTS) Stage 4b and Return to Physical Activity (RTPA) Stage 4. Consult the School Concussion Management Plan below. Student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA) Stage 5.

Note: Forms completed by other licensed healthcare professionals will not be otherwise accepted.

Student Name: _____ *Date:* _____

I have examined this student and confirm they are medically cleared to participate in all of the following activities:

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports

Other Comments:

Medical Doctor/Nurse Practitioner

Name: _____

Signature: _____

Date: _____

What if symptoms recur? A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove themselves from play, inform their parent/guardian/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.

School Concussion Management Plan

Return to School (RTS) Stages	Return to Physical Activity (RTPA) Stages
Each stage must last a minimum of 24 hours.	Each stage must last a minimum of 24 hours.
<p><u>RTS - Stage 3a</u> Student begins with an initial length of time at school of 2 hours.</p> <p>The individual RTS Plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning .</p>	<p><u>RTPA –Stage 3</u> Simple locomotor activities/sport-specific exercise to add movement.</p>
<p><u>RTS - Stage 3b</u> Student continues attending school half time with gradual increase in school attendance time, increased school work, and decrease in learning strategies and/or approaches.</p>	
<p><u>RTS– Stage 4 a</u> Full day school, minimal adaptation of learning strategies and/or approaches.</p> <p>Nearly normal workload.</p>	<p><u>RTPA –Stage 4</u> Progressively increase physical activity. Noncontact training drills to add coordination and increased thinking.</p>
<p><u>RTS - Stage 4b</u> At school: full day, without adaptation of learning strategies and/or approaches.</p>	<p><u>Before progressing to RTPA Stage 5, the student must:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches <input type="checkbox"/> have completed RTPA Stage 4 and be symptom-free, and obtain signed Medical Clearance from a medical doctor or nurse practitioner.
	<p><u>RTPA–Stage 5</u> Following medical clearance, full participation in all non-contact physical activities (i.e., non-intentional body contact) and full contact training/practice in contact sports.</p>
	<p><u>RTPA - Stage 6</u> Unrestricted return to contact sports.</p>

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, the Grand Erie District School Board collects this information in order to fulfil its commitment to promoting the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form, please contact the school principal.

Reproduced and adapted with permission from Ophea, *[Ontario Physical Education Safety Guidelines, 2018]*



Appendix G: Player Code of Conduct

Respect yourself:

- I will wear the proper equipment and wear it correctly.
- I will develop my skill and body strength so that I can play the game to the best of my abilities.
- I understand that a concussion is a serious brain injury that has both short- and long-term effects.
- I understand that I don't need to lose consciousness to have had a concussion.
- I understand that a significant impact to the head, face, neck or body may cause a concussion.
- I understand that if I suspect I might have a concussion I should stop playing the sport immediately.
- I understand that continuing to play with a suspected concussion increases my risk of more severe, longer lasting concussion symptoms, as well as increases my risk of other injury.
- I will not hide my symptoms.
- I will tell my coach, trainer, parent, or other responsible person if I am concerned.
- I have had a concussion and/or experience any signs and symptoms of concussion following a collision.
- I understand I will not be able to return to play following a collision where I experience signs and symptoms of concussion.
- I understand I will have to be cleared by a physician or qualified medical professional, preferably one with experience in concussion management, prior to returning to play.
- I understand I will have to follow the 6-step Return to Play guidelines when returning to activity.

Respect Others:

- I will respect the rules of the game.
- I will respect my opponents and play fair.
- I will not fight or attempt to injure anyone on purpose.
- I will respect my coaches, trainers, parents and the medical professionals and any decisions made with regards to my health and safety

Team:	_____
Player:	_____
Parent/Caregiver:	_____
Date:	_____

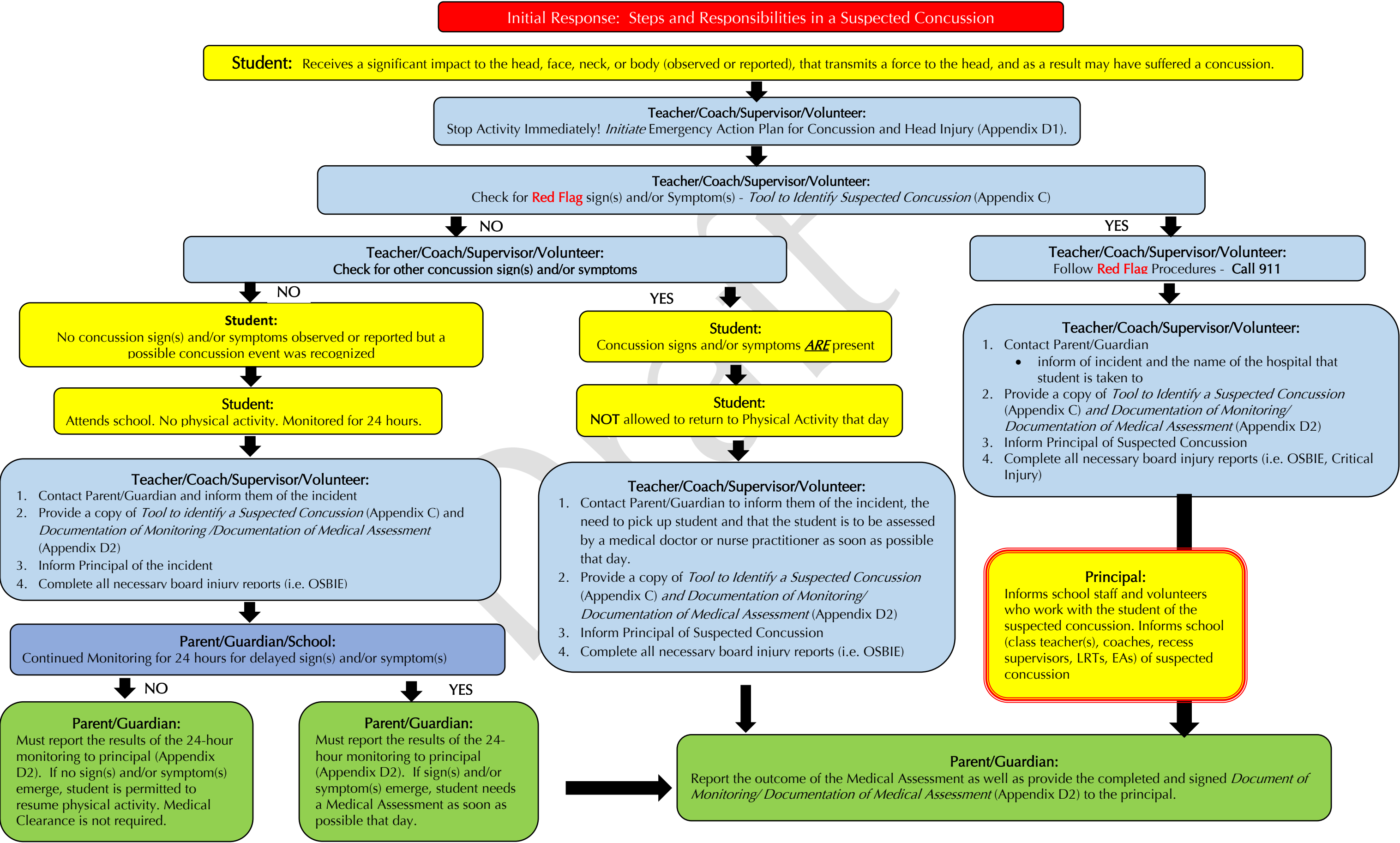


Student Concussion and Head Injury Supplemental Resources

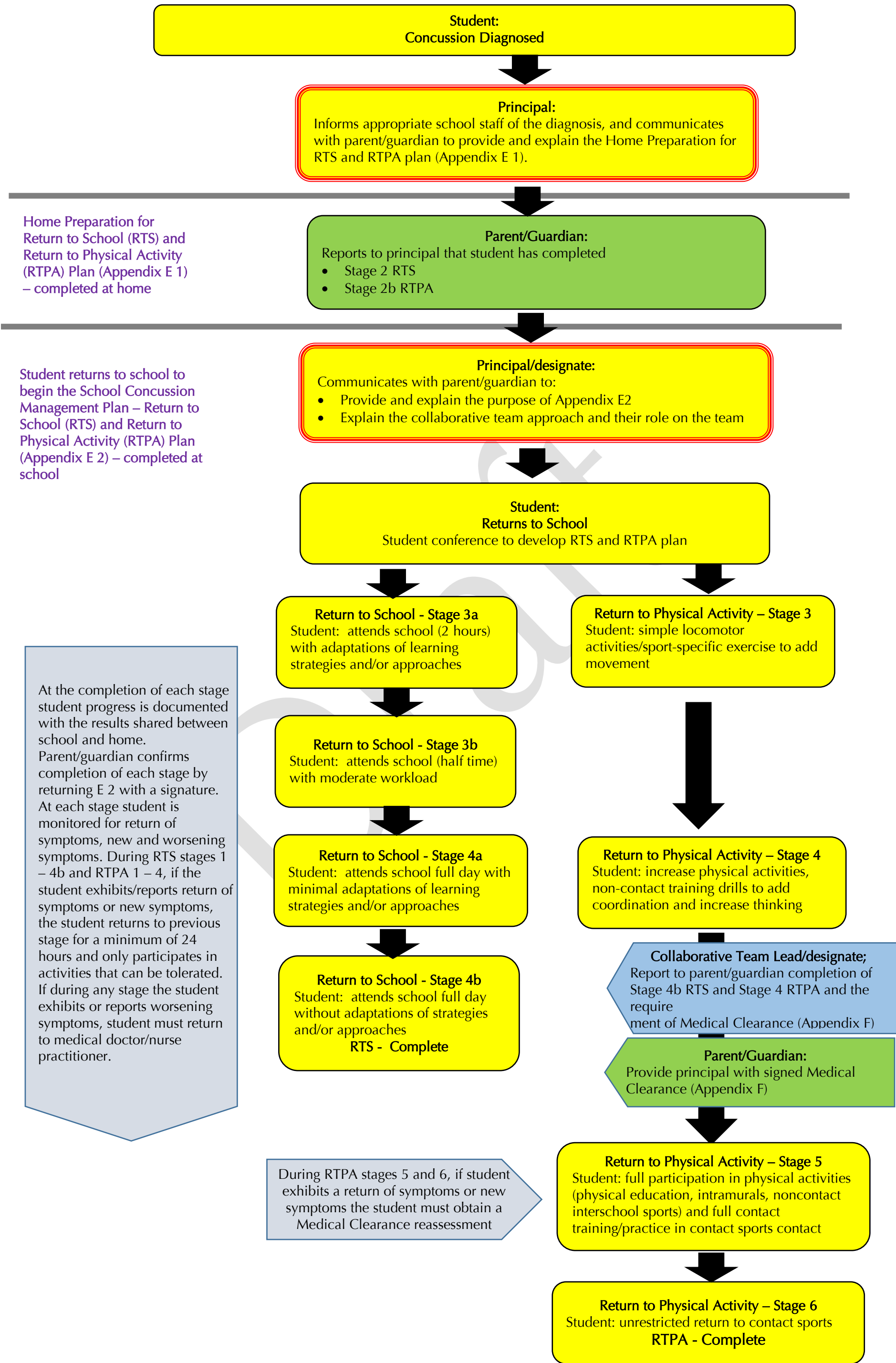


Appendix H: Student Concussion Diagnosis Report

GRAND ERIE DISTRICT SCHOOL BOARD Student Concussion Diagnosis Report			
<input type="checkbox"/> January 30		<input type="checkbox"/> June 28	
School:		Principal:	
Student(s) Name(s)		Date of Birth YYYY/MM/DD	Documentation for a Diagnosed Concussion - Return to School/Return to Physical Activity Plan in Place
Surname	Given Name		Status of Return to School/Return to Physical Activity Plan Completed (Y) Ongoing (N)
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Date/Location of incident:		Circumstances causing concussion:	
Concussion Awareness Training			
Staff Completed on: DATE			
Comments:			



Stages and Responsibilities for Concussion Management at Home and School



Concussion Tracking Template																							
Student Name						Date of Incident:																	
Documents supplied to Parent/Guardian after the incident			Given ***ONLY IF DIAGNOSED AS CONCUSSION by Doctor/Nurse Practitioner***																				
Appendix C Tool to Identify Concussion		Appendix D 2 Documentation of Monitoring/ Medical Assessment Form		Appendix E 1: Concussion Management - Home Preparation for RTS and RTPA Plan		Appendix E 2: School Concussion Management – Return to School (RTS) and Return to Physical Activity (RTPA) Plan																	
Record the date that Appendix C was provided to the parent/guardian.		Record the date that Appendix D 2 was provided to the parent/guardian and the date the signed appendix was returned.		Minimum 24 hours between each Stage. Record the date that Appendix E 1 was provided to the parent/guardian and the date the signed appendix was returned.		Minimum 24 hours between each Stage. Before progressing to RTPA Stage 5, the student must: -have completed RTS Stage 4a and 4b (full day at school without adaptation of learning strategies and/or approaches); -have completed RTPA Stage 4 and be symptom-free; and -obtained a signed Medical Clearance from a medical doctor or nurse practitioner. Record the date that Appendix E 2 was given to the parent/guardian and the date the signed appendix was returned.																	
				Student completed RTS/RTPA intial rest, RTS/RTPA Stage 1, RTS Stage 2 AND RTPA Stage 2a and 2b		RTS Stage 3a		RTS Stage 3b		RTPA Stage 3		RTS Stage 4a		RTS Stage 4b		RTPA Stage 4		Medical Clearance - Appendix F		RTPA Stage 5		RTPA Stage 6	
Date provided		Date provided		Date returned. File in OSR		Date provided		Date returned		Date provided		Date returned		Date provided		Date returned		Date provided		Date returned. File in OSR		Date returned. File in OSR	
Notes:																							



Classroom Concussion Symptoms Form – Student Return to School

Student Name: _____ Date: _____

Homeroom Teacher: _____ Class/Period: _____

Time of Completion Re-entry Meeting ☐ OR Follow-up meeting No. _____ (1,2,3...)

Instructions for the Student: Read the symptoms below. For each symptom, circle ONE response. Be honest and do not skip any questions. Then, answer the question at the bottom of the second page. Give the form to your educator once complete. (If you have questions regarding this form, please contact the teacher.)

Note for the Instructor: Where appropriate, considering the age/ability/concussion symptoms of the student, the educator may need to provide instructions, read the items and record the student responses on the form. Please file in the Ontario Student Record – Documentation File

Physical Difficulties:					
Description	How it affects me at school	Response			
Headache	I have difficulty concentrating, paying attention or multi-tasking	none	mild	moderate	severe
Dizziness/ Balance problems	I lose my balance, I trip/stumble more often, I get dizzy when I (move/get up/...)	none	mild	moderate	severe
Nausea (Feeling sick to my stomach)	I have to vomit, I feel sick during lessons	none	mild	moderate	severe
Drowsiness	I feel sleepy or sluggish	none	mild	moderate	severe
Fatigue	I get tired quickly, I feel exhausted after small/short tasks	none	mild	moderate	severe
Sensitivity to light	I have difficulties working in the classroom environment (e.g., lights, seeing the blackboard)	none	mild	moderate	severe
Sensitivity to noise	I have difficulties working in the classroom environment (e.g., loud music, noise, talking)	none	mild	moderate	severe

Cognitive Difficulties (<i>thinking, problem solving and learning</i>):						
Description	How it affects me at school	Response				
Feeling mentally foggy	I cannot think clearly and/or follow what is going on	1 never	2	3	4	5 always
Difficulty concentrating on schoolwork	I can only focus on my schoolwork in a limited way or for a short time	1 never	2	3	4	5 always
Difficulty paying attention to teacher	I have difficulty tuning out other noises or keeping track of what the teacher is saying, note taking is hard for me	1 never	2	3	4	5 always
Difficulty processing information quickly	I have difficulty following instructions; I can't manage deadlines or complete tasks on time; I feel slowed down	1 never	2	3	4	5 always
Difficulty remembering	I can't retain new information or instructions, I cannot recall/access information already learned	1 never	2	3	4	5 always
Difficulty staying organized	I am missing pieces of instruction, I forget to bring things/lose things, I have a hard time finishing assignments	1 never	2	3	4	5 always
Emotional Difficulties:						
Description	How it affects me at school	Response				
Irritability/Frustration	I give up easily, I have a "short fuse"; I get upset quickly when I encounter difficulties, I act on impulse; I am irritable	1 never	2	3	4	5 always
Anxiety/Nervousness	I am fearful about tests and assignments, I cannot focus, I work to overtiredness	1 never	2	3	4	5 always
Feelings of Sadness/Withdrawal	I am sad, I don't like to talk, I keep to myself	1 never	2	3	4	5 always

What tasks in school are most difficult for you? Please write specific examples:



Classroom Concussion Accommodations Form - Return to School

Student Name: _____ Date: _____

Homeroom Teacher: _____ Class/Period: _____

Time of Completion Re-entry Meeting ☐ OR Follow-up meeting No. _____ (1,2,3...)

Instructions: Use the student's responses to the questions on the **Symptoms Form** to devise in-class, symptom-based accommodations. Mark selected accommodations on this list. Discuss the recommended accommodations with the student. *Please file in the Ontario Student Record – Documentation File*

Physical Difficulties:		
Symptoms	✓	Accommodations and Strategies
Headache	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	Allow frequent breaks
	<input type="checkbox"/>	Consider reduce hours
Dizziness/ Balance problems	<input type="checkbox"/>	Consider gradual return to school (e.g. 1-2 hours, half-days, late starts)
	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
	<input type="checkbox"/>	
Nausea	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Drowsiness	<input type="checkbox"/>	Mild/moderate: allow classroom participation
	<input type="checkbox"/>	Avoid symptom triggers
	<input type="checkbox"/>	If severe, inform parent/guardian
Fatigue	<input type="checkbox"/>	Reduce workload
	<input type="checkbox"/>	Consider reduce hours
	<input type="checkbox"/>	Consider gradual return to school (e.g. 1-2 hours, half-days, late starts)
Sensitivity to light	<input type="checkbox"/>	Move away from windows
	<input type="checkbox"/>	Allow access to special lighting (dim lights/draw shades/task lighting/darker room)
	<input type="checkbox"/>	Allow sunglasses/hat in class

Forms are based on:

- Ontario Physical Education Safety Guideline Concussion Protocol; Table 2: Return to Learn Strategies/Approaches Sept. 2014. Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. *Fr J Sports Med*. Published online First 23 April 2013 doi:10. 1136/bjsports-2012-092132;
- Classroom-Concussion-Assessment-Form.pdf from nationwidechildrens.org 2013; An Educators Guide to Concussion in the Classroom - Classroom Concussion Assessment Form.

Physical Difficulties (<i>continued</i>):		
Symptoms	✓	Accommodations and Strategies
Sensitivity to noise		Remove from loud environments
		Avoid noisy crowded environments such as assemblies and hallways during high traffic times
		Provide alternative work-space
		Reduce classroom noise; Avoid headphones and loud music
		Allow noise cancelling headphones
		Arrange for strategic seating (e.g. move student away from talkative peers, proximity to teacher)
Cognitive Difficulties (<i>thinking, problem solving and learning</i>):		
Symptoms	✓	Accommodations and Strategies
Feeling mentally foggy		Provide breaks between tasks
		Simplify tasks
Difficulty concentrating on schoolwork		Shorten task duration
		Give breaks between tasks
		Consider shortening school day
		Consider limiting test to one per day and provide extra time and/or quiet environment
Difficulty paying attention to teacher		Provide frequent check-ins
		Front of the room seating in proximity of teacher
		Work/test in quiet room
Difficulty processing information quickly		Provide access to assistive technology
		Provide extra time or a quiet environment
		Provide class notes
		Provide scribe
		Check understanding of content, repeat instructions
Difficulty remembering		Provide visual cues/aids and/or advance organizers (visual cueing, non-verbal signs)
		Use alternative testing methods (such as multiple-choice, oral testing) for the student to demonstrate mastery
		Provide a copy of class notes
		Provide memory aids
Difficulty staying organized		Check comprehension of instructions
		Use to-do lists and checklists
		Encourage student to use/set electronic alerts
		Manage overall workload and pace of work demands
		Use agenda/planner for schedule and due dates
		Divide larger assignments/assessments into smaller tasks
		Extend deadlines for submitting assignments

Emotional Difficulties		
Symptoms	✓	Accommodations and Strategies
Irritability/ Frustration		Prepare the student for change and transitions
		Set reasonable expectations
		Anticipate and remove the student from a problem situation (without characterizing it as punishment)
		Encourage teachers to use consistent strategies and approaches
		Acknowledge and empathize with the student's frustration, anger and emotional outburst if and as they occur
		Reinforce positive behaviour
		Provide consistency and structure on a daily basis
Anxiety/ Nervousness		Where feelings are affecting social interactions/school work inform parent/guardian
		Provide access to Child and Youth counsellor or other support personnel
		Build in more frequent breaks during the school day
		Provide the student with preparation time to respond to questions
		Inform the student of any changes in the daily timetable/schedule
		Adjust the student's timetable/schedule as needed to avoid fatigue (e.g. 1-2 hours/periods, half days, full days)
Feelings of Sadness/ Withdrawal		Where feelings are affecting social interactions/school work inform parent/guardian
		Provide access to Child and Youth counsellor or other support personnel
		Open lines of communication with parent/guardian and student sharing observations of child at home and school.
		Provide opportunities and personnel for student to share his thoughts/feelings.
		Build time into class/school day for socialization with peers
		Partner student with a "buddy" for assignments or activities
		Implement, immediately, correct Board procedures when a student expresses suicidal feelings, thoughts. Parent/guardian must be informed.

Other Accommodations and strategies (provide examples):

Date for next review of accommodation plan: _____

Under the direction of the *Ontario Ministry of Education* and under the legal authority of the *Education Act*, Grand Erie District School Board collects this information in order to fulfil its commitment to promote the health and safety of students by raising awareness, identification, and prevention of concussion injuries, and managing diagnosed concussions. In accordance with the *Municipal Freedom of Information and Protection of Privacy Act* this information will be used solely to assess the student's Return to Learn and Return to Physical Activity. It will be retained in the Ontario Student Record [OSR] for one year after the student graduates or transfers out of the school. The Ministry of Education may also request school reports on concussion activity. If you have any questions or concerns about the collection of information on this form please contact the school principal.

Sample Concussion Prevention Strategies

PPM 158 (Policy/Program Memorandum #158: School Board Policies on Concussion) recognizes the importance of prevention and states that every school board policy should include strategies for preventing and minimizing the risk of sustaining concussions (and other head injuries) in schools and at off-site school events.

The prevention strategies are organized into the following four sections:

- Teachers/coaches/supervisors
- Students/athletes
- School boards, athletic associations and referee associations
- Parents/guardians

Prior to the sport season/beginning of the school year teachers/coaches/supervisors should:

- be knowledgeable of school board's concussion policy and procedures for prevention, identification, and management (return to learn and return to physical activity);
- be knowledgeable about safe practices in the sport/activity (for example, the rules and regulations and the specific sport/activity pages in the Ontario Physical Education Safety Guidelines);
- be familiar with the risks of a concussion or other potential injuries associated with the activity/sport and how to minimize those risks;
- be up to date and enforce school board/athletic association/referee rule changes associated with minimizing the risks of concussion;
- be up to date with current body contact skills and techniques (for example, safe tackling in tackle football), when coaching/supervising contact activities;
- be knowledgeable (when applicable) with the requirements for wearing helmets. (To date there is no evidence that helmets protect against concussions.) For more information on helmets consult the Fundamentals of Safety;
- determine that protective equipment is approved by a recognized equipment standards association (for example, Canadian Safety Standards, National Operating Committee on Standards for Athletic Equipment), is well maintained, and is visually inspected prior to activity; and
- determine (where applicable) that protective equipment is inspected within approved timelines, by a certified re-conditioner as required by manufacturer (for example, football helmet).

During the physical activity unit/sport season/intramural activity teachers/coaches/supervisors should:

- teach skills and techniques in the proper progression;
- provide activity/sport-specific concussion information when possible;
- teach and enforce the rules and regulations of the sport/activity during practices and games/competition (particularly those that limit or eliminate body contact, or equipment on body contact);
- reinforce the principles of head-injury prevention (for example, keeping the head up and avoiding collision);
- teach students/athletes involved in body contact activities about:
 - sport-specific rules and regulations of body contact (for example, no hits to the head); and
 - body contact skills and techniques and require the successful demonstration of these skills in practice prior to competition.
- discourage others from pressuring injured students/athletes to play/participate;

SO28 Student Concussion and Head Injury – Resource Package

- demonstrate and role model the ethical values of fair play and respect for opponents;
- encourage students/athletes to follow the rules of play, and to practice fair play;
- use game/match officials in higher-risk interschool sports that are knowledgeable, certified and/or experienced in officiating the sport; and
- inform students about the importance using protective equipment (for example, helmets, padding, guards) that is properly fitted (as per manufacturer's guidelines) and properly worn.

Prior to the sport season/intramural activity/beginning of the school year students/athletes should be informed about:

- concussions
 - definition
 - seriousness of concussions
 - causes
 - signs and symptoms
 - the school board's identification and management procedure
- the risks of a concussion associated with the activity/sport and how to minimize those risks including sport-specific prevention strategies;
- the importance of respecting the rules of the game and practising Fair Play (for example, to follow the rules and ethics of play, to practice good sportsmanship at all times and to respect their opponents and officials);
- the dangers of participating in an activity while experiencing the signs and symptoms of a concussion and potential long-term consequences;
- the importance of:
 - immediately informing the teacher/coach/supervisor of any signs or symptoms of a concussion, and removing themselves from the activity;
 - encouraging a teammate with signs or symptoms to remove themselves from the activity and to inform the teacher/coach/supervisor;
 - informing the teacher/coach/supervisor when a classmate/teammate has signs or symptoms of a concussion; and
 - determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.
- the use of helmet when they are required for a sport/activity.
 - Helmets do not prevent concussions. They are designed to protect against skull fractures, major brain injuries (including bleeding into or around the brain), brain contusions and lacerations.
 - Helmets are to be properly fitted (as per manufacturer's guidelines) and properly worn (for example, only one finger should fit between the strap and the chin when strap is done up).

During the physical activity unit/sport season/intramural activity students/athletes should be informed about:

- attending safety clinics/information sessions on concussions for the activity/sport;
- be familiar with the seriousness of concussion and the signs and symptoms of concussion;
- demonstrating safe contact skills during controlled practice sessions prior to competition;
- demonstrating respect for the mutual safety of fellow athletes (for example, no hits to the head, follow the rules and regulations of the activity);
- wearing properly fitted protective equipment;
- reporting any sign or symptom of a concussion immediately to teacher/coach/supervisor from a hit, fall or collision; and

SO28 Student Concussion and Head Injury – Resource Package

- encouraging team mates/fellow students to report sign(s) or symptom(s) of a concussion and to refrain from pressuring injured students/athletes to play.

Sample strategies/tools to educate students/athletes about concussion prevention information:

- Hold a class group activity/team pre-season meeting on concussion education.
- Develop and distribute an information checklist for students/athletes about prevention strategies.
- Post concussion information to inform/reinforce symptoms and signs and what to do if a concussion is suspected.
- Post information posters on prevention of concussions (for example, encouraging students to report concussion symptoms) in high traffic student areas (for example, change room/locker area/classroom/gymnasium).
- Implement concussion classroom learning modules aligned with the curriculum expectations.
- Distribute concussion fact sheets (prevention, signs and symptoms) for each student/athlete on school teams.
- Distribute and collect completed student concussion contract or pledge (signed by student/athlete and parents/guardians).
- Students/athletes who are absent for safety lessons (for example, information, skills, techniques) must be provided with the information and training prior to the next activity sessions.

Prior to the sport season/beginning of the school year school boards, athletic associations and referee associations should:

- consider rule changes to the activity, to reduce the head injury incidence or severity, where a clear-cut mechanism is implicated in a particular sport; and
- consider rule enforcement to minimize the risk of head injuries.

Prior to the sport season/intramural activity/beginning of the school year parents/guardians should be informed of the:

- risks and possible mitigations of the activity/sport;
- dangers of participating with a concussion;
- signs and symptoms of a concussion;
- school board's identification, diagnosis and management procedures;
- sport-specific concussion prevention strategies;
- importance of encouraging the ethical values of fair play and respect for opponents; and
- importance of determining that, when students/athletes are permitted to bring their own protective equipment, it is properly fitted (as per manufacturers guidelines), properly worn, in good working order and suitable for personal use.

RESOURCES

Ontario portal: <http://www.health.gov.on.ca/en/public/programs/concussions/>

Reproduced and adapted with permission from Ophea [Ontario Physical Education Safety Guidelines, 2018]



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Dave Abbey, Superintendent of Education
RE: **SO19 – Privacy and Information Management**
DATE: June 10, 2019

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Bylaw 9 – Processes for Development of By-laws, Policies and Procedures be waived with respect to circulating SO19 – Privacy and Information Management to all appropriate stakeholders for comments.</p>

<p>Recommended Action: Moved by _____ Seconded by _____ THAT the Grand Erie District School Board approve SO19 – Privacy and Information Management.</p>

Background

SO19 – Privacy and Information Management. was approved by Trustees in January 2018 and is scheduled for review in February 2022.

Recommendation

Executive Council is recommending that the period of circulation be waived in this case. Despite policy directive to have all staff, volunteers, and trustees sign a confidentiality agreement, we have not been able operationalize this.

Additional Information

Suggested revisions have been made to the Policy and a draft revised policy/procedure is attached for circulation to stakeholders for comment.

Respectfully submitted,

Dave Abbey
Superintendent of Education



Privacy and Information Management

Board Received: January 29, 2018 Review Date: February 2022

Policy Statement:

The Grand Erie District School Board is committed to the protection of personal information to which it is entrusted and to the individual's right of privacy regarding personal information that is collected, used, disclosed, and retained in the school system.

The Board complies with all applicable provisions under the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), the Personal Health Information Protection Act (PHIPA), the Education Act, including the Ontario Student Record Guidelines, and the Personal Information and Protection of Electronic Documents Act (PIPEDA) to collect, use, retain and disclose personal information in the course of meeting its statutory duties and responsibilities in the service of the staff, students and communities of Grand Erie.

The Grand Erie District School Board further commits to follow a national standard called the Canadian Standards Act (CSA) Model Code for the protection of Personal Information which is comprised of 10 Fair Information Principles.

This policy applies to:

- All records within the custody or under the control of the Board and addresses all aspects of Board operations and all records made or received in the day-to-day business operations of the school or Board, including student records, regardless of the medium in which those records are stored and maintained. It ensures that records are available as evidence of Board functions and activities and supports operating requirements.
- All business applications and information technology systems used to create, store, and manage records and information including email, database applications, and websites.
- All Board staff and to third party contractors or agents who collect or receive records and information on behalf of the Board. All staff shall be responsible and accountable for creating, maintaining accurate business records within their control.

Accountability:

1. Frequency of Reports – As needed
2. Criteria for Success – A privacy culture embedded into daily practices that promotes both the protection of personal information and freedom of access.

General Principles

1. Accountability

Under the *Municipal Freedom of Information and Protection of Privacy Act*, the Board is responsible for personal information and confidential records under its control and has designated a Freedom of Information (FOI) Coordinator and Head of the Institution* who are accountable for compliance with privacy legislation.

2. Specified Purposes

The Board shall specify the purposes for which personal information is collected, used, retained and disclosed, and shall notify individuals at or before the time the information is collected.

3. Consent

An individual's informed consent is required for the collection, use and disclosure of personal information, except where otherwise permitted by law.

4. Limiting Collection

The collection of personal information must be fair, lawful and limited to that which is necessary to the specified purpose. Personal information shall be collected only when it is necessary for providing for the education of students, the employment of staff, or as required and authorized by law.

5. Limiting Use, Retention, and Disclosure

The use, retention and disclosure of personal information and confidential records are limited to the specified purposes identified to the individual except where otherwise permitted by law.

6. Accuracy

The Board shall ensure that personal information and confidential records are accurate, complete and up-to-date in order to fulfill the specified purposes for its collection, use, disclosure and retention.

7. Safeguards

Personal information and confidential records are secured and protected from unauthorized access, disclosure and inadvertent destruction by adhering to safeguards appropriate to the sensitivity of the information.

8. Openness and Transparency

Policies and practices relating to the management of personal information and confidential records are made readily available to the public.

9. Access and Correction

An individual has the right to access his/her personal information and will be given access to that information, subject to any restrictions. All Freedom of Information requests shall be considered in consultation with the Freedom of Information Coordinator of the Board to ensure compliance with individuals' right of access.

An individual has the right to challenge the accuracy and completeness of the information and to request that it be amended as appropriate, or to have a letter/statement of disagreement retained on file. Any individual to whom the disclosure of the personal information has been granted in the year preceding a correction has the right to be notified of the correction/statement.

An individual is to be advised of any third party service provider's requests for his/her personal information in accordance with privacy legislation.

10. Compliance

An individual may address or challenge compliance concerning the above principles to the Freedom of Information Coordinator accountable to the Board.

Procedures

1.0 Training and Awareness

1.1 Role-specific privacy training is provided to all Grand Erie District School Board staff and trustees, including temporary staff to complete within a specified time-frame. Volunteers and third party service providers have access to training as deemed necessary. Subsequent privacy review shall be completed as deemed necessary.

1.2 All staff, ~~volunteers~~ and trustees shall be responsible for the compliance with SO19 and MFIPPA standard for privacy and information management as it applies to their roles. It is an expectation that all staff, volunteers, and trustees will have familiarized themselves with Policy SO19 and have watched the board's PIM Overview video on the board website sign, yearly, a Confidentiality agreement in relation to personal and confidential information to which they have access in the course of their work.

~~1.2~~ 1.3 When volunteers, COOP students, or practice teachers are engaged with students in schools it is the responsibility of staff to limit and protect access to personal information of students. If possible volunteers, COOP students, or practice teachers should be directed to the board website and privacy resources.

2.0 Records Information Management

All records and information received, created, and maintained within administrative departments and schools support the Board's day-to-day operations. As such, they are the property of the Board and subject to this policy.

References

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Personal Health Information Protection Act (PHIPA)

Personal Information Protection and Electronic Documents Act (PIPEDA)

Education Act

Ontario Student Record (OSR) Guideline 2000

Procedure SO104 Ontario Student Records

Procedure SO126 Volunteers

**The position of Head of the Institution was delegated to the Director of Education in a Board motion September 17, 2012*



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **FT103 Temporary Closure of Board Buildings**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board receive **FT103 Temporary Closure of Board Buildings**
as information.

Background

Procedure FT103 Temporary Closure of Board Buildings was circulated to all appropriate stakeholders for comments to be received by May 30, 2019.

Comments Received

1. Comment: Does this cover the reality of a mid-day decision to close a school? i.e. no water or no power in rural school

Response: Yes, in the event of a major utility failure or weather event, a temporary closure can occur mid-day. This is also dependent on the duration of the loss of utility. A school could stay open as long as student or staff safety and well-being are not compromised.

2. Comment: Not sure #3 is feasible at all times with a school that is reliant on transportation and the closure occurs during the school day

Response: Arrangements will be made to relocate students and staff to another facility if concerns emerge with student or staff safety and well-being.

Additional Information

Draft procedure is attached.

Next Steps

This Procedure will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



PROCEDURE

FT103

Temporary Closure of Board Buildings

Board Received: _____

Review Date: _____

Accountability

1. Frequency of Reports – As Needed
2. Criteria for Success – Operation of Board facilities considering occupant safety and operational logistics.

Procedures

1. Any of the Grand Erie District School Board facilities or buildings may be closed under the following circumstances:
 - a) failure of a major building system that makes the operation of the school unfeasible and/or places the health and safety of the school occupants at an unreasonable risk , at the discretion of the Director of Education or designate in consultation with the Superintendent of Business;
 - b) extreme weather situations, pending the decision of the Director or designate;
 - c) strikes or lock-out of employee groups.
2. When a decision has been made to close a Board facility temporarily, the Director of Education or designate will contact the Manager of Communications and Community Relations to update the Board's website and initiate mass communication to appropriate parents, students, staff, and trustees.
3. When the decision is made to temporary close a Board building, all occupants shall leave the building and not re-occupy until the building has been re-opened. Only emergency services personnel, contractors and/or Facility Services staff working on the emergency shall be allowed in the building while it is temporarily closed.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Rafal Wyszynski, Superintendent of Business & Treasurer
RE: **FT110 Recorded Surveillance: Board Buildings & School Transportation Vehicles**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board receive **Procedure FT110 Recorded Surveillance: Board Buildings & School Transportation Vehicles** as information.

Background

Procedure FT110 Recorded Surveillance: Board Buildings & School Transportation Vehicles was circulated to all appropriate stakeholders for comments to be received by May 30, 2019.

Comments Received

1. Comment: #3 – what does this mean? Is it required? Should it be clear the Director is the head of the institution as it pertains to privacy (SO19 last line)?

Response: Amended to remove #3. No change required to include statement about Director as head of institution.

2. Comment: Think items #1-5 are not procedures

Response: Amended to describe guideline and procedures.

3. Comment: Is #5 included on the student registration form and information form?

Response: Amended to reflect the actual wording on the registration form.

4. Comment: #11 – is that the correct title exec assistant to the Board. What happens after a breach is report to Exec Assistant?

Response: Job title has been corrected. If a breach occurs, the Information and Privacy Commissioner of Ontario Privacy Breach Protocol Guidelines for Government Organizations and the IPC Breach Notification Assessment Tool would be followed.

5. Comment: #13 remove “administrative”

Response: Amended.

6. Comment: Board building #6 – his/her to their

Response: Amended.

7. Comment: Board buildings #1 – signs on schools need the title, address, and phone number of contact person – current notification/information stickers do not have this info on them – see picture

Response: There are existing signs that display all the correct information, these stickers are mainly for Safe Schools policy.



8. Comment: Do we need a reference to SO19?

Response: Yes, amended to include.

Additional Information

As a result of these comments, suggested revisions have been made to the Procedure and a draft revised procedure is attached.

Next Steps

This Procedure will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Rafal Wyszynski
Superintendent of Business & Treasurer



Recorded Surveillance: Board Buildings and School Transportation Vehicles

Board Received: _____

Review Date: _____

Accountability

1. Frequency of Reports – As Needed
2. Criteria for Success – Recorded surveillance enhances safety of students, staff and visitors

Refer to: Education Act; MFIPPA; Information and Privacy Commission's *"Guidelines for Using Video Surveillance Cameras in Schools"*

Procedures Guidelines

General

1. Before deciding if a school or other Board building warrants a recorded surveillance system, the following must be considered:
 - a) Have all other measures of deterrence or detection been deemed as unworkable or not feasible? Are verifiable, specific reports of incidents of crime, vandalism or significant safety concerns available?
 - b) Do the benefits of surveillance substantially outweigh the reduction of privacy intrinsic in collecting personal information through a recorded surveillance system?

Principals shall develop an implementation plan following consultation with students, School Councils and parents and guardians regarding the installation of recorded surveillance equipment.

2. Video surveillance systems may be used only for ensuring the ongoing safety of staff and students; promoting a safe environment; controlling vandalism and theft of Board property; and aiding in the identification of intruders and persons breaking the law.

~~3. The Director of Education is responsible for the overall Board recorded surveillance program.~~

- ~~4.~~3. A video surveillance system refers to a video, electronic or digital surveillance system or device that enables continuous or periodic video recording, observing or monitoring of personal information about individuals in open, public places in Board buildings or on transportation vehicles contracted by Student Transportation Services Brant Haldimand Norfolk (STSBHN). The system could include an audio device, thermal imaging technology or any other component associated with capturing the image of an individual.

- ~~5.~~4. A storage device refers to a Digital Video Recorder (DVR), Network Video (NVR) computer disk or drive, or other device used to store the recorded data, be it visual, audio or other images captured by a video surveillance system.

- ~~6.~~5. The following statement of collection of personal information is located on the Student Registration Form (completed upon initial registration at a school) and on the Student Information Sheet (completed annually thereafter):

~~Personal information obtained through video surveillance either in Board buildings or on transportation vehicles contracted by the Board is collected under the authority of the Education Act and will be used for the purpose of monitoring the behaviour of students, for safety reasons, to prevent acts of vandalism, and to aid in the identification of persons breaking the law. Users of this information, when appropriate and necessary, are: in school buildings and on school~~

~~transportation vehicles – the Principal of the School, and the relevant student and parent/guardian; on school transportation vehicles – the Manager of STSBHN.~~
~~Questions about the collection of any personal information on this form should be directed to the Principal of the school.~~ Information on this Registration Form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used to establish the Ontario Student Record [OSR], and for student and education related purposes, such as registration, administration, communication, data reporting, and Student Transportation Services Brant Haldimand Norfolk. Student information such as name, D.O.B. and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act. Questions or concerns should be directed to the principal of this school or email info@granderie.ca.

Procedures

- ~~7.6.~~ Each school will include the following statement in its first communication to parents/guardians of each school year:
Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the authorization for the collection of information is the Education Act. For the purpose of monitoring the behaviour of students, for safety reasons, to prevent acts of vandalism, and to aid in the identification of persons breaking the law, video surveillance will be employed in selected schools and on selected school transportation vehicles. The users of this information, when appropriate and necessary, are: in school buildings and on school transportation vehicles - the Principal of the School, and the relevant student and parent/guardian; on school transportation vehicles - the Manager of STSBHN.
- ~~8.7.~~ Individuals whose personal information has been collected by a video surveillance system have the right of access under MFIPPA, unless an exemption applies under section 38. An example of an exemption would be where disclosure would constitute an unjustified invasion of another individual's privacy. Access to one's personal information would depend on:
- a) if all third parties (i.e. those whose images appear on the record) give permission for the record to be viewed; or
 - b) whether it could reasonably be severed from the record, e.g. digitally "blacking out" the images of other individuals whose images appear on the record (storage device).
- ~~9.8.~~ Storage devices are set to record activity electronically to the limit of the memory in the device installed. Once the memory is full, the system will automatically overwrite the oldest data. When recorded activity is required in an investigation of student behaviour or a student safety issue or in the investigation of other intruders or persons breaking the law, it will be transferred to an alternative storage device. Such storage devices used to assist in resolving school or public safety issues or law enforcement will be maintained in a locked, secured area at the relevant school for a one-year period from the date of resolution of the incident. Logs are to be kept of all instances of access to, and use of, storage devices to enable a proper audit trail. Should it be necessary to release a storage device to police authorities, an authorization form must be completed.
- ~~10.9.~~ Old storage devices must be securely disposed of in such a way that the personal information cannot be reconstructed or retrieved, e.g. shredding, burning or magnetically erasing.
- ~~11.10.~~ Any inadvertent disclosures of personal information or breaches of MFIPPA or other relevant statutes shall be reported to the Executive Assistant ~~for the Director~~ to the Board of Trustees with responsibility for Freedom of Information (FOI) and Records Management.
- ~~12.11.~~ Where applicable and appropriate, the policy and guidelines will be incorporated into training and orientation programs of the Board and service providers. Training programs

addressing staff obligations under the *Municipal Freedom of Information and Protection of Privacy Act* will be conducted as necessary.

- ~~13.~~12. Board employees and service providers shall review and comply with this administrative procedure and the *Acts* in performing their duties and functions relative to the operation of a recorded surveillance system. Employees will be subject to discipline for knowingly or deliberately breaching this administrative procedure or the provisions of MFIPPA or other relevant statutes. If a service provider fails to comply with the Board's administrative procedure or provisions of MFIPPA, it will be considered breach of contract leading to penalties up to and including contract termination.

Board Buildings

1. A Board building that is equipped with CCTV shall have prominently displayed signs advising students, staff and visitors that they are subject to video surveillance. The signs will be displayed at the entrances and on interior walls. The signs will include the legal authority for the collection of personal information (Education Act); the purpose for which the personal information is intended, i.e. ensuring the ongoing safety of staff and students, promoting a safe environment, and controlling vandalism and theft of Board property; and the title, address and telephone number of a contact person, i.e. Board's Freedom of Information Coordinator.
2. The equipment is to be installed so that it monitors only those spaces that have been identified as requiring surveillance. Cameras are not to be directed to look through windows of adjacent buildings. Cameras should be fixed so that operators cannot manipulate them to overlook spaces that are not to be covered.
3. Monitoring of places where students, staff or authorized visitors have an expectation of privacy (change rooms, washrooms, staff rooms) is prohibited.
4. Real time viewing on the reception monitor(s) is to be accessible only by authorized personnel (in a school, the principal or designate; in other Board buildings, building supervisor as designated by the Director of Education) and will be located in a position that does not enable public viewing. The equipment will operate up to 24 hours/7 days a week within the limitations of system capabilities.
5. Storage devices must be maintained in a secure location. Any storage device that has been used must be dated and labelled with a unique, sequential number.
6. The content of a storage device may be used to provide evidence to cause student discipline, e.g. suspension or expulsion. A storage device can be viewed by a student and their parent/guardian if:
 - a) all third parties (i.e. those whose images appear on the record) give permission for the record to be viewed; or
 - b) the images of other individuals who appear on the record (storage device) are severed from the record, e.g. digitally "blacking out".

School Transportation Vehicles

See STSBHN Procedure #036

Related Resources:

[Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#)

[Policy SO19 - Privacy and Information Management](#)

Appendix A

Grand Erie District School Board

Video Surveillance — Log of Recordings

Building

[illegible]

Appendix B

Grand Erie District School Board

Video Surveillance — Use of Recorded Storage Devices

Authorization Form — To Be Signed by Police Authorities

Building _____

I, the undersigned, declare that I have received recorded

Storage Device No.	
Storage Device No.	
Storage Device No.	
Storage Device No.	

from the Administrator of the building named above.

This information remains the property of the Grand Erie District School Board and cannot be copied without the permission of an authorized staff member of the Grand Erie District School Board.

This(ese) storage device(s) will be returned to the building administrator after being used as part of an investigation.

Date of Return: _____

Incident Reference # _____

Name (print) _____

Badge # _____

Station or Office _____

Telephone Number _____

Signature _____

Date _____



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Scott Sincerbox, Superintendent of Education (Human Resources)
RE: **HR103 – Duties and Expectations of Teachers**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board receive **Procedure HR103 – Duties and Expectations of Teachers** as information.

Background

Procedure HR103 – Duties and Expectations of Teachers was circulated to all appropriate stakeholders for comments to be received by May 30, 2019.

Comments Received

1. Comment: Page 2 expectation of teachers – Chart a i – SO136 to SO14 (and c i)
Response: changes made
2. Comment: D ii remove administrative – Update character attributes (Cooperation instead of team oriented)
Response: changes made
3. Comment: Do we need reference to keeping student info safe and secure? Only using board approved apps for communication with parents to protect data.
Response: changes made
4. Comment: Under Procedures, 1. Duties of Teachers, please add wording that refers to entitlements contained in collective agreements. Current wording implies that there are no limits on the assignment of duties to teachers by the employer. Suggested wording is: "In addition to their duties and expectations...apply to teaching staff. The Board ensures that all entitlements provided under staff collective agreements and employee rights as outlined by law are applied. The principal of a school..."
Response: changes made

Additional Information

As a result of these comments, suggested revisions have been made to the Procedure and a draft revised procedure is attached.

Next Steps

This Procedure will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Scott Sincerbox
Superintendent of Education (Human Resources)



Duties and Expectations of Teachers

Board Received: _____

Review Date: _____

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Clear communications present
– Most efficient means necessary

Procedures

1. Duties of Teachers:

In addition to their duties and expectations as described in the *Education Act* and Regulations, the following duties apply to teaching staff. The Board ensures that all entitlements provided in accordance with collective agreements and employee rights as outlined by law are applied. The principal of a school is in charge of the organization and management of the school and will provide direction to staff.

- a) *Classroom Instruction:* Teachers are expected to teach all classes and carry out the supervisory duties assigned to them by the principal or supervisory officer. It is a teacher's professional duty to be prepared for class and to have all test or examination markings and pupil evaluation completed in a timely fashion, or as may be required by the principal. The primary purpose of assessment and evaluation is to improve student learning. Teachers are required to:
 - i. come to school each day prepared to teach their courses in fulfillment of the Board and Ministry requirements;
 - ii. implement assessment, evaluation and reporting practices as outlined in SO20 – Assessment, Evaluation and Reporting;
 - iii. submit marks and evaluations in accordance with instructions from the principal;
 - iv. complete other tasks normally expected of teachers.
- b) *Meet Students' Needs:* Teachers are to be available at their school or other workplace to perform all assigned instructional duties and to undertake necessary duties, including:
 - i. Supervising any instructional activity assigned by the principal;
 - ii. Providing remedial assistance with learners;
 - iii. Attending meetings with staff and other Board personnel;
 - iv. Attending meetings with parents of learners;
 - v. Performing other duties assigned by the principal in relation to the school program.If the fulfillment of these duties necessitates attendance *prior* to the start of the learners' instructional program or *after* the conclusion of the learners' instructional program, teachers are required to be present.
- c) *Out-of-Classroom Activities:* Out-of-classroom activities related to the Board or Ministry instructional program are an integral part of the curricular program. Teachers shall carry out scheduled activities. Teachers shall take no action to cancel, postpone, or delay a scheduled activity without the approval of the principal or the appropriate supervisory officer.
- d) *Co-operative Education:* Teachers of co-operative education shall monitor their placements even if such monitoring can only occur outside the learners' normal instructional day. Teachers of co-operative education shall maintain a written record of all monitoring activities.

- e) *Supervision*: Teachers shall carry out assigned supervision during the period that schools are declared open by the Grand Erie District School Board before the beginning of classes and after the conclusion of the instructional program. As a general rule, the schools are open from the time the first school bus arrives in the morning or fifteen minutes before the start of the instructional program, whichever is earlier. Schools remain open until the time the last school bus leaves in the afternoon or fifteen minutes after the end of the instructional period, whichever is later.
- f) *Attendance*: Teachers shall record student attendance, in writing or electronically, either on a daily basis or on a subject basis, in accordance with procedures identified by the principal or the appropriate supervisory officer.
- g) *Meetings*: Teachers shall attend meetings scheduled with staff, administration, parents or learners and shall make themselves available for consultations required with staff, parents, and learners.
- h) *Appearance*: Teachers are expected to maintain an appearance that is clean, neat, and appropriate for their employment status as a professional.
- i) *Professional Growth*: Teachers are expected to pursue professional activities necessary to ensure their professional growth and development.
- j) *Professional Conduct*: All teachers are expected to conduct themselves in a manner consistent with the standards of professional behaviour defined by the Ontario College of Teachers (see Appendix A).

2. Expectations of Teachers:

In addition to, and to elaborate on, the duties and responsibilities outlined in the *Education Act* and Regulations of the Ministry of Education and Training, contractual decisions will be made on the basis of the following criteria:

<i>Key Result Area</i>	<i>Desired Outcomes</i>	<i>Observable Criteria</i>
a) Instruction	i. Needs of individual students are met	<ul style="list-style-type: none"> the diverse individual needs of students are identified (refer to SO136-14'Equity and Inclusive Education') methods of instruction accommodate individual needs methods of instruction are developmentally appropriate a variety of teaching strategies and resources is used
	ii. Required programs are being implemented	<ul style="list-style-type: none"> planning and instruction reflect Ministry and system guidelines, outcomes and expectations written short and long-term plans exist for the program student work reflects the required program
	iii. Students are motivated to learn	<ul style="list-style-type: none"> students actively participate in the learning process students respond positively to teacher direction positive reinforcement is used
b) Evaluation	i. Evaluation process is understood	<ul style="list-style-type: none"> students know why evaluations occur students understand how evaluations will occur students understand when evaluations will occur students understand what is to be evaluated
	ii. Evaluation is used to improve teaching and learning	<ul style="list-style-type: none"> a variety of evaluative methods and tools are used evaluative methods are appropriate to the program and student learning styles evaluative materials are returned to students and used to promote learning results of evaluations are used to improve instruction and review programs

<i>Key Result Area</i>	<i>Desired Outcomes</i>	<i>Observable Criteria</i>
	iii. Evaluation results are communicated effectively	<ul style="list-style-type: none"> students are made aware of their progress on a regular basis parents are made aware of student progress at regular reporting and at other times, as required teachers are readily available to communicate with students, parents, and resource personnel
c) Classroom Environment	i. The classroom is an inviting and inclusive place (refer to SO13614 'Equity and Inclusive Education')	<ul style="list-style-type: none"> classroom appearance reflects and promotes learning positive rapport is reflected in the classroom teachers use positive reinforcement and constructive criticism appropriately teachers demonstrate good listening skills
	ii. The environment is conducive to learning	<ul style="list-style-type: none"> stimulating resources are available and used classroom sound level is appropriate for the activities taking place
	iii. The classroom is managed effectively	<ul style="list-style-type: none"> expectations are clearly understood by students and teacher students are involved appropriately in the development and maintenance of classroom expectations student behaviour is consistent with expectations inappropriate behaviour is dealt with in acceptable and effective ways
d) Professionalism	i. Teacher demonstrates a commitment to ongoing professional growth	<ul style="list-style-type: none"> self-evaluation is practised ongoing involvement in professional growth activities occurs
	ii. Teacher demonstrates professional behaviour	<ul style="list-style-type: none"> works/interacts with staff in a co-operative and productive manner carries out regularly-scheduled out-of-classroom activities that are integral parts of the instructional program uses appropriate strategies in solving problems exhibits respect and support for students supports and contributes to the development and implementation of the school plan exhibits the Board's character attributes: Respect, Integrity, Responsibility, Team-orientedco-operation, Perseverance, Compassion, Humility, Inclusiveness exhibits the principles of equity and inclusiveness respects confidentiality of information complies with Ministry legislation and Board Policies and AdministrativeProcedures contributes to a positive school climate interacts with staff, students and parents in a way that is consistent with the Ethical Standards of the teaching profession
e) Communication	i. Communicates with students, parents/guardians, staff and the public in a professional, constructive, and accurate and secure manner	<ul style="list-style-type: none"> uses a variety of communication skills communicates clearly and concisely responds responds promptly to inquiries from parents <u>manages exchange of information in a safe and secure manner using board approved technology</u>

Regulations Made Under the Ontario College of Teachers Act, 1996**PROFESSIONAL MISCONDUCT
(O. Reg. 437/97)****Section 1:**

The following acts are defined as professional misconduct for the purpose of subsection 30 (2) of the *Act*:

1. Providing false information or documents to the College or any other person with respect to the member's professional qualifications.
2. Inappropriately using a term, title or designation indicating a specialization in the profession which is not specified on the member's certificate of qualifications and registration.
3. Permitting, counselling or assisting any person who is not a member to represent himself or herself as a member of the College.
4. Using a name other than the member's name, as set out in the register, in the course of his or her professional duties.
5. Failing to maintain the standards of the profession.
6. Releasing or disclosing information about a student to a person other than the student or, if the student is a minor, the student's parent or guardian. The release or disclosure of information is not an act of professional misconduct if,
 - i. the student (or if the student is a minor, the student's parent or guardian) consents to the release or disclosure, or
 - ii. if the release or disclosure is required or allowed by law.
7. Abusing a student physically, sexually, verbally, psychologically or emotionally.
 - 7.1 Abusing a student physically
 - 7.2 Abusing a student psychologically and emotionally
 - 7.3 Abusing a student sexually
8. Practising or purporting to practise the profession while under the influence of any substance or while adversely affected by any dysfunction.
 - i. which the member knows or ought to know impairs the member's ability to practise, and
 - ii. in respect of which treatment has previously been recommended, ordered or prescribed but the member has failed to follow the treatment.
9. Contravening a term, condition or limitation imposed on the member's certificate of qualification and registration.
10. Failing to keep records as required by his or her professional duties.
11. Failing to supervise adequately a person who is under the professional supervision of a member.
12. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false, improper or misleading statement.
13. Falsifying a record relating to the member's professional responsibilities.
14. Failing to comply with the Act or the regulations or the bylaws.
15. Failing to comply with the Education Act or the regulations made under that Act, if the member is subject to that Act.
16. Contravening a law if the contravention is relevant to the member's suitability to hold a certificate of qualification and registration.

17. Contravening a law if the contravention has caused or may cause a student who is under the member's professional supervision to be put at or to remain at risk.
18. An act or omission that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
19. Conduct unbecoming a member.
20. Failing to appear before a panel of the Investigation Committee to be cautioned or admonished, if the Investigation Committee has required the member to appear under clause 26(5)(c) of the Act.
21. Failing to comply with an order of a panel of the Discipline Committee or an order of a panel of the Fitness to Practise Committee.
22. Failing to co-operate in a College investigation.
23. Failing to take reasonable steps to ensure that the requested information is provided in a complete and accurate manner if the member is required to provide information to the College under the Act and the regulations.
24. Failing to abide by a written undertaking given by the member to the College or an agreement entered into by the member with the College.
25. Failing to respond adequately or within a reasonable time to a written inquiry from the College.
26. Practising the profession while the member is in a conflict of interest.
27. Failing to comply with the member's duty under the Child and Family Services Act.

Section 2:

A finding of incompetence, professional misconduct or a similar finding against a member by a governing authority of the teaching profession in a jurisdiction other than Ontario that is based on facts that would, in the opinion of the Discipline Committee, constitute professional misconduct as defined in Section 1, is defined as professional misconduct for the purposes of subsection 30(2) of the *Act*.



GRAND ERIE DISTRICT SCHOOL BOARD

TO: Brenda Blancher, Director of Education & Secretary
FROM: Scott Sincerbox, Superintendent of Education (Human Resources)
RE: **HR105 – Term Assignments – Central Support Staff**
DATE: June 10, 2019

Recommended Action: Moved by _____ Seconded by _____
THAT the Grand Erie District School Board receive **Procedure HR105 – Term Assignments – Central Support Staff** as information.

Background

Procedure HR105 – Term Assignments – Central Support Staff was circulated to all appropriate stakeholders for comments to be received by May 30, 2019.

Comments Received

1. Comment: 1 a) Coordinator – for consideration: Coordinators will be assigned an initial term of three years. At the end of this term, the Coordinator may be assigned for one additional term of no more than three years, on the recommendation of Executive Council.

Response: changes made

2. Comment: 1 b) Teacher Consultant – At the end of this term, the Teacher Consultant may be assigned for one additional term of no more than two years...

Response: leaving as is as this comment seems to be more restrictive

3. Comment: 1 d) Positions Created by Special Project Funds and System Initiatives – At the end of this term, the employee may be assigned additional terms of one year based upon the recommendation of Executive Council or ended due to Central Team Restructuring/Funding

Response: changes made

4. Comment: 2 b) Does not make sense – “, the term will end on June 30th at the completion of the original term length.

Response: no change deemed necessary as this refers to a term that may commence mid-year

5. Comment: After having been in two different term assignments over a period of time, I believe that those in term assignments should be permitted to reapply for the position at the end of their term. While change is positive and it is good to have fresh ideas in a position, there are also huge benefits to having continuity in a department and to the development of expertise. Sometimes, because of the way terms line up, we can turn over half of our special education consultants in one year. There is a massive learning curve to these positions and having to train a number of new staff at once is very challenging. The system looks to our staff as experts in special education, so it is important to have experts available to support schools. Every special education teacher consultant who has passed through our department comments that they are just feeling like they have mastered the system special education processes when

their term is up. We meet regularly with system staff in other boards and we have encountered very few boards with such short terms and no possibility of reapplication. Close to us, the BHNCD SB, WRDSB, TVCDSB, etc.... are all permitted to reapply for positions at the end of their terms. Most importantly, those who would want to reapply for another term have a clear passion for special education. It is those people that need to be in system leadership for special education

Response: For succession planning purposes, and to allow for opportunities for others, six years is reasonable.

6. Comment: Trustee approval should not be removed from this procedure, should remain in the current form and be changed to a policy.

Response: The assignment of Central Support Staff is taken very seriously by Senior Administration. These decisions are made responsibly, strategically, and within the parameters set out in budgets and available funding. As new funding is received (e.g., PPFs) staffing decisions may need to be made quickly and in some cases, this may fall outside of the timelines set out in Board meeting schedules. The assigning of these positions allows for greater flexibility in getting people in these roles, working with our students, as soon as possible.

7. Comment: How will these appointments be shared with the Board?

Response: A report to trustees, identifying Central Support Staff, will be provided annually as part of the budget development process.

Additional Information

As a result of these comments, suggested revisions have been made to the Procedure and a draft revised procedure is attached.

Next Steps

This Procedure will be distributed in keeping with Board Bylaw BL9.

Respectfully submitted,

Scott Sincerbox
Superintendent of Education (Human Resources)



PROCEDURE

HR105

Term Assignments - Central Support Staff

Board Received: _____

Review Date: _____

Accountability

1. Frequency of Reports – As needed
2. Criteria for Success – Program enhances curriculum

Procedures

1. The following positions shall be subject to terms and funding:

- a) **Coordinator**

Coordinators will be assigned an initial term of ~~four~~ three years. At the end of this term, the Coordinator may be assigned for one additional term of one, two or three years, on the recommendation of Executive Council. At the end of their term, the Coordinator may be assigned to a position in accordance with the arrangements which were confirmed in writing at the time of the original appointment, or to a classroom teaching position, or to any other position determined through regular application procedures. Re-application to this position can only occur after an intervening experience of at least two years.

- b) **Teacher Consultant**

Teacher Consultants will be assigned for an initial term of three years. At the end of this term, the Consultant may be assigned for one additional term of one or two years, on the recommendation of Executive Council. At the end of their term, the Consultant may be assigned to a position in accordance with the arrangements which were confirmed in writing at the time of the original appointment, or to a classroom teaching position, or to any other position determined through regular application procedures. Re-application to this position can only occur after an intervening experience of at least two years.

- c) **Principal Leader**

Principal Leaders will be assigned for an initial term of three years. At the end of this term, the Principal Leader may be assigned for one additional term of two years, on the recommendation of Executive Council. At the end of their term, the Principal Leader will return to a position of principal within the Grand Erie District School Board. Re-application to this position can only occur after an intervening experience of at least two years.

- d) **Positions Created by Special Project Funds or System Initiatives**

Employees will be assigned for an initial term of up to one year. At the end of this term, the employee may be assigned for additional terms of one year, on the recommendation of Executive Council. At the end of their term, the employee may be assigned to a position in accordance with the arrangements which were confirmed in writing at the time of the original appointment, or to a classroom teaching position, or to any other position determined through regular application procedures. Re-application to this position can only occur after an intervening experience of at least two years.

2. Additional Information

- a) All term assignments will end on June 30th.
- b) When an employee is given a term assignment in mid-year, the term will end on the June 30th at the end of the original term length.
- c) When an employee on a term assignment takes a statutory leave or leave of absence during their term, the end date of the term will not change.

Draft