



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD

SPECIAL EDUCATION MANUAL



2005



**Special
Education**



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2005



**Special
Education**

Credits

This Special Education Manual was created through the coordinated efforts of

Kathy O'Neill – Special Education Special Assignment Teacher

Mary Catherine Brisco - Special Education Special Assignment Teacher

Brian Friske – I.T. Special Assignment Teacher

The Accompanying Special Education CD

This IEP Manual is accompanied by a CD which includes Electronic Forms that can be used by Special Education Teachers to complete the SE forms required by these teachers. This disk includes a copy of this manual in Adobe Acrobat Form and two folders. One folder contains copies of all the SE forms in Adobe Acrobat (PDF) form that you may access using Adobe Acrobat software and can be used as rough copies that you can use in meetings and as rough drafts of the final version. The other folder contains all the SE forms in Word format that you will need to use to create final drafts of these SE Forms

Using the Electronic SE Microsoft Word Forms (Requires Microsoft Word)

1. Put in a help desk ticket requesting that Microsoft Word be installed on your computer. Microsoft Word is an expensive program and can only be installed on one computer. You do not have permission to install this program on multiple computers unless additional licenses are purchased by your school.
2. Place Special Education disk into the CD Drive.
3. Open Microsoft Word.
4. Select file → Open.
5. Find the CD drive and open it.
6. Find the folder Special Education Word Forms.
7. Select the SE file that you require and open it.
8. These forms are locked so that you can only type in the blue boxes. Type what you need to enter.
9. Hit the tab key to move to the next box and type.
10. Hit tab again to move to the next box. Continue this procedure until you are done. Then print the document.
11. If you wish to save the document you will need to select **Save As** and re-name the document. You will also need to save it in My Documents since you will not be able to save it on the CD.
12. If you do not wish to save the document in electronic form that is also acceptable.

Notes for the Word Forms

There are a number of areas of some concern.

1. Each blue box will let you type in unlimited amount of text. This means that the documents length may exceed the normal number of pages but that should be acceptable.
2. All dates require that you enter using the DD/MM/YYYY format. We have done this to save space on the document.
3. The forms are locked so that it becomes easy to navigate when typing, and to ensure that you do not permanently ruin the forms, but if a problem does occur the document can be unlocked using the menu command Tools → Unprotect Document.

Using the Adobe Acrobat SE Forms (Requires Adobe Acrobat 5 or better)

In simplest terms, the Adobe Acrobat SE Forms can be opened by

- **Double-clicking My Computer**
 - **double-click the CD drive**
 - **double-click the Special Education Adobe Acrobat Folder**
 - **double-click the SE form that you want**
-
- This requires, however, that you have Adobe Acrobat Reader Versions 5, 6 or 7 installed on your computer.
 - This software can be downloaded free from www.adobe.com but is also available on the CD. The version **AcroReader51_ENU_full** is to be used on machines which use a Windows 98 Operating System and the **AdbeRdr70_enu_full** is to be used on Machines with a Windows XP operating system. To install either just double-click on the icon on the CD and just accept all prompts

The New Board Website and the Special Education Teacher

A new Board website has been developed which will provide you access to all the SE forms using the web. This web site has been recently completed and requires only board approval. It will give you easy access to the forms in the event that you have forgotten the CD at home or at school. The web site also gives access to the IEP software, IEP manual and a variety of Spec. Ed. Web sites.

Table of Contents

Assessment Procedure

Assessment, Referral and Permission Forms

- SE01 Authorization for Assessment
- SE02 Referral for screening or assessment
- SE03 Referral for Speech and Language Assessment
- SE04 Permission for Speech and Language Programming
- SE05 Referral to School and Attendance Counsellor
- SE06 Request for Consent to provide Psychological Services
- SE07 Pre-assessment Referral Information
- SE08 Case Conference for Non-Identified Students
- SE09 Permission for Remedial Program
- SE10 Special Education Demitting form
- SE11 Special Education Demitting form 2
- SE12 Home or Hospital Instruction
- SE13 Authorization for Involvement of Native Counsellor
- SE14 Assessment for Visually Impaired
- SE15 Assessment for Hearing Impaired

IPRC Checklists and Forms

- SE16 Principal's Checklist for Identification and Placement Referral
- SE17 Notice of Referral to IPRC Committee
- SE18 Principal's Checklist for Review
- SE19 Notice of Review by IPRC Committee
- SE20 IPRC Review Committee Statement of Decision
- SE21 Request for Direction from Board
- SE22 Notification to Parent of Direction from Board
- SE23 Definitions
- SE24 A Parent's Guide
- SE25 Notification to Central Services Department

IEP Forms and Related Information

- SE26 IEP Timeline checklist
- SE27 Report cards and IEP students
- SE28 Letter sent home with IEP
- SE29 The IEP - A Parent's Guide
- SE30 The Individual Education Plan

Transitional Planning Meeting Forms

- SE31 Transition Planning Guide

ISA 1 Equipment Forms

- SE32 Protocol for ISA 1 Equipment Purchased
- SE33 Application for ISA 1 Equipment
- SE34 Assumption of Responsibility - Home Use of ISA 1

Other Forms

- SE35 form 14 Mental Health Act
- SE36 Record of Referral to Outside Agency
- SE37 Consent for School to Receive Confidential Information
- SE38 Consent for school to Release Confidential Information
- SE39 Summary Report on Special Education Pupils



ASSESSMENT PROCEDURES



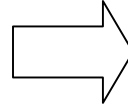
**Special
Education**

Renfrew County Catholic School Board Assessment Procedure

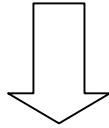
**Student in regular classroom:
Teacher or parents suspect school difficulties**

Step I – Pre-Referral

Classroom teacher discusses concerns with student and parents. Teacher observes, collects data and makes minor changes or accommodations to help the student.



Successful
Child progresses with minor class accommodations.

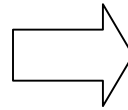


Not Successful

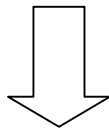
Step II – Referral

Classroom teacher meets with Special Education Teacher and Principal to request help. Discussion may lead to:

- a) major classroom accommodations (IEP listing accommodations may be put into place)
- b) remedial program



Successful
Child progresses with accommodations and/or remedial

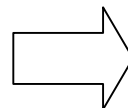


Not Successful

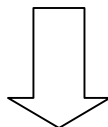
Step III – School Level Assessment/Modifications

Classroom teacher meets with SERT – may lead to

- a) Brigance Comprehensive Inventory of Basic Skills Assessment*
- b) b) modifications are put into place and page 3 of IEP is utilized c) Brigance to be done yearly to determine effectiveness of programming and student's learning level. Written parental consent is not needed for this step, but parents should be informed.



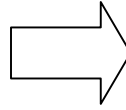
Successful
Child progresses with accommodations, modifications and remedial.



Not Successful

Step IV – Board Level Assessment

If child is suspected to be two or more years behind academically, and a potential ISA Level 2 or 3, Principal or SERT will contact Spec. Ed. SPAT for Board Assessment (Cognitive and Achievement Assessment). Written parental consent is needed. If Board Assessors find discrepancies, Board Psychologist is activated.



Successful

Student is identified as exceptional and progresses with accommodations, modifications and remedial.

* All Special Education teachers have been provided with the Brigance Inventory of Basic Skills.



ASSESSMENT, REFERRAL AND PERMISSION FORMS



**Special
Education**



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
AUTHORIZATION FOR ASSESSMENT

Form with fields for Student Name, Birth Date, Grade, Date of Referral, School, Teacher, Special Education Services, Exceptionality, Parent/Guardian Name, and Reason for Referral. Includes signature lines for Special Education Staff Person and Principal.

PRINCIPALS PLEASE INDICATE THE SERVICES REQUESTED BY PUTTING CHECK MARK IN THE APPROPRIATE BOX(ES).

In giving consent to the service(s) below, I understand that my child's OSR may need to be examined.

I HEREBY GIVE PERMISSION TO THE RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD TO CONDUCT THE FOLLOWING:

- Screening/Assessment with Board Assessor
Consultation/Assessment with the Speech and Language Pathologist
Consultation with School and Attendance Counsellor
Consultation and Assessment with School Board Psychologists
Other

Signature of Parent/Guardian

Date

If you decide not to access the above service(s), please sign the waiver below and return form to school for our records.

I do not give permission to have the above assessment, consultation or screening completed.

Signature of Parent/Guardian

Date



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
REFERRAL FOR SCREENING/ASSESSMENT

Student Name: _____

School: _____

Date of birth: _____

Grade: _____ Teacher: _____

Has this student repeated and if so what grade? _____

Date of referral: _____

Referral initiated by: Teacher Parent Other

Reason for referral: _____

Do you have a signed parent consent form (SE-1) for this referral? Yes No

Has hearing been checked recently? Yes No

Has vision been checked recently? Yes No

Has this student been identified as an exceptional student and if so what exceptionality? Yes No

Is there an IEP for this student? Yes No

Have there been other assessments or other professionals involved with this student? Yes No

Please explain: _____

ACADEMIC ACHIEVEMENT CHECKLIST

Please rate the student's levels in the following areas:

Level of Oral Expression

- Advanced
- Average
- Limited

Level of Listening Comprehension

- Advanced
- Average
- Limited

Basic Reading Skills (sight vocabulary and use of phonetic analysis)

- Advanced
- Average
- Limited

Approximate instructional grade level _____

Reading Comprehension

- Advanced
- Average
- Limited

Approximate instructional grade level _____

Math Calculation

- Advanced
- Average
- Limited

Approximate instructional grade level _____

Writing Skills (legibility, quality of expression, spelling)

- Advanced
- Average
- Limited

Approximate instructional grade level _____

CLASSROOM FUNCTIONING

Amount of one to one attention student requires in the classroom

- Less than most in the class
- About the same as others
- More than most students

Average amount of schoolwork completed

- Less than most students
- About the same as other students
- About the same quantity but poorer quality

Focus/ effort/attitude

- Average degree of attention to task (typical for age & grade)
- Has difficulty remaining on task
- Average degree of effort expended (typical for age & grade)
- Does not seem motivated/interested in academic tasks
- Is co-operative to most teacher requests in the classroom

Homework

- Usually does homework (typical for age & grade)
- Rarely does homework
- Receives support from parents regarding schoolwork

Other comments regarding this student



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
REFERRAL FOR SPEECH-LANGUAGE ASSESSMENT**

Instructions: Please check yes/no as applicable. Please be as thorough as possible when completing this form. Additional comments may be included at the end of the form.

Name: _____ Date of Referral: _____

School: _____ Date of Birth: _____

Grade: _____ Teacher: _____

Home Address: _____ Home Telephone: _____

Name of Father: _____ Name of Mother: _____

Country where child was born: _____

Language(s) spoken in the home: _____

Other languages spoken: _____

Name of other schools/grades child has attended

Brothers & sisters (name, age, grade):

Health/Behaviour: _____

Hearing test results: _____

Any other agency(s) involved with this child? (Please list)

Estimated grade level at which child is achieving:

Reading: _____ Math: _____ Spelling: _____

Has this child repeated any grades? Yes No

Language Comprehension

Yes

No

Can the child follow simple verbal directions?

Can the child follow longer, more complex directions and/or conversations?

Does the child appear to hear when his back is turned to the speaker?

Language Production

Does the child use correct grammar, word order?

Does the child use complex sentences?

Does he use a rich and varied vocabulary?

Can the child retell a story verbally?

Articulation/Phonology

Can you understand the child when he speaks?

Does the child omit some of the sounds or substitute others, e.g. "tone" for "stone", "gog" for "dog";

or distortions such as lisps or slushy sounds?

Voice

Is the child's voice consistently very loud, very soft, hoarse, monotonous or nasal? Please specify:

Fluency

Does the child exhibit any stuttering behaviour or hesitations, i.e. "y-y- you know..."?

Is the child embarrassed or disturbed by his/her speech?

Other comments:

.

Teacher's Signature

Principal's Signature

Date



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
PERMISSION FOR SPEECH AND LANGUAGE PROGRAMMING
ADMINISTERED BY SPEECH AND LANGUAGE PATHOLOGIST/ COMMUNICATION
DISORDER FACILITATOR**

_____ Date

_____ Name of Student

_____ Name of School

To: _____
Parent/Guardian

This is to notify you that we would like to include your child _____
in a speech/language program administered by our Board's Speech and Language
Pathologist/Communication Disorder Facilitators.

If you would like more information about this please contact your child's teacher.

If you agree that your child receive this program, please sign this form and return to the
school.

Sincerely, _____

Parent/ Guardian
Signature

Principal and/or Special Education
Teacher Signature

I want my child to receive this program.

I do not want my child to receive this program.



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
REFERRAL TO SCHOOL AND ATTENDANCE COUNSELLOR

Instructions:

1. The Principal should refer to School and Attendance Counsellor the following pupils:
 - a. those who seem to be violating or stretching the requirements of the Education Act re: compulsory attendance;
 - b. those whose behaviour or attitude or environmental circumstances provide evidence of an apparent need for preventive counseling and/or appropriate home intervention and/or the establishment of continuing, positive liaison with the home.
2. The referral should be made directly to the School and Attendance Counsellor in writing on this form.
3. Complete the written referral in duplicate. Send the original to the School and Attendance Counsellor. Place the duplicate in the O.S.R.

School: _____ **Grade:** _____

Pupil: _____ **Teacher:** _____

Parent or Guardian: _____ **D. O. B.:** _____

Address: _____ **Telephone:** _____

Referred by: _____

Reason for Referral:

Number of Days Absent: _____

Other Agencies Involved:

Date of Psycho-educational Assessment: _____

Parents Notified of this Referral: YES NO

DATE

SIGNATURE OF PRINCIPAL



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
REQUEST FOR CONSENT TO PROVIDE PSYCHOLOGICAL SERVICES**

TO: _____
parent, legal guardian, or student address

FOR: _____
name of student date of birth

It has been recommended that the following psychological services be provided for the above-named student:

- Behavioural Assessment
- Psychological Assessment

These services have been recommended for the following reasons:

Psychological services are recommended to assist in developing an educational program that meets the needs of an individual student.

Psychological services may include: testing and evaluation of intellectual, social, emotional, and academic functioning, classroom observation, counseling, application of specialized teaching strategies, application of specific behaviour management strategies, interviews with parent(s), teacher(s), guardian(s), and other school personnel, and examination of school records, including the Ontario School Record (O.S.R.).

All results of psychological services will be discussed with you, and with those professional staff members of the Renfrew County Catholic District School Board that are involved with the student.

A written report of psychological services provided will be placed in the O.S.R. A copy of the report will be retained by the author of the report, and a copy can be provided to you if you wish.

All test forms, notes, communications, and other information will be retained and kept secure in the files of the individual providing the psychological services.

No information will be released concerning psychological services provided to the above-named student to any person outside the RCCDSB without your informed written consent.

I fully understand the nature of the psychological services to be provided, and the reason(s) for these services. I give my permission for the above services to be provided.

Signature of Parent, Legal Guardian, or Student
(if over 16 years of age)

Date



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
BEHAVIOUR MANAGEMENT PROGRAMS
PRE-ASSESSMENT REFERRAL INFORMATION**

Please complete and fax to Dr. K Hbranchuk, c/o Mary-Catherine Brisco (613-432-0820), prior to assessment./intake meeting.

Student's Name: _____ D.O.B. _____

School: _____ Grade: _____

of Students in Classroom: __ Class: Spec. Ed. Split Regular Special Ed:

Teacher: _____ E.A. _____

Parent(s) Name: _____ Employers: _____

Address: _____ Telephone # _____

Siblings	Ages	School
_____	_____	_____

Previous Schools Attended: _____ Grades Repeated: _____

Special Programming Information:

I.P.R.C. (Date): _____ Exceptionality: _____ ISA _____

Academic or Psychological Assessment by: _____ Date _____

Special Education Programs: _____

School & Attendance Counsellor (s): _____

Other Service Providers involved i.e., CHEO, ROH, Valleycrest/Phoenix Center, RCDSS, P.H.U., Family & Children's Services or Psychologist/Psychiatrist:

Family History, i.e., intact family or special custodial arrangements: _____

Student History, i.e., absenteeism, suspensions, social skills, physical conditions & medications:

Identified Target Behaviours:

Identified Strengths of Student:

Potential Reinforcers for Student:

Completed by: Teacher or Special Ed. Teacher: _____

Date: _____

Signature of Principal: _____

Received by Dr. Hbranchuk on: _____



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
CASE CONFERENCE FOR NON-IDENTIFIED STUDENTS

Name of Student: _____ Date of Birth: _____ Age: _____

School: _____ Teacher: _____ Grade: _____

Date: _____

I.E.P. Developed: Yes No

Strengths

Needs

Strengths	Needs

Programs and/or Services Required: _____

Other Comments: _____

People Present:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
PERMISSION FOR REMEDIAL PROGRAM**

DATE

NAME OF STUDENT

NAME OF SCHOOL

To Parents/guardians of _____

This is to notify you that we would like to include your son/daughter in a remedial
_____ program with the Special Education teacher.

If you would like more information about this, please contact your child's teacher.

If you agree that your child receive this program please sign this form and return it to the school.

Sincerely,

Parent/Guardian
Signature

Principal and Special Education
Resource Teacher



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
SPECIAL EDUCATION DEMITTING FORM**

Date: _____

To the Parents/Guardians of _____.

This is to inform you that your child requires a change in his/her Special Education program as follows:

- is ready to be demitted from the Remedial Program;
- is ready to be demitted from the Speech/Language Program;
- is ready to be demitted from the Behavioural Program supervised by Dr. Hbranchuk/Developmental Support Services
- is ready to be demitted from the Special Education Program.

If you have any questions regarding this change in program, please contact the school.

Yours sincerely,

Special Education Teacher or Principal



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
SPECIAL EDUCATION DEMITTING FORM**

Date: _____

Dear Parents/Guardian:

You have requested that your child _____ not take part in/be demitted from the Special Education Program at _____.

Please sign this form and return it to the school.

Sincerely, _____

Parent/ Guardian
Signature

Principal and/or Special Education
Teacher Signature



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
HOME OR HOSPITAL INSTRUCTION

Instructions:

1. Complete the form in triplicate and send one copy to the Superintendent of Educational Services as soon as pupil-instruction has been initiated.
2. Send a second copy to the Superintendent of Educational Services when pupil-instruction has been discontinued.

Pupil: _____ Grade: _____

School: _____ Principal: _____

Teacher in School: _____

Home or Hospital Teacher: _____

Pupil's Parent: _____

Address: _____ Telephone: _____

Pupil's Illness: _____

Medical Certificate: (Yes) (Other):

NOTE: The principal is respectfully requested to obtain, through the parents, a medical certificate and to forward it to the Superintendent of Educational Services.

Date instruction commenced: _____

Instruction Schedule: (criterion): _____

Date

Signature of Principal

Date instruction discontinued: _____

Copy to O.S.R.



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
AUTHORIZATION FOR INVOLVEMENT OF
NATIVE COUNSELLOR**

Student Name: _____

Birth Date: _____ File# _____

School: _____ Date: _____

Parent/Guardian: Name: _____

Address: _____

Telephone: _____

The Native School Support Counsellor is available to provide support for the Native Students who may experience difficulties in the areas of social/emotional/spiritual growth or academic performance.

I hereby give my consent for the involvement of the Native Counsellor with _____.

Signature of Parent/Guardian: _____

Signature of School Principal: _____

In order to provide assistance for my son/daughter, I agree that the Native School Support Counsellor will have access to _____'s Ontario Student Record Folder.

Signature of Parent/Guardian: _____



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
ASSESSMENT FOR VISUALLY IMPAIRED STUDENTS
(TO BE COMPLETED BY VISUALLY IMPAIRED SPECIALIST)**

Name: _____ School: _____

Date of Birth: _____ Age: (As of Sept. 1) _____

Parent's/ Guardian's: _____

Address: _____

Telephone: _____

Summary of Visual Report and Recommendations of Visually Impaired Specialists:

Summary of Program Needs from Visually Impaired Specialists:

Recommendations of School Personnel:

Statement of IPRC:

Note: Attach Relevant Reports

Completed by: _____



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
ASSESSMENT FOR HEARING IMPAIRED STUDENTS
(TO BE COMPLETED BY HEARING IMPAIRED SPECIALIST)**

Name: _____ School: _____

Date of Birth: _____ Age: (As of Sept. 1) _____

Parent's/ Guardian's: _____

Address: _____

Telephone: _____

Summary of Audiology Report and Recommendations of Hearing Impaired Specialists:

Summary of Program Needs from Hearing Impaired Specialists:

Recommendations of School Personnel:

Statement of IPRC:

Note: Attach Relevant Reports Completed by: _____



IPRC CHECKLISTS AND FORMS



**Special
Education**



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
PRINCIPAL'S CHECKLIST FOR INITIAL IDENTIFICATION AND PLACEMENT REVIEW

Name of Pupil: _____ Principal: _____

Date of Birth: _____ School: _____

Action Taken	Date	Comments	SE Forms
1. Discussed with parent			
2. Written parental consent obtained for individual assessment. Staff filled out Referral for Screening Assessment			SE 1 and SE 2
3. Educational Screening/Assessment Completed			
4. Decision to identify made			
5. Invited parent to IPRC and sent parent's guide (placed copy of SE 17 in OSR)			SE 17 and SE 24
6. IPRC Meeting (refer to duties in Procedures and Personnel Section)			SE 20
7. Sent statement to parent if parents did not attend			SE 20
8. Received signed statement from parent			
9. Sent list of IPRC'd students to Board			SE 25
10. Arranged discussion between parent and IPRC if requested by parent due to disagreement of identification or placement			
11. Requested direction from Board if no parental response after 30 days – placed copy in OSR			SE 21
12. Placed pupil as agreed or directed			
13. Notified the parent of Board-directed placement – placed copy in OSR			SE 22
14. Arranged transportation when necessary			
15. Filed copy of minutes of IPRC in OSR			SE 20
16. Develop IEP* (if not already developed)			SE 30

*Develop IEP no later than 30 school days after Special Education program begins. (Reg. 181/98)



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
NOTICE OF INITIAL REFERRAL TO IPR COMMITTEE

Name of Pupil: _____ Date of Birth: _____

Notice to Parent/Guardian: _____

This is to inform you that the pupil named above will be referred to an Identification, Placement and Review Committee. I shall be the Chairperson of the Committee.

As explained in the brochure sent to you with this notice, the objectives of the Committee are (1) to determine whether _____ is an exceptional pupil, and (2) to determine the most appropriate placement for him/her.

You are encouraged to attend this meeting which will be held _____ at _____. Your input is valued and appreciated.

Date

Signature of Principal

Copy to O.S.R.

JANUARY 2005

Attached: Special Education for Special Children: A Parent's Guide

Name of Child: _____

I will attend the IPRC Meeting on _____

I will not attend the IPRC Meeting on _____

Date

Parent's Signature



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
PRINCIPAL'S CHECKLIST FOR IDENTIFICATION AND PLACEMENT REVIEW**

Name: _____ Principal: _____

Date of Birth: _____ School: _____

Action Taken	Date	Comments	SE Forms
1. Notified parent/guardian of IPRC Review – place copy in OSR			SE 19
2. IPRC Meeting (refer to duties in procedures and personnel section.			SE 20
3. Sent statement to parent/guardian if parent/guardian did not attend.			SE 20
4. Parent signature on IPRC Statement			SE 20
5. Filed minutes of IPRC in OSR			
6. Sent list of IPRC'd students to Board			SE 25
7. Requested direction from Board if no parental response after 30 days – placed copy in OSR			SE 21
8. Placed pupil as agreed or directed			
9. Notified parent of Board-directed placement – placed copy in OSR			SE 22
10. Arranged transportation when necessary/required			
11. Filed and mailed parent copy of minutes			
12. Develop IEP no later than 30 days after Special Education program begins (Reg. 181/98)			SE 30



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
NOTICE OF REVIEW BY IPR COMMITTEE

Name of Pupil: _____ Date of Birth: _____

Notice to parent/guardian: _____

This is to inform you that the pupil named above will be reviewed by an Identification, Placement and Review Committee. I shall be the Chairperson of the Committee.

The Committee will consider whether or not the placement appears to meet the needs of the pupil and determine the most appropriate placement for him/her.

You are encouraged to attend this meeting which will be held _____
at _____. Your input is valued and appreciated.

Date

Signature of Principal

Name of School

Copy to O.S.R.

JANUARY 2005

Attached: Special Education for Special Children, A Parent's Guide

Name of the child: _____

I will attend the IPRC Meeting on _____.

I will not attend the IPRC Meeting on _____.

Date

Parent's Signature

JANUARY 2005



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
IDENTIFICATION, PLACEMENT AND REVIEW COMMITTEE STATEMENT OF DECISION AND
MINUTES

Initial Identification: **or** Review:

Name: _____ Date of Birth: _____ Grade: _____

School: _____ Classroom Teacher: _____

Date: _____

Strengths

Needs

Comments:

Final Recommendations:

<p>The Committee has determined/confirmed that _____ is identified as an exceptional student in the following area(s):</p> <p><input type="checkbox"/> Behaviour Exceptionality</p> <p>Communication Exceptionality</p> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Deaf and Hard of Hearing</p> <p><input type="checkbox"/> Language Impairment</p> <p><input type="checkbox"/> Speech Impairment</p> <p><input type="checkbox"/> Learning Disability</p> <p>Intellectual Exceptionality</p> <p><input type="checkbox"/> Giftedness</p> <p><input type="checkbox"/> Mild Intellectual Disability</p> <p><input type="checkbox"/> Developmental Disability</p> <p>Physical Exceptionality</p> <p><input type="checkbox"/> Physical Disability</p> <p><input type="checkbox"/> Blind and Low Vision</p> <p><input type="checkbox"/> Multiple Exceptionality</p>	<p>The Committee recommends the following support(s):</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Physio-Therapy</p> <p><input type="checkbox"/> School Support Counsellor</p> <p><input type="checkbox"/> Speech/Language Program</p> <p><input type="checkbox"/> Behaviour Program</p> <p><input type="checkbox"/> Other</p> <p>The Committee recommends the following placement:</p> <p><input type="checkbox"/> A regular class with indirect support</p> <p><input type="checkbox"/> A regular class with resource assistance</p> <p><input type="checkbox"/> A regular class with withdrawal assistance</p> <p><input type="checkbox"/> A regular class with partial integration</p> <p><input type="checkbox"/> A special education class full-time</p>
---	---

IPR Committee Members:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Others Present:

_____	_____
_____	_____

Signature of Chairperson

Consent of Parent/Guardian

I consent to the identification and recommended placement.

Signature



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
REQUEST FOR DIRECTION FROM BOARD**

Name of Pupil: _____

Date of Birth: _____

School: _____

Thirty days or more have elapsed since the IPRC Statement of Decision and minutes (SE 20) was sent to the pupil's parent/guardian.

Parental consent to implement the determination of the Identification, Placement and Review Committee has not been received and as far as I know appeal procedures have not been initiated.

Please provide direction regarding this pupil.

Date

Principal

Copy to O.S.R.



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
NOTIFICATION TO PARENT OF DIRECTION FROM BOARD**

Name of Pupil: _____

Date of Birth: _____

School: _____

Since you did not respond within thirty days to the statement of the Identification, Placement and Review Committee dated _____ and did not institute appeal procedures, the Board has directed me to:

Date

Principal

Copy to O.S.R.

Definitions

For the purpose of subsection 8 (3) of the **Education Act, R.S.O. 1990**, Chapter 129, the exceptionalities of pupils are those set out below by exceptionality grouping, specific exceptionality identification, and specific exceptionality definition.

Exceptionality Grouping	Exceptionality	Definition
A. <u>Behavioural Exceptionality</u>		<p>A learning disorder characterized by specific behaviour problems over such 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:</p> <ul style="list-style-type: none"> a) an inability to build or to maintain interpersonal relationships; b) excessive fears or anxieties; c) a tendency to compulsive reaction; d) the inability to learn that cannot be traced to intellectual, sensory, or other health factors, or any combination thereof.
B. <u>Communication Exceptionality</u>		
	1. Autism	<p>A severe learning disorder that is characterized by:</p> <ul style="list-style-type: none"> a) disturbances in: <ul style="list-style-type: none"> I. rate of educational development; II. ability to relate to the environment; III. mobility; IV. perception, speech, and language; b) lack of the representational symbolic behaviour that precedes language.
	2. Deaf & Hard of Hearing	<p>An impairment characterized by deficits in language and speech development because of a diminished or non-existent auditory response to sound.</p>
	3. Language Impairment	<p>A learning disorder characterized by an impairment in comprehension and/or 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:</p> <ul style="list-style-type: none"> a) involve one or more of the form, content, and function of language in communication; and b) include one or more of the following: <ul style="list-style-type: none"> I. language delay; II. dysfluency; and III. voice and articulation development, which may or may not be organically or functionally based.
	4. Speech Impairment	<p>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.</p>
	5. Learning Disability	<p>A learning disorder evident in both academic and social situations that involves one or more of the processes necessary for the proper use of spoken language or the symbols of communication, and that is characterized by a condition that:</p> <ul style="list-style-type: none"> a) is not primarily the result of: <ul style="list-style-type: none"> 1. impairment of vision; 2. impairment of hearing; 3. physical disability; 4. developmental disability; 5. primary emotional disturbance; 6. cultural difference; and

Exceptionality Grouping	Exceptionality	Definition
	5. Learning Disability (cont.)	<p>b) results in a significant discrepancy between academic achievement and assessed intellectual ability, with deficits in one or more of the following:</p> <ol style="list-style-type: none"> 1. receptive language (i.e. listening, reading); 2. language processing (i.e. thinking, conceptualizing, integrating); 3. expressive language (i.e. talking, spelling, writing); 4. mathematical computations; and. <p>c) may be associated with one or more conditions diagnosed as:</p> <ol style="list-style-type: none"> 1. a perceptual handicap; 2. a brain injury; 3. minimal brain dysfunction; 4. dyslexia; or 5. developmental aphasia.
C. <u>Intellectual Exceptionality</u>	1. 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.
	2. Mild Intellectual Disability	<p>A learning disorder characterized by:</p> <ol style="list-style-type: none"> 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.
	3. Developmental Disability	<p>A severe learning disorder characterized by:</p> <ol style="list-style-type: none"> 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 special education program that is designed to accommodate slow intellectual development;
Exceptionality Grouping	Exceptionality	Definition
D. <u>Physical Exceptionality</u>	1. Physical Disability	<p>c) a limited potential for academic learning, independent social adjustment, and economic self-support.</p> <p>A condition of such a severe physical limitation or deficiency as to require special assistance in learning situations to provide the opportunity</p>

for educational achievement equivalent to that of pupils without exceptionalities who are of the same age or developmental level.

2. Blind & Low Vision

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

E. Multiple Exceptionality

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.

SPECIAL EDUCATION FOR SPECIAL CHILDREN

“A PARENT’S GUIDE”

This SE 24 document is actually a brochure that can be found in the Special Education Manual Binder. Other copies are stored at your school to be distributed to parents and guardians at IPRC Meetings.



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
NOTIFICATION TO CENTRAL STUDENT SERVICES DEPARTMENT
SPECIAL EDUCATION IDENTIFICATION AND PLACEMENT COMMITTEE MEETINGS**

Signature of Chairperson

Date of Notification to Board

Name of Student	School	Newly ID Students IPRC Date	Date of IPRC Review	Exceptionality	Placement and Date of Placement	Date of Parental Consent	Special Transportation



IEP FORMS AND RELATED INFORMATION



**Special
Education**

IEP TIMELINE CHECKLIST

1. At IPRC reviews (usually **May & June**), review 3rd term IEP and make notes to assist you in creating the next IEP in September. Also, during secondary IEP meetings discuss student's transitional plan re-goals and actions.
2. Also in **June** have 'transfer' meetings between class teachers and include Special Education Teacher if he/she is involved. Pass on information and IEP to 'new' teacher.
3. **September** Special Education Teacher completes page I of IEP, referring to IPRC minutes, and previous IEP.
4. In early **September** the Special Education Teacher and the classroom teacher meet to generate the learning expectations for the IEP. The IEP Committee suggests that Special Education classes begin, at the latest, the 2nd week of school. We realize that this may not be possible at the high school so we ask that some other arrangements be made to assist teachers with these important planning meetings.
5. The proposed copy of the IEP is sent or given to parents with the appropriate letter and brochure. Changes to the IEP must be discussed and agreed upon before the IEP is finalized.
6. IEP's need to be completed 30 **school days** after the student's attendance in a new Special Education program, **OR** the first day of enrolment in the Special Education program (when the program starts some time during the year), **OR** the first day of the new school year or semester, when the student is continuing a Special Education Program.
7. Principal reviews and signs all IEP's, and the finalized IEP is sent or given to the parent. Parent also must sign the IEP.
8.
 - A) Toward the end of 1st term, Special Education Teachers and classroom teachers meet to review the IEP.
 - B) At this meeting, the student's progress is evaluated for the purposes of the provincial report card and the new learning expectations for the 2nd term IEP are established. If there are alternative expectations, then the Evaluation of Progress column on page 3 must be completed

The above process, 8a) and b), will be repeated for term 3 or semester 2 (high school).
9. The IEP will be sent to parents first term only **unless** there are **significant** changes to the annual program goals. However if the student's expectations are **alternative** in nature, the IEP must be attached to the report card and sent home at the end of each term/semester.
10. Ministry policy states, only the current IEP should be kept in the OSR. However, for some students the school may choose to keep past IEP's in a separate file for reference.

Report Cards and IEP Students

Information obtained from -page 46-47 The IEP (A Resource Guide 2004)
Also, SPAT comments added for clarification

Accommodations Only:

It is not necessary, nor is it advisable, for the IEP box to be checked or for the statement regarding modified learning expectations to be included. The purpose of the report card is to report on the student's progress in achieving the regular grade-level curriculum expectations, **not** on the student's use of accommodations.

Modifications:

Information on student progress in each subject or course that has modified expectations must be recorded on the Provincial Report Card.

For an ELEMENTARY student, the IEP box must be checked and the following appropriate statement "the marks for _____ are based on achievement of the expectations on the IEP which vary from the grade _ expectations" must be inserted.

For a SECONDARY student, if some of the student's learning expectations for a course are modified but the student is working towards a credit for the course, it is sufficient to simply check the IEP box. If however, the student's learning expectations are modified to such an extent that the principal deems that a credit will not be granted for the course, the IEP box must be checked and the following appropriate statement "the marks for _____ are based on achievement of the expectations on the IEP which vary from the grade _ expectations" must be inserted.

(So therefore: It is very important to make sure that in the actual IEP subject pages that the grade level follows each expectation).

For both elementary and secondary students, it is very important that the teacher's comments include relevant information about the student's demonstrated learning of the modified expectations, as well as about the next steps for the student with respect to the particular subject or course.

Alternative Programs and Courses

The student's achievement of alternative expectations should be reported to parents by means of anecdotal comments on the IEP in the third column on the alternative pages.



Renfrew County
Catholic District
School Board

499 Pembroke St. West
Pembroke, Ontario
K8A 5P1
1-800-267-0191
(613)-735-1031
Fax: (613)-735-2649
www.rccdsb.edu.on.ca

... as an inclusive Catholic educational community, we are called to express our mission as church, to pass on the Good News of Jesus Christ, to make it relevant to the world today, and to be the hope for the future.

Dear Parents/Guardians:

This is a copy of your child's Individual Education Plan. It is a working document which describes:

1. The strengths and needs of your child;
2. The special education program to be used;
3. Services established to meet your child's needs;
4. How the program and services will be delivered.

The teachers do not develop the I.E.P. on their own. The I.E.P. is developed collaboratively between the Principal, Special Education Teacher and Classroom Teacher. You know your child best, therefore, your input is vital to the development of your child's program.

Please take the time to read the I.E.P. and, if necessary, make any additions or changes on the I.E.P. form. Return the I.E.P. if you have modified it in any way. We will issue you your own copy of the I.E.P. when the changes have been discussed and agreed upon.

If you do not wish to make any additional changes, please detach and sign the back page of the I.E.P. and return to the school as soon as possible.

Sincerely,

Principal

THE INDIVIDUAL EDUCATION PLAN

“A PARENT’S GUIDE”

This SE 29 document is actually a brochure that can be found in the Special Education Manual Binder. Other copies are stored at your school to be distributed to parents and guardians at IPRC Meetings.

SE 30 THE INDIVIDUAL EDUCATIONAL PLAN

The Individual Education Plan is Form SE 30. The Annotation SE 30, however, does not appear at the top of any of the IEP pages.

INDIVIDUAL EDUCATION PLAN

Reason for development of IEP

- Student identified as exceptional by IPRC
- Student not formally identified but requires special education program/services including modified/alternative learning expectations and/or accommodations



**RENFREW COUNTY CATHOLIC
DISTRICT SCHOOL BOARD**

Student Profile

Student name: _____ Gender: _____ Date of Birth: _____
 OEN Number: _____ Principal: _____
 Current Grade/Special Class: _____ School Year: _____
 Most Recent IPRC Date: _____ Date Annual Review Waived by Parent: _____
 Exceptionality: _____ ISA Profile: _____
 School : _____

Assessment Data

List relevant educational, detailed medical/health (hearing, vision, physical, neurological), psychological, speech/language, occupational, physiotherapy, and behavioural assessments.

Information Source	Date	Summary of Results

Student's Strengths and Needs

Areas of Strength

Areas of Need

--	--

Specialized Health Support Services/Personal Support Required

Yes (List Below) No

--

Subjects, courses or alternative programs to which the IEP applies: Identify each as Modified (MOD), Accommodated only (AC), or Alternative (ALT)

- | | | | | | | | |
|----|---------------------------|--------------------------|---------------------------|-----|---------------------------|--------------------------|---------------------------|
| 1. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT | 6. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT |
| 2. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT | 7. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT |
| 3. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT | 8. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT |
| 4. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT | 9. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT |
| 5. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT | 10. | <input type="radio"/> MOD | <input type="radio"/> AC | <input type="radio"/> ALT |

Elementary Program Exemptions or Secondary School Compulsory Course Substitutions

- Yes (Educational rationale required) No

Complete for secondary students only:

Student is Currently working toward the attainment of a:

- Ontario Secondary School Diploma
 Ontario Secondary School Certificate
 Certificate of Accomplishment

Accommodations:

(Assume common to all subjects unless indicated)

Instructional Accommodations	Environmental Accommodations	Assessment Accommodations

Individualized Equipment Yes (List Below) No

Accommodations and Exemptions for Provincial Assessments:

Accommodations: Yes (List Below) No

Exemptions; Yes (State educational rationale) No

Special Education Program

To be completed for each subject/course with modified expectations.

Subject/Course

Current Level of Achievement:

(Describes starting point for plan development)

Letter Grade/Mark

Curriculum Grade Level

Annual Program Goal(s): a goal statement describes what a student can reasonably expect to accomplish by the end of the school year in a particular subject or course.

--

Learning Expectations (Knowledge and/or skills to be assessed by reporting period, including Grade level)	Teaching Strategies (List only those that are different for this student and specific to the learning expectations for the subject or course)	Assessment Methods (for expectations for each reporting period)

Special Education Program

To be completed for each alternative program with alternative expectations.

Alternative Program

Current Level of Achievement for Alternative Program

--

Annual Program Goal(s): a goal statement describes what a student can reasonably expect to accomplish by the end of the school year in a particular subject or course.

--

Learning Expectations (Knowledge and/or skills to be assessed by reporting period, including Grade level)	Teaching Strategies (List only those that are different for this student and specific to the learning expectations for the subject or course)	Evaluation of Progress

IEP Developed by:

Sources Consulted in the Development of the IEP: (check)

Staff Member

Position

--	--

- IPRC Statement of Decision (if applicable)
- Provincial Report Card
- Previous IEP
- Parents/ Guardians
- Student
- Other (List below)

Other Sources

Date of Placement in Special Education Program: (select appropriate option and provide date)

- 1) First day of attendance in new special education program
- 2) First day of the new school year or semester in which the student is continuing in a placement
- 3) First day of the student's enrollment in a special education program that he/she begins in mid-year or mid-semester as a result of a change in placement

Date of Placement:

Completion Date of IEP Development Phase:

(Within 30 school days following the Date of Placement)

Transition Plan

For students who are 14 years of age or older, unless solely identified as gifted

Transition Goal

Specific Goal(s) for Transition to Post-Secondary Activities

Actions Required	Name of Person(s) Responsible for Actions	Timelines

Implementation and Monitoring:

Human Resources: (Teaching/non-teaching)

Include service, initiation date, frequency or intensity, and location.

--

Evaluation

Reporting Dates:

Reporting Format: (please check)

Provincial Report Card

Alternative Report (IEP)

(Required if student has modified expectations and/or accommodations only)

Log of Parent/Student Consultation and Staff Review/Updating

Date	Activity Indicate Parent/Student Consultation or Staff Review)	Outcome

The Principal has the legal requirement to implement and monitor the IEP.

The plan has been developed according to the Ministry's standards, addresses the student's strengths and needs, and the learning expectations will be reviewed and student progress monitored at least once every reporting period.

Principal's signature:

Date:

Parent/Guardian/Student Involvement:

- I was consulted in the development of this IEP
- I declined the opportunity to be consulted in the development of this IEP
- I have received a copy of this IEP

<p>Parent/Guardian/Student Comments:</p>
--

Parent/Guardian Signature;

Date:

Student Signature:

Date:

(if 16 or older)



TRANSITIONAL PLANNING MEETING FORMS



**Special
Education**



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
TRANSITION PLANNING GUIDE**

A transition plan is the school’s written plan to assist the student make a successful transition from school to work, further education and community living where applicable.

For the student and his or her family and personal support network, the transition plan seeks to:

- Identify goals for work, further education and community living that reflect actual opportunities and resources that are likely to be available after the student leaves school and are achievable by the student given appropriate supports;
- Defines actions that will help the student achieve his or her goals;
- Clarifies the roles and responsibilities of the student, family and others in carrying out these actions.

From: Ministry of Education, *Transition Planning: A Resource Guide*, 2002.

1. PUPIL: _____

2. PRESENT at MEETING of: _____ **TIME:** _____

_____	_____
_____	_____
_____	_____
_____	_____

3. EDUCATIONAL GOALS

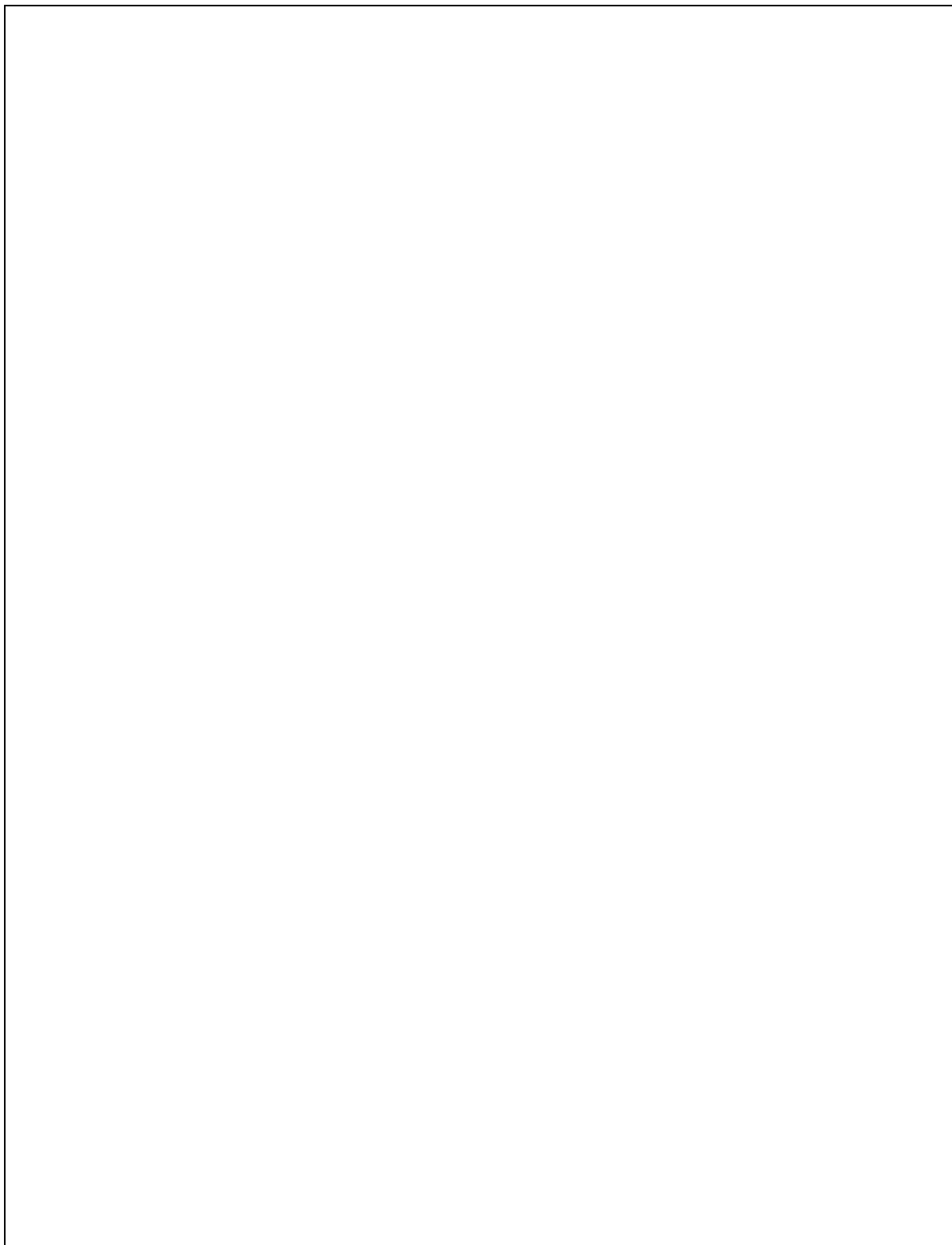
4. VOCATIONAL AND WORK GOALS

5. POST-EDUCATIONAL LIVING GOALS

6. PERSONAL and/or VOCATIONAL SKILLS

7. DATE of NEXT REVIEW: _____

Minutes of Meeting





ISA 1 EQUIPMENT FORMS



**Special
Education**



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
 PROTOCOL FOR EQUIPMENT PURCHASED THROUGH ISA 1 GRANTS**

Philosophy

In order to be a Catholic School Community who seeks to learn in the light of faith, it is recognized that specialized equipment is essential in order for some students to achieve their full potential.

Procedure

When a professional (professionals are assumed to be members of relevant colleges) such as:

- psychologists or psychological associates
- physician
- speech and language pathologist
- social worker
- occupational therapist
- physiotherapist
- augmentative communication therapist
- audiologist
- optometrist
- psychiatrist

states that specialized equipment for a child in your school would be **essential** in accessing the curriculum, complete the following steps:

1. Contact Special Education SPAT, who will oversee the successful completion of this process;
2. Obtain from the above professional an assessment that includes a diagnosis of the condition the equipment is meant to address and a recommendation regarding the specific types of equipment the student requires to address their needs. In some cases, more than one type of professional will need to be consulted in order to provide a complete picture of the student's needs and recommended equipment;
3. For specialized equipment other than computer hardware, have the professional specify supplier, catalogue page number, and quote if possible. Examples:

Personal FM System - Phonic Ear Limited, Style No. PE572F Solaris Quote - \$3,231.91

The Interactive Guide To Emotions - by Simon Baron Cohen - 2 CD-Rom Set, UBC Press Georgetown Terminal Warehouse, Georgetown, Ont. 1-877-864-4272 Quote - \$178.95

4. Only items over \$800.00 are considered ISA1 eligible. Items under \$800.00 are dealt with on a case-by-case basis.
5. You must provide a current copy of the student's IEP that shows evidence of the intended use of the equipment in the student's program. The equipment must be also listed on page 2 of the IEP;

Upon presentation of above requirements, your SPAT will complete an “Application For ISA 1 Personalized Equipment” form (can be found in Special Education Manual) and present your case to the Finance Clerk for processing (ongoing in-service training and equipment service contract requirements will also be determined at the time of ordering by the SPAT, Finance Clerk and where applicable Computer System Co-coordinator).

It is important to note that all ISA 1 Equipment Claims must go through your Special Education SPAT

Movement of Equipment

If the student leaves the province, transfers to a private school, participates in home schooling, graduates, or retires from the school system, the principal or Special Education Resource Teacher (SERT) must contact the Special Education SPAT assigned to their school.

If the student transfers to another School Board or School Authority within Ontario, the Principal or SERT should contact the receiving board to make shipping arrangements. All shipping costs are to be assumed by the receiving board. The Principal or SERT should notify the Special Education SPAT assigned to their school.

Students who transfer into Renfrew County Catholic District School Board with ISA 1 equipment - the principal or SERT should notify the Special Education SPAT assigned to their school.

Students who move from one school to another within our board - the principal or SERT should ensure that equipment is safely packaged and transferred via courier clearly labelled with the student’s name and that it is ISA 1 equipment. The Principal or SERT should notify the Special Education SPAT assigned to their school.

School Responsibilities

Due to the financial output, schools are responsible to ensure that equipment is:

- maintained in good working order - if technological equipment breaks down, the computer contact person logs in a Help Desk Ticket stating the problem and indicating that the equipment is ISA 1
- consumables such as toner, cartridges and paper are the responsibility of the home school
- readily accessible to the student for whom it was purchased
- used regularly by the student
- handled respectfully by the student and staff
- stored appropriately in a secure location
- tracked through form “ISA Level 1 Personalized Equipment Purchase” form (this form will be sent to the school by the Finance Clerk upon purchase completion) which is kept in the student’s OSR

Use of Personalized Computer Hardware and Software at Home

ISA 1 equipment is the property of Renfrew County Catholic District School Board. Recognizing that equipment deemed essential at school for optimal learning may be necessary for home use, equipment may be available for home use at the discretion of the Principal. In such a case, the “Assumption of Responsibility for Home Use of ISA 1 Equipment” form (can be located in the Special Education Manual) must be completed. At the Principal’s discretion, the equipment may be loaned out over extended holiday periods such as Christmas or March Break. Permission for home use of equipment during the summer months – July to August, can be granted at the discretion of the Principal in conjunction with the approval of the Director of Education.



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
APPLICATION FOR ISA LEVEL 1 PERSONALIZED EQUIPMENT

Name: Last / First, D.O.B.: D / M / Y, Gender: M / F, Student Ontario Education Number:
School Name: Grade Level: School Year:

Equipment Requested: Please identify each item requested

Blank lines for listing requested equipment items.

The following criteria must be met in order to consider a claim eligible for ISA Level 1 funding:

REQUIRED DOCUMENTATION:

- Assessment by an appropriately qualified professional
Current copy of the student's IEP
Itemized quotation for equipment

Signature of School Principal

Date (mm/dd/yy)

Signature of Special Education Assignment Teacher

Date (mm/dd/yy)

Signature of Finance Clerk

Date (mm/dd/yy)



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
ASSUMPTION OF RESPONSIBILITY FOR HOME USE OF ISA 1 EQUIPMENT
(Valid Only for the Current School Year)

Form with fields: Student Name: Last / First, School Name:, School Year:, Personalized ISA 1 Equipment Type:, Total \$ Value of Personalized ISA 1 Equipment:.

I (Parent/Guardian/Student, if 18 years of age or older), am taking full responsibility for the safe keeping of the Personalized ISA 1 Equipment listed above that is assigned to the student named above.

I fully understand and accept responsibility for the security and safe keeping of the above listed equipment while in my possession off the premises of the Renfrew County Catholic District School Board. I agree to indemnify and hold harmless the Renfrew County Catholic District School Board for any claims, and/or damage arising out of my use of the equipment listed above.

I will ensure that:

- the equipment will be transferred safely between school and home;
this equipment will travel back and forth to school as per rules outlined by teachers;
only the student who this equipment has been purchased for, will use it;
no other software will be loaded onto this equipment while off Board premises;
this equipment will not be attached to the internet while off Board premises;
I will carry property insurance that will respond to any loss, theft or damage to the equipment while it is in my possession, off board premises and provide proof of insurance to school Principal.

I acknowledge my responsibility for the above listed personalized ISA 1 equipment purchased by the Renfrew County Catholic District School Board, and agree to return the equipment in the same condition as I received it, by

(Return Date – if not listed it will be assumed to be the last school date of the current school year shown above)

If I fail to comply with any of the above rules, I know that my equipment privileges will be immediately rescinded.

Form with fields: Signature of Parent/Guardian:, Signature of Student:, Signature of Principal:, Date:, Property Policy Number:, Insurance Company Name:.

(Attach the signed Insurance Company Letter confirming insurance coverage of the Personalized ISA 1 Equipment while not on school property.

Form with fields: Privilege rescinded for the following reason:, Date:, Signature of Principal:.



OTHER FORMS



**Special
Education**



**Consent to the Disclosure, Transmittal or
Examination of a Clinical Record under Section 29 of
the Act**

I, _____
(Full name of person)

of _____
(Address)

hereby consent to the disclosure or transmittal to or the examination by _____
(name)

of the clinical record compiled in _____
(name of psychiatric facility)

in respect of _____
(name of patient) (date of birth, where available)

See _____
Notes (witness) (signature)

4 and 5.

(if other than the patient,
state relationship to the patient)

Dated the _____ day of _____ 2 _____

NOTES: 1. Consent to the disclosure, transmittal or examination of a clinical record may be given by the patient where mentally competent or, where the patient is not mentally competent, by the person authorized under section 1a of the Act to consent on behalf of the patient. See subsection 29 (3) of the Act.

2. Clause 290) (b) of the Act provides,
"(b) 'patient' includes former patient, out-patient, former out-patient and anyone who is or has been detained in a psychiatric facility."

3. Clause 1 (a) of the Act provides,
"(g) 'mentally competent' means having the ability to understand the subject-matter in respect of which consent is requested and able to appreciate the consequences of giving or withholding consent."

4. Subsection 1a(l) of the Act provides,
"1a - (1) A person may give or refuse consent on behalf of a patient who is not mentally competent if the person has attained the age of sixteen years, is apparently mentally competent, is available and willing to give or refuse consent and is described in one of the following paragraphs:

1. The committee of the person appointed for the patient under the *Mental Incompetency Act*.

2. The patient's representative appointed under section 1b or 1c.

3. The person to whom the patient is married or the person of the opposite sex with whom the patient is living outside marriage in a conjugal relationship or was living outside marriage in a conjugal relationship immediately before being admitted to the psychiatric facility, if in the case of unmarried persons they,

i. have cohabited for at least one year,

ii. are together the parents of a child, or

iii. have together entered into a cohabitation agreement under section 53 of the Family Law Act, 1986.

4. A child of the patient.

5. A parent of the patient or a person who has lawful custody of the patient.

6. A brother or sister of the patient.

7. Any other next of kin of the patient.

8. The Official Guardian."

See sections 1b and 1c of the Act regarding patients' representatives,

5. Where the consent is signed by someone other than the patient, the relationship to the patient must be set out below the signature.



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
RECORD OF REFERRAL TO OUTSIDE AGENCY**

Instructions:

School Personnel will complete this form when a child is referred to a person or agency **not** under the jurisdiction of the Renfrew County Catholic District School Board.

Distribution of copies: Principal

Pupil: _____ Date of Birth: _____

School: _____ Grade: _____

Name and Address of Agency to which pupil has been referred:

Comments (if needed for clarification)

Date

Signature of Principal or
Attendance Counsellor

Copy to OSR



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
CONSENT FOR THE SCHOOL TO *RECEIVE* CONFIDENTIAL INFORMATION

Instructions:

This form should be used when parental consent is required for the release of confidential information **from** another person or agency **to** the Renfrew County Catholic District School Board.

Pupil: _____ Date of Birth: _____

School: _____ Grade: _____

This authorizes the release of confidential information about the child named above by (name and address of person or agency).

to: _____, Principal

Name of School: _____

Address: _____

Date

Signature of Parent or Guardian

Copy to O.S.R.

JANUARY 2005



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
CONSENT FOR THE SCHOOL TO *RELEASE* CONFIDENTIAL INFORMATION**

Instructions:

School information may not be released, except as permitted by the Education Act or the Regulations, until the parent or guardian has signed this form or a similar document supplied by another agency.

Pupil: _____ School: _____

Principal: _____ Date: _____

This authorizes the principal to release school information about the child named above.

to: _____
(Name of person or agency)

Date

Signature of Parent or Guardian

Copy to O.S.R.



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD
SUMMARY REPORT ON SPECIAL EDUCATION PUPILS**

School: _____ Date: _____

INSTRUCTIONS: PLEASE COMPLETE IN SEPTEMBER. THIS CHART WILL ASSIST YOU WHEN YOU FILL OUT THE MINISTRY OF EDUCATION SPECIAL EDUCATION CHART IN THE FALL.

	Pupil's Name	Grade	I.E.P.	Exceptionality	EXCEPTIONAL			NOT EXCEPTIONAL			
					Resource Withdrawal	Regular Class	E.A.	L. Arts	Math	Other	Sp. Corr.
1.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>