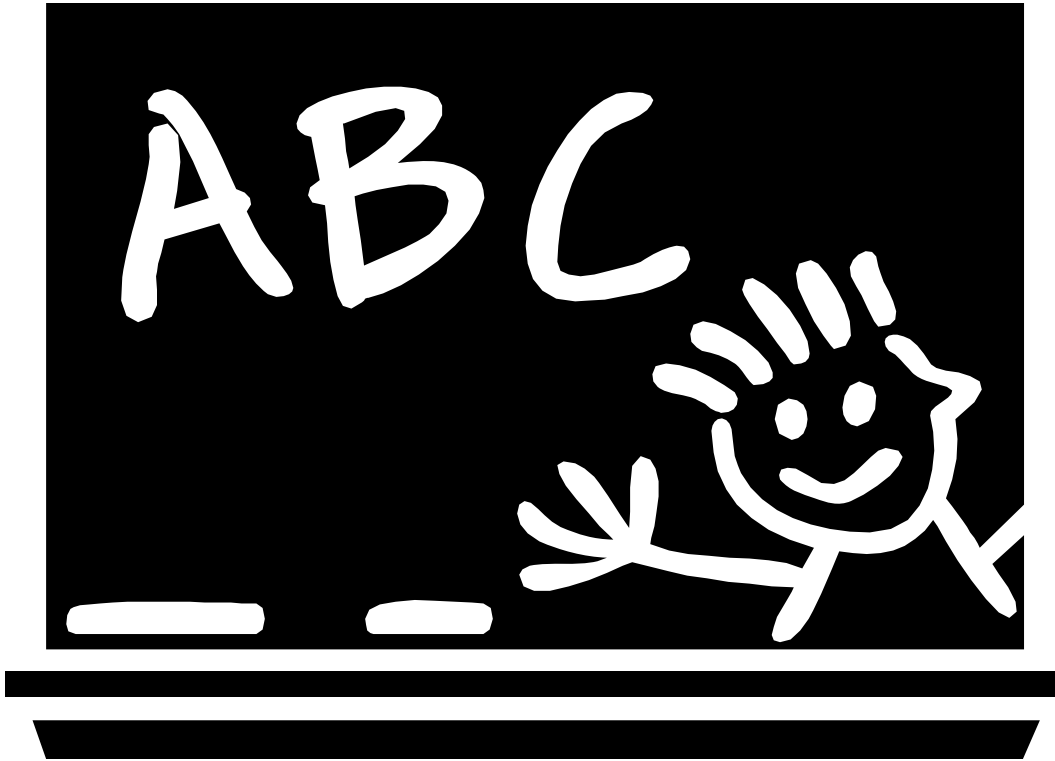


**SPECIAL EDUCATION  
POLICIES & PROCEDURES MANUAL  
SCHOOL DISTRICT NO. 48  
(HOWE SOUND)**



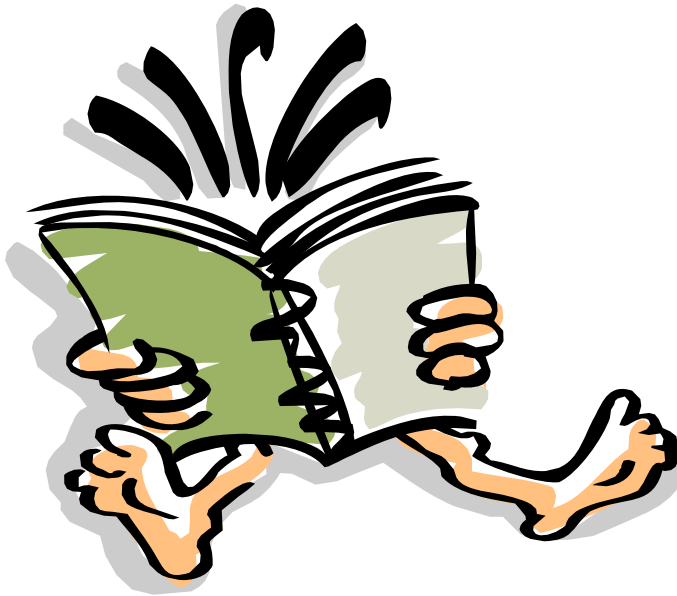
## **Foreword**

This manual is intended as a guide to assist administrative officers, special education teachers, classroom teachers, support staff, and others in understanding School District 48 district practice in relation to supporting students with special needs. More specifically this manual attempts to present special education roles and responsibilities under a framework for support that emphasizes integration and inclusion of all students, as well as a consistency of service and practice throughout the school district. This document should be considered a supplement to the Ministry manual, as well as a Framework for Best Practices for servicing students with academic, communication, behavioural, and/or emotional needs in the Howe Sound School District.

This manual will be reviewed and revised on an ongoing basis through mechanisms set up for this purpose e.g.; special education zone meetings.

## **General Office**

The Student Support Services general office is located at the School Board Office, 37866 2<sup>nd</sup> Ave. The Director of Instruction, Coordinator of Special Education, Speech/Language Pathologists, School Psychologists and the Teacher of the Deaf and Hard of Hearing can be contacted individually or through the Clerical Assistant, Linda Pietila, at 892-5228. If you have questions regarding student support services, call Special Services by phone at 892-5228 or fax 892-1038. The office hours are 8:30 – 4:30.



## Introduction

In 1998 the Howe Sound School District was reorganized into a decentralized model of service delivery in order to encourage decision making for students in their neighborhood schools. In order to address the individual challenges and unique nature of neighborhoods and schools it is recognized that school based decision-making is essential in meeting students' learning needs. However, as some students present with more complex learning, behavioural and/or emotional needs, increased levels of specialized support are necessary. In order to ensure a high level of support for all students the School District needs to support effective school based models of service delivery, as well as district specialist support teams for children with more complex needs. An important component of this support is the development of a district wide framework for understanding and supporting students with special needs as well as delineating clearly the roles and responsibilities of the schools and the district office. This document is intended to provide this framework. It will also serve as a guide for educators, parents and community for the policies, procedures and practices that will enhance special education in School District No. 48 (Howe Sound).



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# **Philosophy & Goals**

## 1. **Philosophy & Goals:**

- Education Philosophy
- Mission Statement
- Goals for:
  - Education
  - Special Education
- Creating an Equitable System
- Inclusion and Integration

## **Educational Philosophy**

The Board of School Trustees, School District No. 48 (Howe Sound) has adopted the following Mission Statement:

### *Always Supporting Learners*

- ◆ *Valuing Individuals*
- ◆ *Fostering Pride*
- ◆ *Expanding Opportunities*

The **Board of School Trustees**, School District No. 48 (Howe Sound), recognizes its mandate to provide an appropriate educational program for all school-age students within the district. It further recognizes that there are students who have physical, intellectual, communicative, social and/or emotional needs sufficient to require curricular modification and/or placement in special programs.

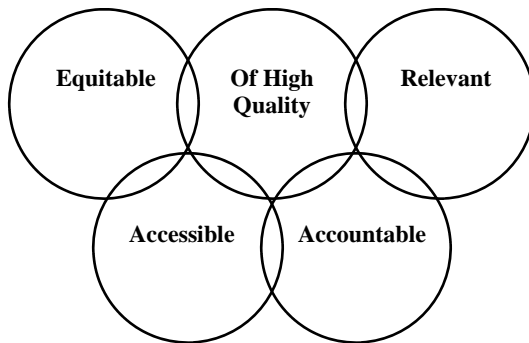
### **The Board believes:**

- ◆ **Students** with exceptional needs should be served in the most appropriate and least restrictive educational environment available.
- ◆ **Parents** should be involved in both placement and program planning for these students.
- ◆ **School programs** for special needs students shall be developed, implemented and maintained in accordance with Ministry of Education requirements. Special needs students include those who are gifted and talented.
- ◆ **All referrals**, screening, testing and placement procedures shall be done in accordance with Ministry of Education requirements and with parental consultation and consent.
- ◆ **School record** keeping procedures shall be in accordance with Ministry of Education requirements.

## Goals for Education

The **primary goal** of the British Columbia school system is to support the intellectual development of students, with the support of families and the community. Enabling students to achieve the goals of human and social development and career development is a responsibility shared by schools, families and the community. These goals apply to *all* students, including students with special needs.

To help realize these goals for students with special needs, the education system in British Columbia is working toward removing barriers and providing appropriate services and programs to ensure that the school system is:



- Are goals stated by the Howe Sound Board of School Trustees;      ◆ Are goals stated by the Ministry of Education

### ◆ **Equitable**

- To ensure that communication within the school system, between the school system and the community and with the Ministry of Education is effective.
- To allocate available resources effectively and efficiently.
- To ensure that each student has the opportunity to master the skills of learning.

### ◆ **Of High Quality**

- To have a high level of communication within the school system, the community and the Ministry of Education.
- To create a climate which fosters innovation while promoting excellence in teaching and learning.
- To provide the opportunity for students to acquire relevant knowledge, skills and attitudes, including the necessary technological skills.
- To encourage each student to reach their full potential intellectually, physically, creatively and socially.

### ◆ **Relevant**

- To have a high level of communication within the school system, the community and the Ministry of Education.
- To plan for change so that we may have an excellent learning environment that can adapt to the future as well as serve the present. (Strategic Planning)
- To provide children with both an understanding and appreciation of international and global issues.

## Goals for Education (Continued....)

◆ **Accessible**

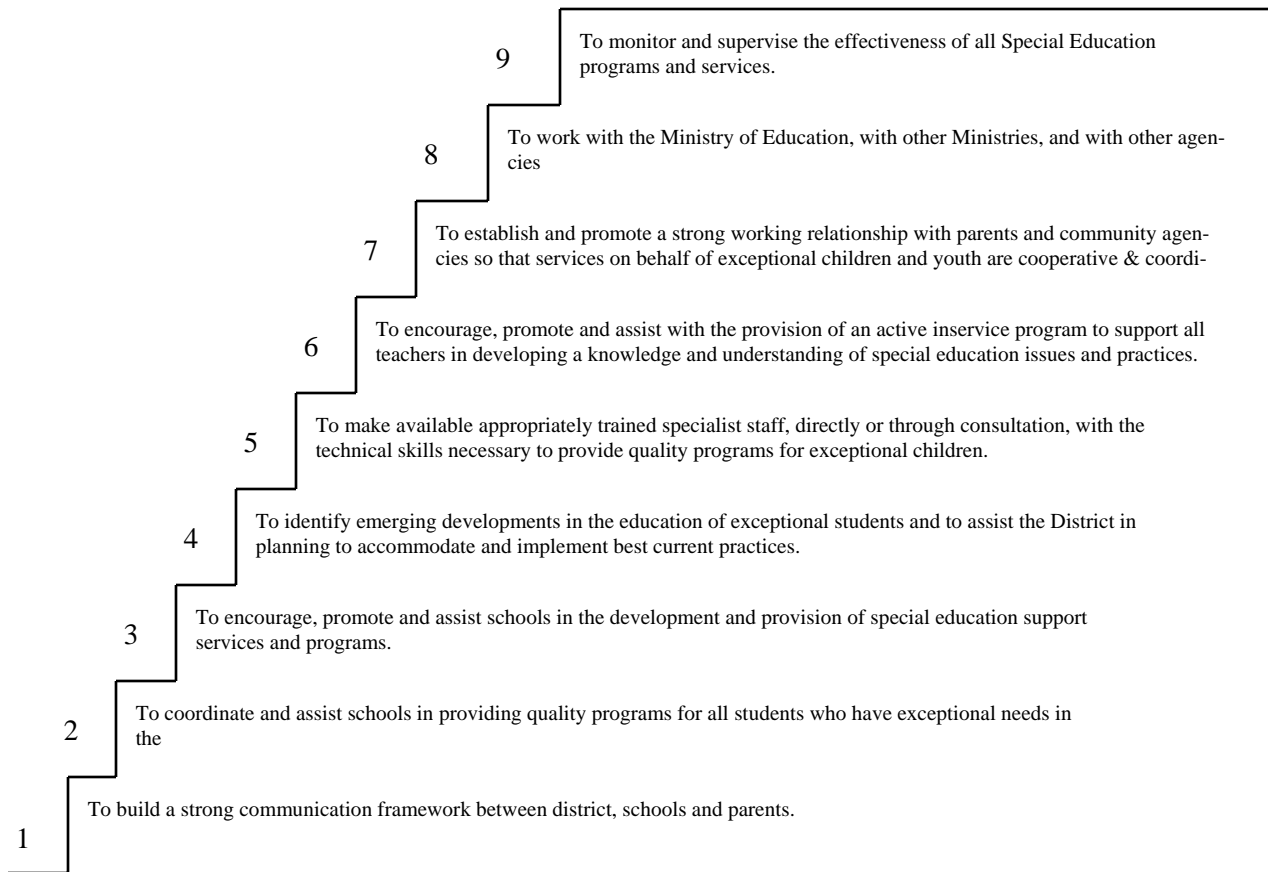
- To ensure communication within the school system, between the school system and the community, and with the Ministry of Education is effective.
- To encourage and promote parental and community involvement and school – business partnerships to enrich and extend district educational programs.

◆ **Accountable**

- To use a system of evaluation to measure performance of staff and students so that we can be aware of our strengths and weaknesses. (Comprehensive Accountability System – ensures accountability)
- To plan for change so that we may have an excellent learning environment that can adapt to the future as well as serve the present. (Strategic Planning)

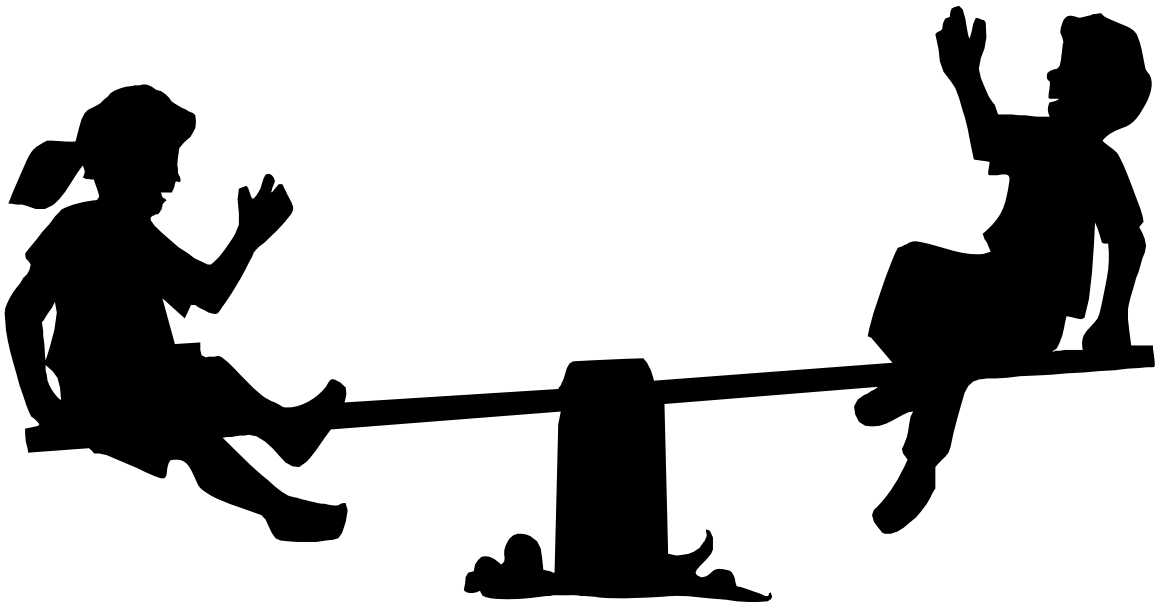
## Special Education Goals

### Specific Special Education goals for the District are:



## **Creating an Equitable Education System**

The *School Act* requires that school boards make available educational programs to all school age persons resident in the district. This entitlement stands as an important inclusionary statement for all students. In addition, a Ministerial Order requires that students with special needs should, for the most part, be integrated with students who do not have special needs.

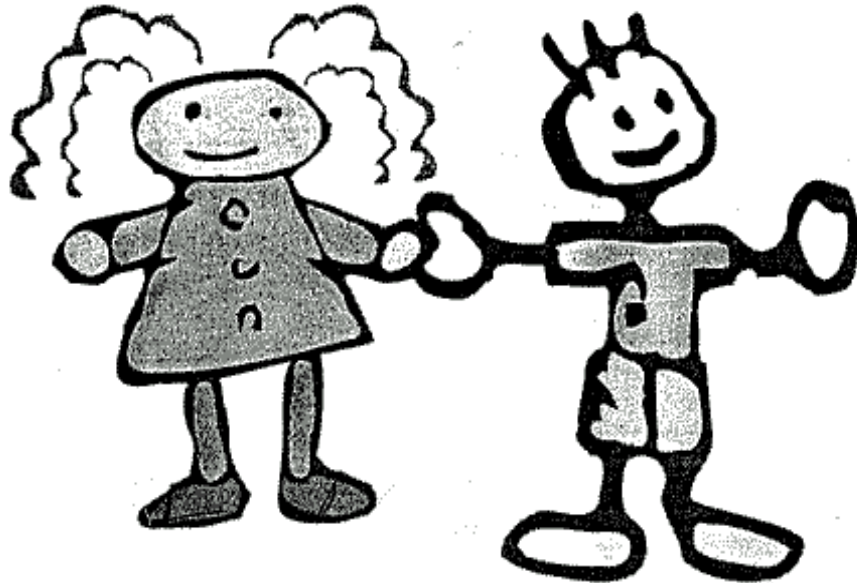


## **Inclusion and Integration**

The **principle** of inclusion adopted in British Columbia schools supports equitable access to learning by all students and the opportunity for all students to pursue their goals in all aspects of their education. The practice of inclusion transcends the idea of physical location, and incorporates basic values that promote participation, friendship and interaction.

**Integration** is one way to achieve inclusion. Integration encourages students with special needs to participate and interact fully with other students in neighborhood schools and to develop friendships. Integration involves placing students with special needs in classrooms with their age and grade peers, then providing them with the necessary support, accommodations and adaptations – determined on an individual basis – to enable them to be successful.

**However**, this does not mean that students with special needs must spend 100 per cent of every day in neighborhood school class placements with their age and grade peers. The goal is to meet their educational needs and the educational needs of all students. The emphasis on educating students with special needs in neighborhood school classrooms with their age and grade peers does not preclude the appropriate use of resource rooms, self-contained classes, community-based training or other specialized settings.



# **Operational Philosophy**

**(Framework for Special Education  
Service Delivery)**

2. **Operational Philosophy:  
(Framework for Special Education Service Delivery:)**

- District Operational Philosophy
- Special Education Framework for Service Delivery
- The Collaborative Model
  - The Collaborative Model – Diagram
  - Collaborative Decision Making
  - Collaborative Problem Solving Partnership with Schools
- Levels of Support/Inclusion and Integration

## **District Operational Philosophy**

The Board of School Trustees, School District No. 48 (Howe Sound), believes that the best educational decisions for the students in the diverse communities of the district are made as close to the school as possible.

For this reason, the Board endorses and supports the philosophy of decentralized decision making and management. Therefore, as many educational and operational decisions as possible will be made at the school or site level.

However, the decentralization of decision making is based on the understanding that site based decisions will comply with all statutory requirements, Ministry of Education directives, Board Policy and contractual agreements.



## Collaborative Model

The collaborative model of service delivery is grounded in the belief in the centrality of the classroom as the primary location of educational programs and is based on collaborative problem solving in inclusive neighborhood schools as supported by the Ministry of Education guidelines for special education, and the special education review. The underlying premise of service delivery is that supports for Individual Learning Plans are on a continuum that maximizes each student's participation in a classroom setting of his/her peers, but also provides opportunities for those who may need alternate settings on a temporary basis.

The collaborative model framework of special education is designed to:

- **Serve** as a guide for school based staff;
- **Serve** as a guide for district resource team staff;
- **Support** the needs of a diverse range of students;
- **Link** assessment to effective intervention;
- **Focus** on identifying strengths of students and providing enabling opportunities that build on those strengths;
- **Detail** the types of activities that support timely classroom interventions;
- **Detail** the collaborative support available to teachers as they address the diversity within their classroom; and
- **Contribute** to the ability to predict resource requirements for ongoing program planning.

## **Collaborative Decision Making**

**Collaborative decision** making as it applies to program development for individual students, is a democratic interactive process that focuses on enabling students to achieve success within the teaching-learning process.

**This process includes:**

- assessment of the student's strengths as a learner
- assessment of the learning environment including an analysis of the instructional content and techniques
- selection of the appropriate content and techniques that provide opportunities for success

**Steps:**

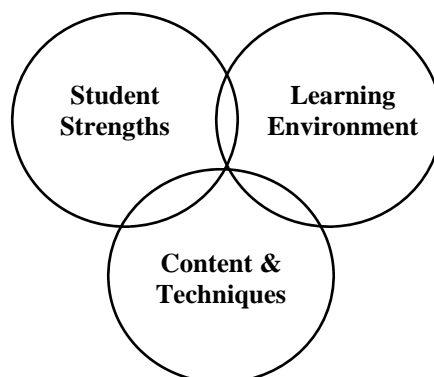
**The collaborative process involves the following steps:**

- analyze current practice
- identify opportunities for success
- select appropriate strategies
- allocate roles to all participants
- create and implement an action plan
- collect data and evaluate
- repeat the preceding steps as necessary

## **Collaborative Problem Solving Partnership with Schools**

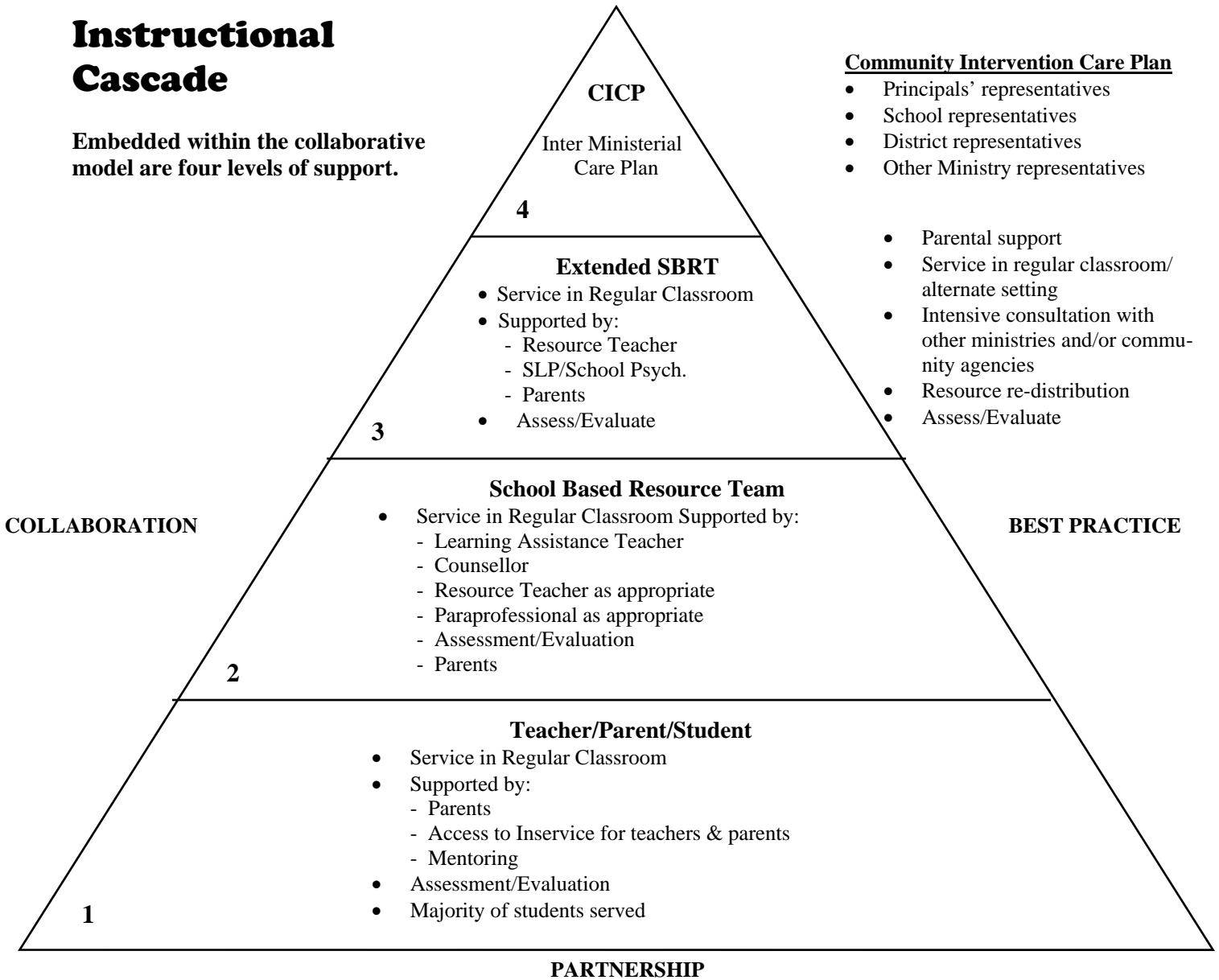
**This framework is encouraging of:**

- Early Identification
- Development of school wide prevention programs (Behaviour, Social Skills, Bullying)
- Literacy Initiatives



# Instructional Cascade

Embedded within the collaborative model are four levels of support.



## FOUR LEVELS OF SUPPORT

The framework sees the regular classroom in the neighborhood school as the typical scene of interventions developed by resource team partnerships at any of Four Levels of Support.

- ⇒ Level 1 involves the classroom teacher, the student, and the parent.
- ⇒ Level 2 involves the classroom teacher and key members of the School Based Resource Team.
- ⇒ Level 3 involves the teacher, the student's case manager, and the Extended School Based Resource Team which includes district specialist personnel.
- ⇒ Level 4 involves a Community Intervention Care Plan

These four levels comprise a hierarchy:

- None of them should be circumvented without firm rationale
- Extensive problem-solving efforts, based in the classroom, should precede any alternate placement.

**NOTE: LEVELS OF SERVICE ARE REFLECTED IN THE DISTRICTS REFERRAL PROCESS FOR DISTRICT SPECIALIST SUPPORT.**

# **District & School Roles & Responsibilities**

### 3. **District and School Roles and Responsibilities:**

- Under a Decentralized Model
- Overview of Special Education Services Available
- District Administrative Framework
- District Support Roles:
  - Coordination of Special Education
  - School Psychologists
  - Speech-Language Pathologists
  - Deaf and Hard of Hearing Teacher
  - Low Incidence Support Team
  - Tragic Event Team/Critical Incidents Support Team
  - Physiotherapy/Occupational Therapy
  - Elementary Counselling
  - Vision Impaired (Consultative Service)
- School Special Education Administrative Framework
- School Support Services
  - School Based Team
  - Resource Services
  - High School Counselling
  - Learning Assistance
  - Teacher Assistants
  - Hospital/Homebound
  - Vision Impaired (Direct Service)
  - Critical Incidents Team

## **Roles and Responsibilities (District & School)**

Under a decentralized model:

- ◆ In exercising a collaborative (district & school) approach to meeting the needs of all students we need to:

**First:**

- ◆ Identify services that exist for students within our school district.

**Following that:**

- ◆ Identify the administrative framework that exists to ensure clarity and consistency in regards to communication and practice in schools and across the school district.

**And finally:**

- ◆ It is necessary to clearly delineate district and school roles and responsibilities in relation to services.



## **Special Education**

### **Overview of Service Available**

District and school based services are accessed through the School Based Team using the collaborative four level approach to student service. The following is a compilation of the present services available to students in the Howe Sound School District.

#### **District**

- Psychological Services
- Speech & Language Services
- Deaf & Hard of Hearing Services
- Low Incidence Support Team Services
- Critical Incidence Team Services
- Elementary Counselling
- Vision Impaired Consultative Services

#### **Indirect District Service Provided by Other Agencies**

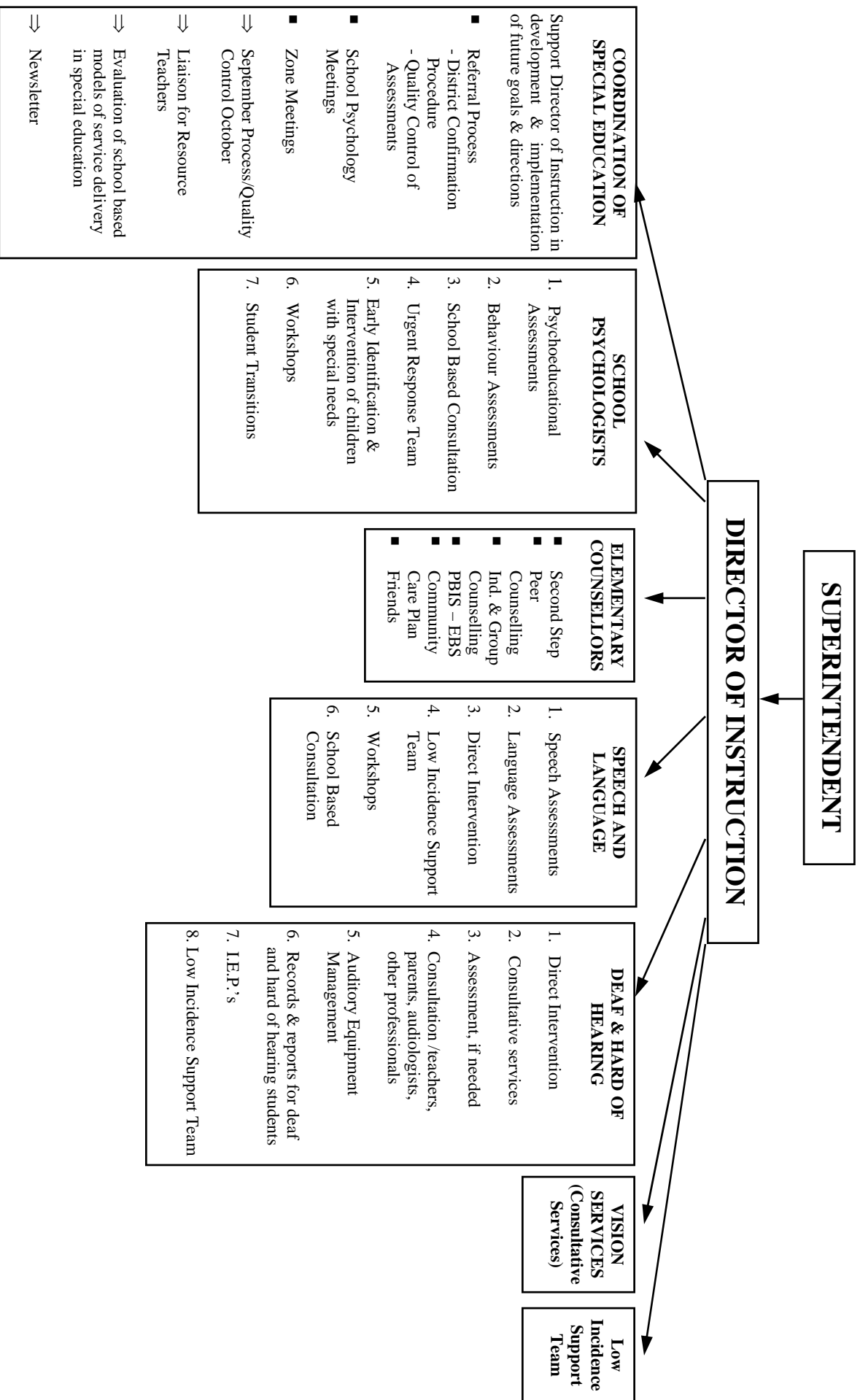
- Occupational Therapy Services
- Physio-Therapy Services

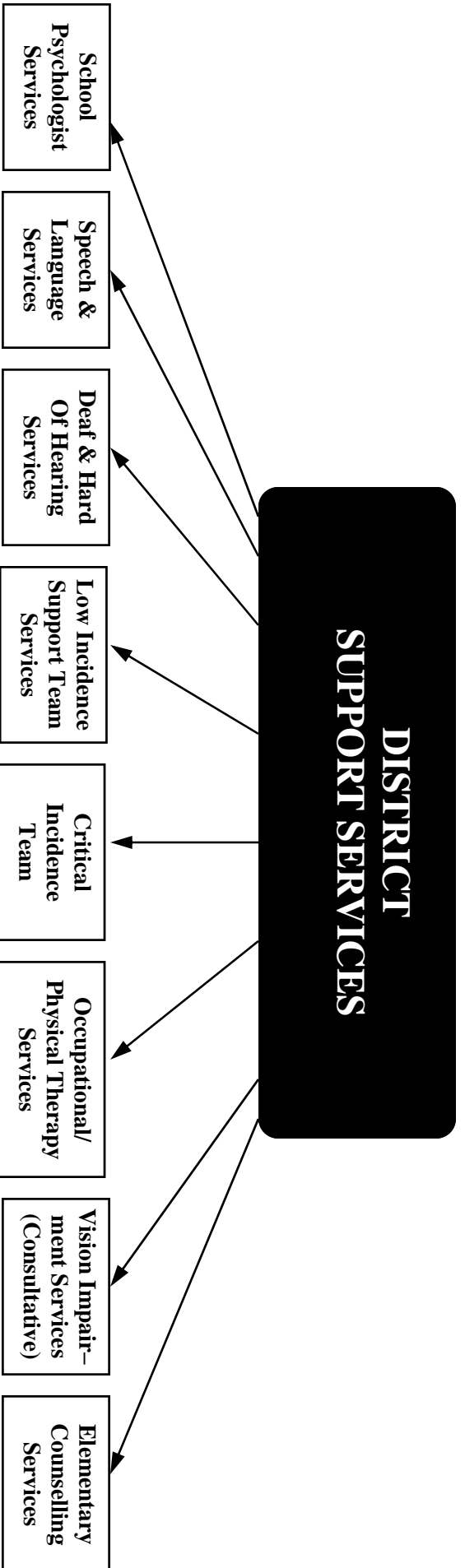
#### **School Based**

- Resource Teachers Services
- High School Counselling Services
- Gifted Services
- Learning Assistance Services
- Hospital Homebound Services
- Vision Impaired Direct Service

**District services both direct and indirect require the School Based Team to follow District Special Services Referral Process.**

# DISTRICT SPECIAL EDUCATION ADMINISTRATIVE FRAMEWORK





**SERVICES CURRENTLY PROVIDED BY THE SCHOOL DISTRICT**

**DISTRICT RESPONSIBILITIES**

- ◆ Special Education Policy & Procedures
- ◆ Individual Education Plans template document update
- ◆ Community Care Plans document update
- ◆ Communication District & Provincial trends
- ◆ Confirmation of special needs
- ◆ Minimal levels of specialist staff
- ◆ Monitoring specialist staff
- ◆ Coordinating specialist district teams
- ◆ Conflict resolution & mediation of concerns between schools/parents and district special education
- ◆ Professional Development
- ◆ Special Education Initiatives
- ◆ Leadership Role
- ◆ School based special education service delivery – Best Practices

**Referral process as per table of contents regarding district referrals**

## **Director of Instruction: Coordination of Special Education**

Managing Special Education is a complex task. Coordination helps to ensure consistency in data collection and service delivery procedures. Ongoing evaluation and critiquing of special education operations and procedures and a direction that reflects best practices is essential.

The Coordination of Special Education includes:

- ◆ establishing and maintaining effective ways of identifying and assessing students with special needs that are consistent among all schools in the district;
- ◆ determining, planning, and organizing the kinds of services and programs which are required in the district to meet these needs;
- ◆ obtaining and coordinating the fiscal and human resources needed to deliver a full range of programs and services reflecting the special needs of identified students and facilitating equitable allocation of these among the schools in the district;
- ◆ providing technical advice and assistance to help school based administrative officers and teachers in meeting their obligations to students with a full range of special needs;
- ◆ providing advice and assistance in the development of district policies and procedures related to students with special needs;
- ◆ maintaining information systems necessary for planning and reporting data on students with special needs who are registered in the school district;
- ◆ planning and coordinating staff development programs for personnel working with students who have special needs;
- ◆ involving community representatives of groups concerned with students who have exceptional learning needs in program planning and evaluation;
- ◆ monitoring program quality for students with special needs across the district;
- ◆ establishing liaison with preschool and post-secondary services in the community which provide programs for students with special needs; and
- ◆ participating in community-level planning with other agencies and ministries in setting service priorities.

### **Some coordination specifics include:**

- Ongoing support and monitoring of the district Low Incidence Support Team.
- Support for district itinerant staff.
- Provision of special education inservice.
- Monitoring and evaluating the referral process.
- Monitoring assessments and reviewing itinerant specialists reports.
- Creation and monitoring of a special education database in order to assess current and future needs.
- Improving forms and procedures – e.g. I.E.P.’s, Community Care Plans, Behaviour Support Plans.
- Support for and liaison with administrators and school special education personnel.
- School based service delivery models - support, sharing across district  
- identification and delineation of “Best Practices”

# School Psychologists

## School Psychology Services

School psychology services are district based, non-categorical educational and mental health services designed to support students, school personnel and parents in enhancing academic, adaptive and social skills for students.

## School Psychologists

School Psychologists have specialized training in both psychology and education. They use their training and skills to team with educators, parents, and other mental health professionals to ensure that every child learns in a safe, healthy and supportive environment. School psychologists understand school systems, effective teaching and successful learning.

## What Do School Psychologists Do?

School psychologists tailor their services to the particular needs of each child and each situation. School psychologists use many different approaches, but most provide these core services:

### Consultation

- ◆ Give healthy and effective alternatives to teachers, parents, and administrators about problems in learning and behaviour
- ◆ Help others understand child development and how it affects learning and behaviour
- ◆ Strengthen working relationships between educators, parents and community services.

### Assessment

Use a wide variety of techniques at an individual, group, and systems level to evaluate:

- ◆ Academic skills
- ◆ Learning aptitudes
- ◆ Personality and emotional development
- ◆ Social skills
- ◆ Learning environments and school climate
- ◆ Eligibility for special services

### Intervention:

- ◆ Work face-to-face with children and families
- ◆ Help solve conflicts and problems in learning and adjustment
- ◆ Provide psychological counselling for children and families
- ◆ Provide social skills training, behaviour management, and other strategies
- ◆ Help families and schools deal with crises, such as separation and loss

### Prevention:

- ◆ Identify potential learning difficulties
- ◆ Design programs for children at risk of failure
- ◆ Provide parents and teachers with the skills to cope with disruptive behaviour
- ◆ Help foster tolerance, understanding, and appreciation of diversity in the school community
- ◆ Develop school-wide initiatives to make schools safer and more effective.

### Education:

Develop programs on topics such as:

- ◆ Teaching and learning strategies
- ◆ Classroom management techniques
- ◆ Working with students who have disabilities or unusual talents
- ◆ Substance abuse
- ◆ Crisis management

### Research and Planning:

- ◆ Evaluate the effectiveness of academic programs, behaviour management systems, and other services
- ◆ Generate new knowledge about learning and behaviour
- ◆ Contribute to planning and evaluating school-wide reform and restructuring

### Health Care Provision

- ◆ Collaborate with school and community-based personnel to provide a comprehensive model of school-linked health services
- ◆ Work with children and families to provide integrated community services focusing on psychosocial wellness and health-related issues
- ◆ Develop partnerships with parents and teachers to create healthy school environments



**School Psychologist Continued...**

**The School Psychologist is specifically responsible in Howe Sound School District for:**

- 1 Confirming any and all child's special needs as per Ministry guidelines and District process.
- 2 Psychological and psychoeducational evaluation and assessment of students enrolled in the school district.
- 3 Based on assessment and evaluation the school psychologist will make recommendations and interventions to facilitate a student's progress.
- 4 Consultation and collaboration with school personnel and parents concerning specific school related problems.
- 5 Writing psychological reports on students.
- 6 Responsible for reporting to the Director of Instruction regarding psychological services and needs.

**NOTE:**

Students can be referred for service through the School Based Team. The "*Request for Students Support Services*" form must be completed by the teachers and parents and signed by the School Psychologist.

## Speech and Language Services

### **District Service:**

*Speech and Language Pathology Services* are those services provided by Speech/Language Pathologists which are designed to support students whose educational and/or social progress is adversely affected by communication difficulties. The Speech/Language Pathologist services in this school district include a full range of services encompassing prevention, identification and assessment, direct instruction for students (individually, in classroom settings, or in small groups as appropriate), consultation, collaboration with other educators regarding the students needs in the classroom and other school environments, inservice training, information sharing with family and other service providers in public education.

*Speech/Language Pathologists* provide services for students who have communication problems. These may include:

- Mispronouncing speech sounds
- Auditory processing problems
- Difficulty understanding and using words effectively (e.g. following directions, reading comprehension, verbal expression, social skills)
- Speaking dysfluently (e.g. stuttering)
- Voice problems (e.g. hoarse voice, hypernasality)

Speech/Language Pathologists work with students, teachers and parents to provide:

- Assessment
- Consultation
- Therapy
- Program Development
- Inservice

Speech and/or Language difficulties may occur at any age and/or in any segment in the school population. Any students with delayed, disordered or atypical speech and/or language skills should be brought to the attention of the Speech/Language Pathologist.

### **NOTE:**

Students can be referred for service through the School Based Team. The “*Request for Students Support Services*” form must be completed by the teachers and parents and signed by the Speech/Language Pathologist.



# Deaf and Hard of Hearing

## District Service

*Deaf and Hard of Hearing* services provides a support for the inclusion of hard of hearing students with a confirmed mild to profound hearing loss in the neighborhood school. *Hearing Resource Teachers* provide service to hard of hearing students who are able to function using an auditory/oral or manual communication method. The auditory/oral method concentrates on the development of speech and language through the utilization of residual hearing. A critical part of the assessment process is determining the methods of communication to be used in the educational setting. While the majority of students who are hard of hearing will develop English language skills through the use of appropriate amplification and oral instruction, some students, often with more severe hearing losses, will require either an English-based sign system or American Sign Language.

*The Deaf and Hard of Hearing Teacher provides:*

- ◆ Liaison between home, school and appropriate community agencies.
- ◆ Acts as a consultant to students, teachers, parents and other school personnel when required.
- ◆ Provides direct service to students who meet Ministry criteria or as determined by school.
- ◆ Provides consultative services to students requiring limited support.
- ◆ Provides inservice on an individual or group basis for teachers working with hearing impaired students.
- ◆ Auditory equipment management

Services are determined based on the significance of the hearing loss for the student's education. School personnel are informed of newly identified students with hearing losses. Teachers are consulted regarding the nature and extent of the student's hearing loss. An itinerant teacher works with school staff to monitor the academic progress and plan any necessary instructional modifications. Some students will require direct support by the Deaf and Hard of Hearing Teacher.

When the student requires amplification or auditory training equipment, the itinerant teacher is responsible for initiating the process of obtaining equipment, where available, through an agreement between the Ministries of Health and Education. The itinerant teacher assists the classroom teacher in understanding how the equipment works, how to use it, and how to identify when servicing is required.

## **NOTE:**

Students can be referred for service to the School Based Team. The "*Request for Students Support Services*" form must be completed by the teachers and parents and signed by the Hearing Resource Teacher.

## **What is the Low Incidence Support Team?**

We are a multi-disciplinary team of professionals working in the Howe Sound School District in conjunction with the Provincial Resource Program for Autism and Related Disorders. 11 days of training were completed with Barbara Porco, Provincial Resource Program, during the 1999/2000 school year.

## **Who Do We Serve?**

We support the staff serving students with Low Incidence Disorders or developmental delays. We liaise with other support services that may be involved. Low Incidence Disorders include:

- ◆ Autism
- ◆ Pervasive Developmental Disorder Not Otherwise Specified
- ◆ Asperger's
- ◆ Tourette's
- ◆ Fragile X
- ◆ Other Genetic & Chronic Health Impairments
- ◆ Moderate to Severe Intellectually Disabled

## **How Can We Assist You?**

Team members collaborate with the School Based Team and the student's family to:

- ◆ Assess and observe the students
- ◆ Consult with school staff to assist in developing educational programs and schedules
- ◆ Provide strategies for behavioural management
- ◆ Provide information and ideas for augmentative communication
- ◆ Provide written recommendations
- ◆ Provide information to help with understanding the needs of students with Low Incidence Disorders
- ◆ Provide follow-up support upon request

## **How Can You Access Our Service?**

The School Based Team completes the District Referral Form (please  Low Incidence Support Team) and file review. If it is determined that our support is appropriate, the school is expected to:

- ◆ Have a case manager who will oversee the referral, provision of background information, supervision of the T.A., inclusion of the family and any necessary follow up with the L.I.S.T.
- ◆ Provide information including a current I.E.P. and previous medical and psychoeducational assessments.
- ◆ Allow an observer(s) in the classroom (this may include video-taping)
- ◆ Meet with the Low Incidence Support Team.
- ◆ Be committed to implementing new and/or alternative strategies and maintaining simple

**NOTE: Referral Process: Same as other District Services; referral to be reviewed and signed by School Psychologist.**

## Tragic Events/Critical Incidents Response Team

### RESPONDING TO CRITICAL INCIDENTS:

Tragic events, such as the sudden death or suicide of a member of a school community, can result in intense feelings of anxiety, guilt or anger in students and staff. Schools must make plans in advance for interventions which can be activated in order to reduce the negative impact of critical incidents on the school community.

Helping students and staff deal with their grief reactions will reduce the likelihood that one critical incident will lead to further unfortunate events. Some members of the school community may experience fear, preoccupation with death or suicidal thoughts in response to the death of a person in the school community. Some students react with absenteeism or inappropriate, acting out behaviour. A pre-planned protocol for supporting students and staff can be effective in reducing psychological, physical and social difficulties. The main purpose in providing support to staff and students is to empower them and their families to help themselves and to enhance their skills for future critical incidents in their lives.

### THE DISTRICT CRITICAL INCIDENT RESPONSE TEAM

The District Team is led by the Director of Instruction. Since the person responsible for this team may need to represent the Board of School Trustees and make quick, difficult decisions on behalf of the Board, it is important that it be someone with the necessary authority. Specialized school district personnel as well as community professionals and people representing community services also play key roles on the District Team.

Membership of a District Team includes:

- ◆ Director of Instruction
- ◆ Coordinator of Special Education
- ◆ School psychologist or person responsible for supervising counselling
- ◆ Mental health personnel, Ministry for Children and Families
- ◆ Other community-based professionals as needed.

#### Roles and Responsibilities:

One of the initial responsibilities of the District Critical Incident Response Team is to develop a protocol for the district. Once the plans are in place, the team's role is to ensure that all members are familiar with the protocol and clear about their duties should there be a need to act.

The District Team can provide several different types of support to the schools, for example:

- ◆ Assisting in developing school level teams and reviewing school-based plans,
- ◆ Supporting training for school level teams,
- ◆ Collaborating with the principal and school critical incident team to determine whether other district or community agency help is required,
- ◆ Providing links to established community agencies such as mental health services, victim services, police, or community-based critical incident teams,
- ◆ Managing media inquiries and handling communication issues with the community at large,
- ◆ Contacting the other schools in the district that might have students or staff that could be affected by the critical incident,
- ◆ Developing a contact list of people and agencies which is current and accessible to all schools in an emergency.
- ◆ Working out of the school which has experienced a critical incident, if needed, and/or
- ◆ Arranging for stress debriefing for staff in the school.

Following a critical incident, the *District Team* can assist the *School Team* in reviewing and improving the school plan. They can communicate information about how the protocol operated to other schools in the district thereby providing links between schools and ensuring that all school teams in the district benefit from what has been learned by the schools that has applied its protocol. Principal contacts the Director of Instruction at the **School Board Office (892-5228)**

## Physiotherapy/Occupational Therapy

### Indirect District Service

*Physiotherapy* is a professional health discipline primarily directed toward the prevention and alleviation of movement dysfunction to promote maximal independence for the student in his/her home, school and community. *Physiotherapists* provide services to children with orthopedic, neurological, muscular, spinal, joint or sensory dysfunction. These services include assistance in physical positioning to promote optimal physical access, assistance in maximizing independence for students who have limited mobility, and prevention and alleviation of movement dysfunction.

The services performed by a *physiotherapist* in schools may include:

- ◆ screening
- ◆ assessment
- ◆ consultation
- ◆ program planning
- ◆ assistance in diagnosis
- ◆ treatment
- ◆ equipment selection/adaptation
- ◆ administration
- ◆ education and research.

*Occupational therapy* is a professional health discipline that utilizes the analysis and application of activities specifically related to performance in the areas of self-care, productivity, and leisure. In a school setting, *occupational therapists* work to promote, maintain, and develop the skills needed by students to be functional in a school setting.

The services provided by the *occupational therapist* in schools may include:

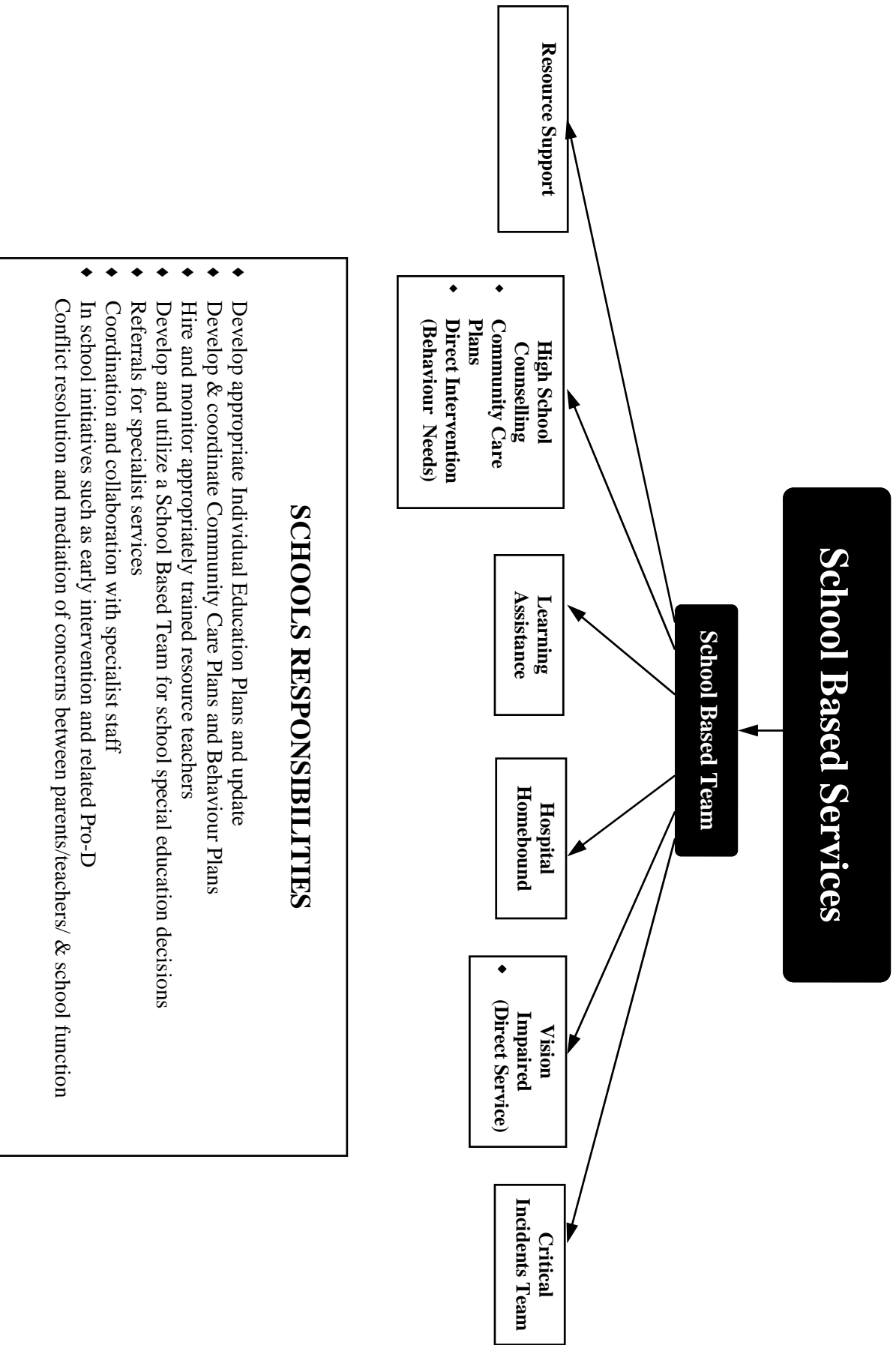
- ◆ assessment
- ◆ consultation
- ◆ program planning
- ◆ assistance in diagnosis
- ◆ treatment and equipment selection/adaptation

### Other Services may include:

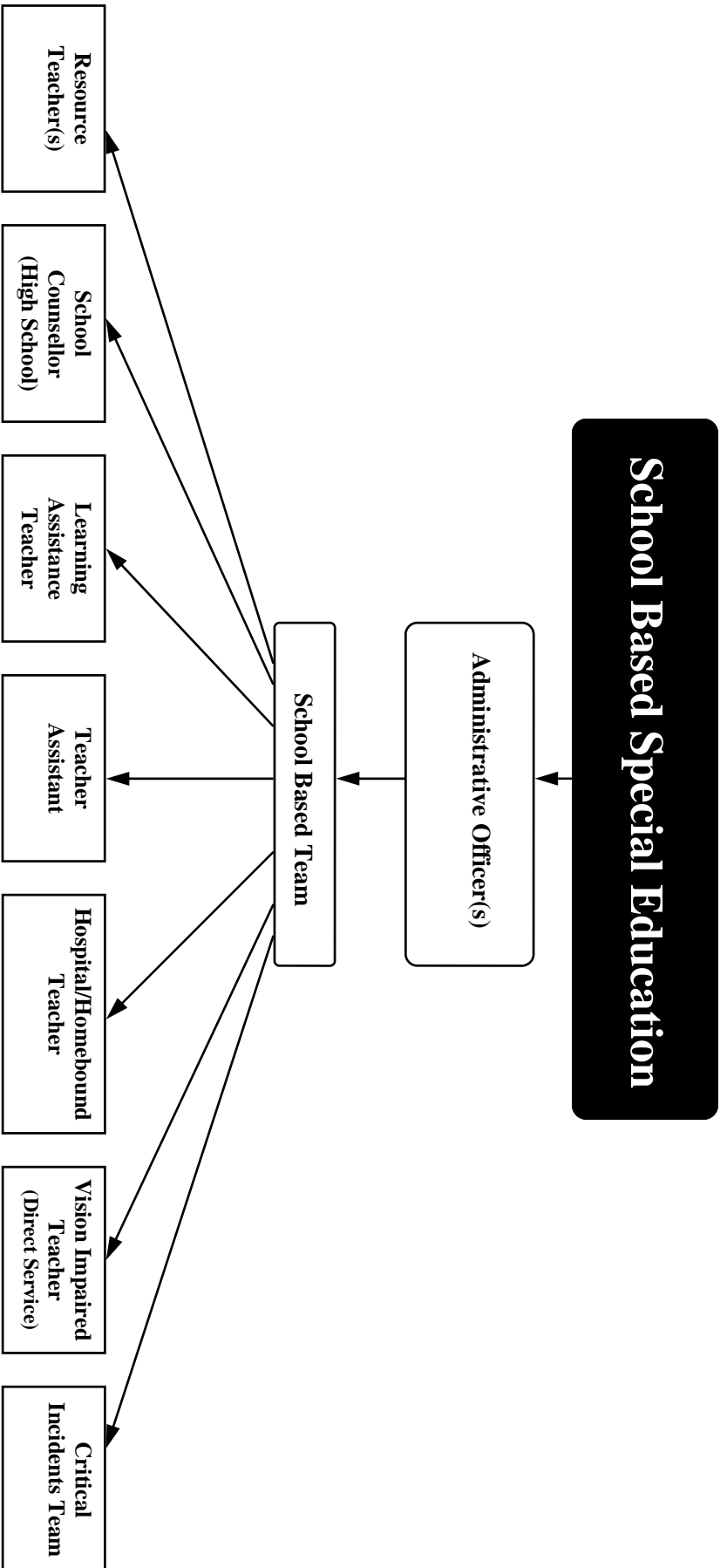
- ◆ Training of staff to carry out routines such as positioning, seating, feeding or motor activities for optimal maintenance of students in classroom settings during the school day, and
- ◆ Monitoring and ongoing evaluation of students in classroom settings.

### Direct Service:

When “direct” service (i.e. direct treatment) is required, either temporarily or long-term, the student’s physician makes a referral to a *community-based physiotherapist*. This kind of service is considered to be a matter between health professionals and the family, and is beyond the realm of the school district’s responsibility. Given the dual responsibilities contained within this protocol, there is a need for locally negotiated agreements between health agencies and school districts.



**Referral process dictated by the School Based Team**



**Referral process dictated by the School Based Team**

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# School Based Teams

## **What We Have to Offer:**

The *School Based Team* is a vehicle with which to focus expertise on a particular student, program or problem. Every school, elementary and secondary, has a well established *School Based Team*. The primary function of the *School Based Team* is to work as a problem solving unit in assisting classroom teachers to develop and implement instructional and/or behavioural management strategies. Teams also coordinate support services for special needs students within the school.

## **Description of Services:**

The *School Based Team* is comprised of a small group of regular members, usually including an administrative officer, school based support personnel, a classroom teacher and the resource teacher. On a case-by-case basis, other team members may include the referring teacher, the parent, the student and, when necessary, zone support staff or representatives from community agencies. The School Based Team meets on a regular basis as determined by each school.

Services include:

- ◆ Consulting with teachers on classroom strategies
- ◆ Planning and coordinating services for the student
- ◆ Acting as liaison between school and zone services or community services
- ◆ A written action plan is developed (usually as part of the minutes) which indicates a clear outline of each member's responsibilities
- ◆ A re-evaluation date established at the completion of each meeting.

## **Criteria/Guidelines for Making Referrals:**

Each school develops its own procedures so that parents, teachers and administrators can access the services of the School Based Team.

## **Access to Services:**

Contact the School Based Team chairperson to request assistance.

# Resource Services

## School Based

Resource services are key to the student support services network. Resource services are designed to serve all students within a school who have exceptional needs or who may require additional services in order to maintain their successful membership within the regular classroom. The service is designed to provide educational services for the complete range of students who have identified exceptional needs within each school:

Learning Disabled  
 Gifted  
 Moderate Behaviour  
 Severe Behaviour

Mild Intellectual Disability  
 Moderate to Severe Intellectual Disability  
 Deaf & Hard of Hearing  
 Vision Impaired

Physically Handicapped  
 Chronically Health Impaired  
 Dependently Handicapped  
 Autism

Resource service teachers assist in monitoring the special education needs and services within their schools. They act as advocates on behalf of the children within their schools. They are the first line of additional support for children and teachers. They will be pivotal in drawing additional support services into their schools and they may provide the link between external and internal services. They also may be members of school based and district based teams and attend those meetings whenever students whose programs they manage are on the agenda.

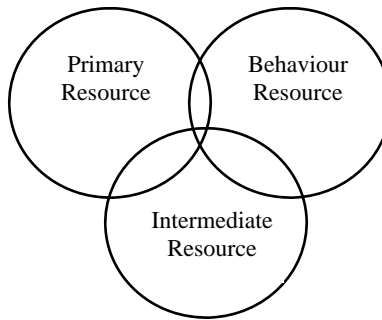
In some schools resource teachers roles are divided between two or more teachers allowing a more concentrated focus on particular areas of exceptional children (e.g., Primary Resource, Behaviour Resource, Elementary Resource). In these cases typical responsibilities are:

### PRIMARY (K-Grade 3)

- ◆
- ◆
- ◆
- ◆
- ◆

Requirements:

- I.E.P.
- Interagency collaboration & support



### ELEMENTARY (Grade 4-7)

- ◆
- ◆
- ◆
- ◆
- ◆

Requirements:

### BEHAVIOUR (K – Grade 7)

- ◆
- ◆
- ◆

Requirements:

Resource Services Continued....

**The Resource Services Program Consists of four Components:**

- 1 **Assessment:** Including data collection, individual assessment, program planning, diagnostic teaching and evaluation measures.
- 2 **Direct Instruction:** May be provided in the regular classroom or in a resource room. Direct instruction should be in support of the regular classroom program, and not in place of it. Interventions are generally specific, short term, and highly structured.
- 3 **Consultation/Cooperative Planning:** This process begins with a referral to the resource team and ends with the monitoring of the child's progress in the regular classroom. Components include team meetings, co-teaching, curriculum planning and modification, I.E.P. development, consultation with students, parents, teachers, administrators, teaching assistants, district itinerant staff, and others who may be involved in the student's education program. A major component is the development of programs and materials for the implementation within the classroom by the teacher or the teaching assistant.
- 4 **Indirect Instruction:** Development of a short term intervention program that is carried out by classroom teacher or teaching assistant.

# Counselling Services

## School Based

### Purpose:

School counselling services are school based, non-categorical resource services designed to support students, their families and educators. These services are intended to facilitate the educational, personal, social, emotional and career development of students in schools and in the community.

The aim of a school counselling program is to support the intellectual development, human and social development, and career development of each student so that he or she can become a responsible, productive citizen.

### Description of Services:

School counsellors provide a continuum of preventative, developmental, remedial, and intervention services and programs and facilitate referral to community resources. The school counsellor's role includes *counselling, school based consultation, coordination and education*.

The role of the elementary counsellor is to provide:

- 1 **Counselling**  
Help students understand and deal with personal and social matters
- 2 **School Based Consultation**  
Provide service to individuals, groups, or families
- 3 **Education**  
Consult with parents, teachers, administrators, and the community
- 4 **Coordination**  
Support district initiatives in the area of social/emotional well-being (e.g., PBIS, Second Step, Friends)

The counsellor serves as consultant, coordinator and facilitator to the whole school. The various components of the program include the following:

1. **Individual Counselling**
  - To provide one-to-one counselling based on the individual student's needs (e.g., emotional, personal, behavioural, educational)
- Group Counselling**
  - To provide counselling to specific groups of students based on identified needs
2. **Direct Classroom Involvement/Consultation**
  - **Behavioural** – serves as a resource person to the classroom teacher in terms of analyzing and modifying classroom climate (e.g., behavioural problems, interaction patterns) to meet individual or specific group-class needs.
  - **Classroom Instruction** – provides affective education in such areas as understanding social behaviour, developing social skills, building self-esteem, communication skills.
3. **Education**
  - School counsellors may provide direct instruction to students in areas such as peer-helping, conflict resolution, social skills and life skills. As well, school counsellors provide support to other educators in implementing Career and Personal Planning and promoting healthy school environments and comprehensive health services to students. Their educational role may include staff and curriculum development.
4. **Coordination (Liaison/Referral/Consultation)**
  - To act as a liaison and referral agent within the system and with outside agencies for students requiring counselling services.
  - To consult with teachers and parents regarding personal and learning problems experienced by students.
  - To consult with community professionals (Health, Human Resources, Justice Department, etc.) regarding appropriate liaison and coordination of services.

# Learning Assistance

## School Based

*Learning assistance* services are school based, non-categorical resource services designed to support classroom teachers and their students who have mild to moderate difficulties in learning and adjustment.

*Learning assistance* provides a coordinated and integrated set of support services which include school based consultation, collaborative planning and coordination with the school based team, and instruction. It also includes assessment and evaluation to Level B. *Learning Assistance Teachers* typically help to organize, maintain, and integrate services in the school and, as part of a school based team, provide the major link with support services available at the district level. The Learning Assistance Teacher plays an active role in the identification, assessment, planning, implementation, reporting and evaluation process. He/she is a member of the school based team, provides collaborative consultation, assists with pre-referral interventions and works closely with teachers and the school based team to plan for, organize and access support services for students with special needs.

## The Learning Assistance Program consists of four components:

1. **Assessment:**
  - ◆ Including data collection, individual assessment, program planning, diagnostic teaching, and evaluation measures.
2. **Direct Instruction:**
  - ◆ May be provided in either the classroom or the Learning Assistance Centre. Direct instruction should be in support of the regular class program, and not in place of it. Interventions are generally specific, short term, and highly structured.
3. **Indirect Instruction:**
  - ◆ Development of a short term intervention program that is carried out by classroom teacher or teaching assistant.
4. **Consultation/Collaboration/Cooperative Planning:**
  - ◆ This process begins with a referral to the Learning Assistance Program and ends with the monitoring of the child's progress in the regular class. Components include team meetings, co-teaching, curriculum planning and modification, consultation with students, parents, teachers, administrators, teachers' assistants, and specialized staff. A major component is the development of programs and materials for implementation within the classroom by the teacher and/or teacher assistant.

## Access to Learning Assistance Services

Each school should establish procedures for teachers, students and parents to access learning assistance services consistent with the overall purpose stated above. Schools should also decide the focus for learning assistance services, considering the nature of the needs and range of other school based supports.

### Referral Process Dictated by the School Based Team

# **Teacher Assistants**

## **What We Have to Offer:**

The focus of this program is to assist the educational team in its endeavour to provide learning opportunities for all students. *Teacher Assistants* are hired throughout the district by individual schools. Teacher Assistants may work with individual students, small groups of students, teachers, and in special programs.

## **Description of Services**

Teacher Assistants are employed to work as part of the resource team.

Services may include:

- ◆ Personal care (e.g. mobility support, feeding, assistance with toileting, signing, etc.)
- ◆ Program modification, curriculum support, and assistance with educational instruction (under teacher supervision)
- ◆ Student supervision
- ◆ Preparation of educational materials
- ◆ Liaison with educators, parents, other professionals
- ◆ Participation in meetings and planning for Individual Education Plan development
- ◆ Collecting data and/or record keeping
- ◆ Behaviour management
- ◆ Other duties as assigned.

## **Criteria/Guidelines for Making Referrals:**

In the case of Teacher Assistants, their services are not normally assessed through a referral. Teacher Assistants are support staff whose services are distributed by administrators, teachers and school based teams.

## **Access to Services:**

Teacher Assistants resources are managed at the school level under the direct supervision of the school administrative officers. The Department of Human Resources (School District No. 48) also plays an integral and important role in determining the job descriptions of Teacher Assistants.

# Hospital/Homebound

## Hospital Education Services

### Purpose

The purpose of hospital education services is to enable students to continue their educational program while absent from school for periods during the school year because of illness or related medical/psychiatric reasons.

Hospital/Homebound teachers provide educational support (instruction) for students who are temporarily unable to attend school for medical or non-medical reasons. Homebound program teachers should have a minimum of 5 years elementary or secondary school teaching experience and should be able to demonstrate:

- ◆ Knowledge of health care and community services
- ◆ The ability to work effectively with parents, school staff, district personnel, medical personnel and community agencies
- ◆ Knowledge of curricula and instructional resources across a range of school years
- ◆ Knowledge of human behaviour and the ability to work effectively with students who have emotional or social problems.
- ◆ Knowledge of child development and an understanding of the educational needs of exceptional children.
- ◆ The skills necessary to assess the educational needs of a student and to modify curriculum, teaching techniques, and materials to meet the student's specific needs, and
- ◆ Knowledge of distance education techniques and computer-assisted learning.

### Descriptions of Services:

Hospital/Homebound Teachers consult with the home school regarding the student's educational needs. Contact with the principal, classroom teacher, and the parents or guardians, and access to school district resources is expected.

**Hospital/Homebound teachers deliver direct instruction to students not able to attend school. Instruction may be provided in a one-to-one setting:**

- ◆ In the home
- ◆ The hospital
- ◆ At some alternative locations

### Other services include:

- ◆ Acting as liaison between home/hospital and school
- ◆ Writing progress reports as a result of homebound intervention
- ◆ Setting educational goals for students requiring long term services

It is essential that there be effective collaboration, consultation and coordination with all care givers if services for homebound students are to be effective. In some instances, when a student is experiencing psychiatric difficulties, homebound services may exacerbate the student's difficulties. In these cases, alternative educational plans should be developed in collaboration with the community mental health team and other service providers.

### Students eligible for homebound services include:

- ◆ Students who are absent from school for medical reasons such as injury, disease, surgery, pregnancy, psychological reasons, etc. and
- ◆ Students suspended by the Board of School Trustees under section 103© of the *School Act* may be served in a homebound program.

This program should not be used routinely as the only option for students with severe behavioural or emotional problems. As well, homebound education services are not intended to serve students registered under Section 13 of the *School Act* (Home Education).

# Services for Children with Vision Loss

## School Service

The services for students with visual impairments include direct and consultative services for the student and the classroom teacher. Most students with visual impairments function successfully in the regular classroom.

## Teacher of the Visually Impaired

### Descriptions of Services:

- ◆ Assisting schools with visually impaired students to develop individual education plans
- ◆ Providing support and/or direct instruction as needed
- ◆ Ordering materials and adapted equipment e.g., optical aids, talking books, Braille and life skills equipment
- ◆ Assessing functional vision and literacy media
- ◆ Refer for mobility training
- ◆ Providing inservice on vision loss and methods of effectively including the vision impaired child into the classroom
- ◆ Under the recommendation of an O & M specialist reinforce cane travel, use of remaining senses and other mobility aids
- ◆ Advocating for the learner and acting as a liaison with other agencies

### Criteria/Guidelines for Making Referrals:

#### Learners who receive services are those for whom:

- ◆ Visual acuity in the better eye, after best correction, is 20/70 or less and/or there is sufficient visual field loss
- ◆ Vision deviates from the normal to such an extent that, in the combined opinion of a physician, optometrist, ophthalmologist, the vision teacher, and the school based team, the child will benefit from special educational support, or
- ◆ A visual problem is strongly suspected.

Visually Impaired students include those students whose visual impairments result in such a substantial educational handicap that they require curriculum and material adaptations. These students are commonly referred to as blind, legally blind, partially sighted, low vision, or cortically visually impaired. They typically have a visual acuity of 20/70 or less in the best eye after correction, or a visual field of 20 degrees or less, have a progressive eye disease, or function as if these conditions are present. See Ministry Manual of Policies, Procedures and Guidelines

## The School Critical Incident Response Team

Each school should have its own team to handle critical incident responses. Members of the team should be chosen based on their leadership roles in the school or their personal qualities which would make them an asset in a crisis situation. These individuals must be willing and able to assist the school administration in carrying out the critical incident plan. Membership of a school critical incident response team includes the following:

- ◆ Principal
- ◆ Counsellors
- ◆ Department heads or other key teacher leaders, and
- ◆ Other staff (teacher assistant, child care worker, multicultural worker, clerical staff, etc.)

Like the *District Team*, the first task of the *School Team* should be to develop the school plan or protocol. In most cases this will be based on procedures set at the district level. The *District Team* may provide a framework for the schools to use, or schools may use this document to begin their planning. It is important that training be provided to the *School Team* so that each person is familiar with the entire plan, confident in what their role is, and has developed the skills necessary to carry out the plan.

Once the plan is developed, a copy should be submitted to the *District Team* at the beginning of each school year. It is important that this plan include a list of the names, roles and after hours contact telephone numbers of all *School Team* members. Clear communication is essential so that the teams can be mobilized quickly in the event of an incident.

At the school level, two copies of the plan should be distributed to each staff member: one to be kept at home and the other at school. School staffs should also have an opportunity to discuss the plan with the *School Team* at a staff meeting or inservice session. Topics might include procedural matters and the dynamics of grief and trauma reactions. School counsellors will often be a source of expertise in carrying out the training.

A *printed handbook or pamphlet* on the *school's critical incident response protocol* should be available to each staff member and parent. Parents should be informed about the plan and translated materials should be available when appropriate and feasible. Examination of existing critical incident or sudden death protocol resources from across British Columbia and other locations shows that they contain some common features:

- ◆ Introductory material describing the importance of effective critical incident response procedures and planning.
- ◆ Clear, easy to follow steps in an action plan for the principal and team to use as a guide for action following a critical incident.
- ◆ Delineation of the roles and responsibilities for individuals in the school community in carrying out the plan.
- ◆ Strategies for providing counselling for both students and staff.
- ◆ Plans for identifying individuals at risk after a crisis.
- ◆ Alternative procedures for off site programs, if needed.
- ◆ Support materials such as sample formats for class meetings, staff meetings, communications with parents, information about grief and stress reactions, and a list of individuals and agencies with contact phone numbers so the School Team can readily obtain assistance in a hurry.

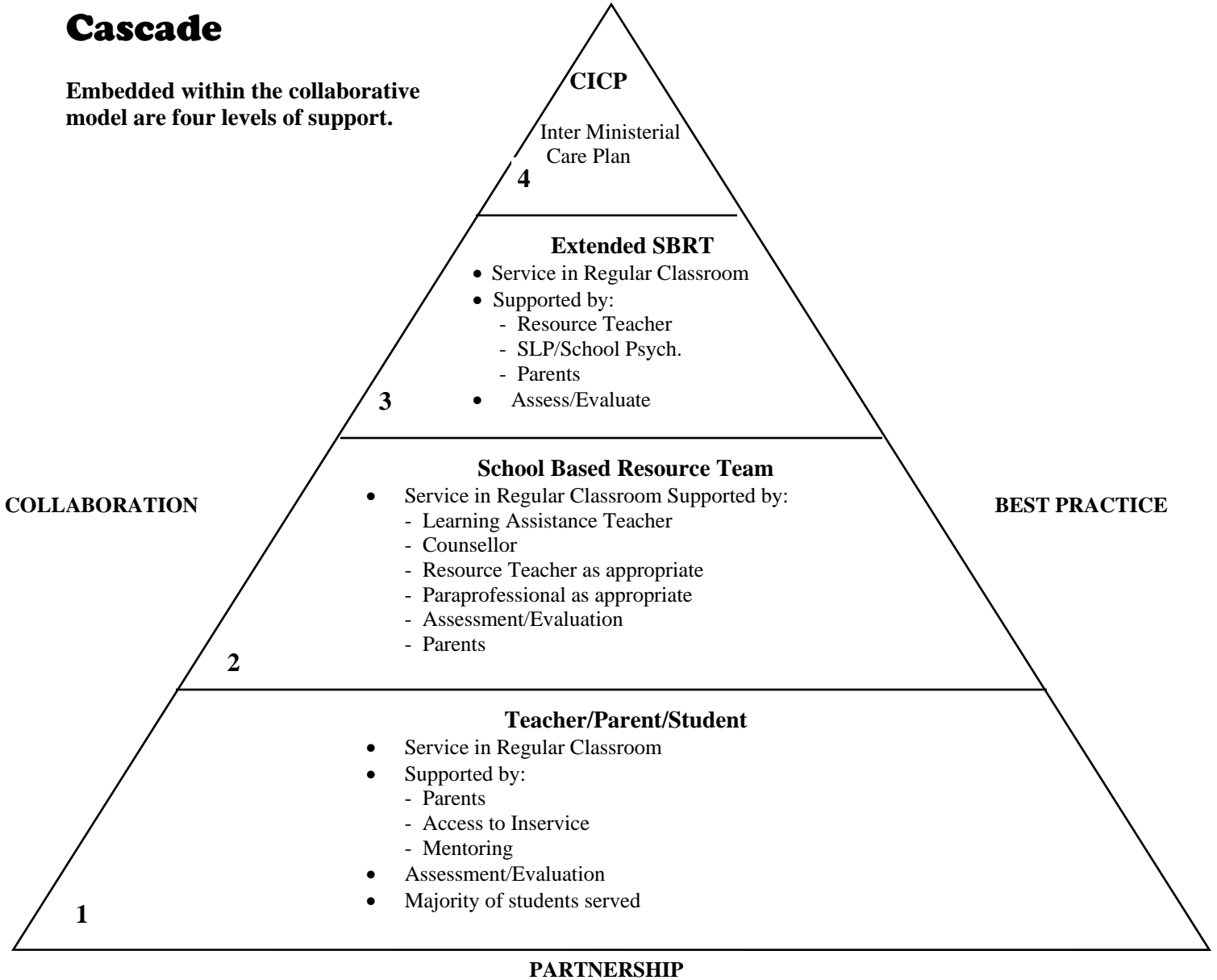
# **Referral Process/ Continuum of Service**

#### 4. **Referral Process/Continuum of Service:**

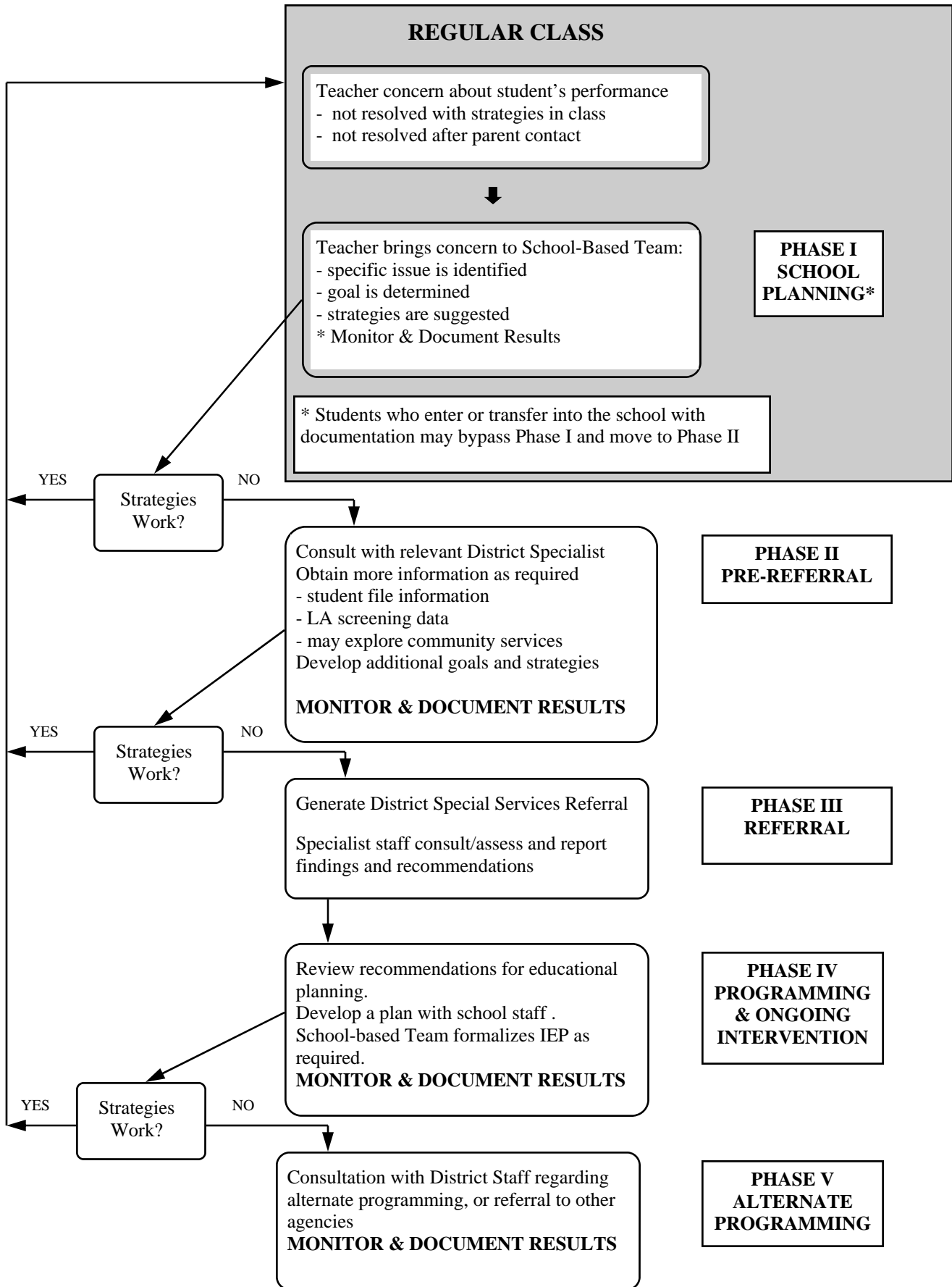
- Continuum of Service
- Referral Schemata Learning Needs
- Referral Schemata Behaviour/Emotional Needs
- Recommendations for the Identification of Gifted Students
- Implications of District Referral
- Data Collection Procedures
  - September Process
  - Identification Process
- Guidelines for Completing Referrals
  - Steps in Completing a Referral for Special Services
  - Review of Reports Originating Outside of the District
  - Referrals for Adjudication of Grade 12 Provincial Exams

# Instructional Cascade

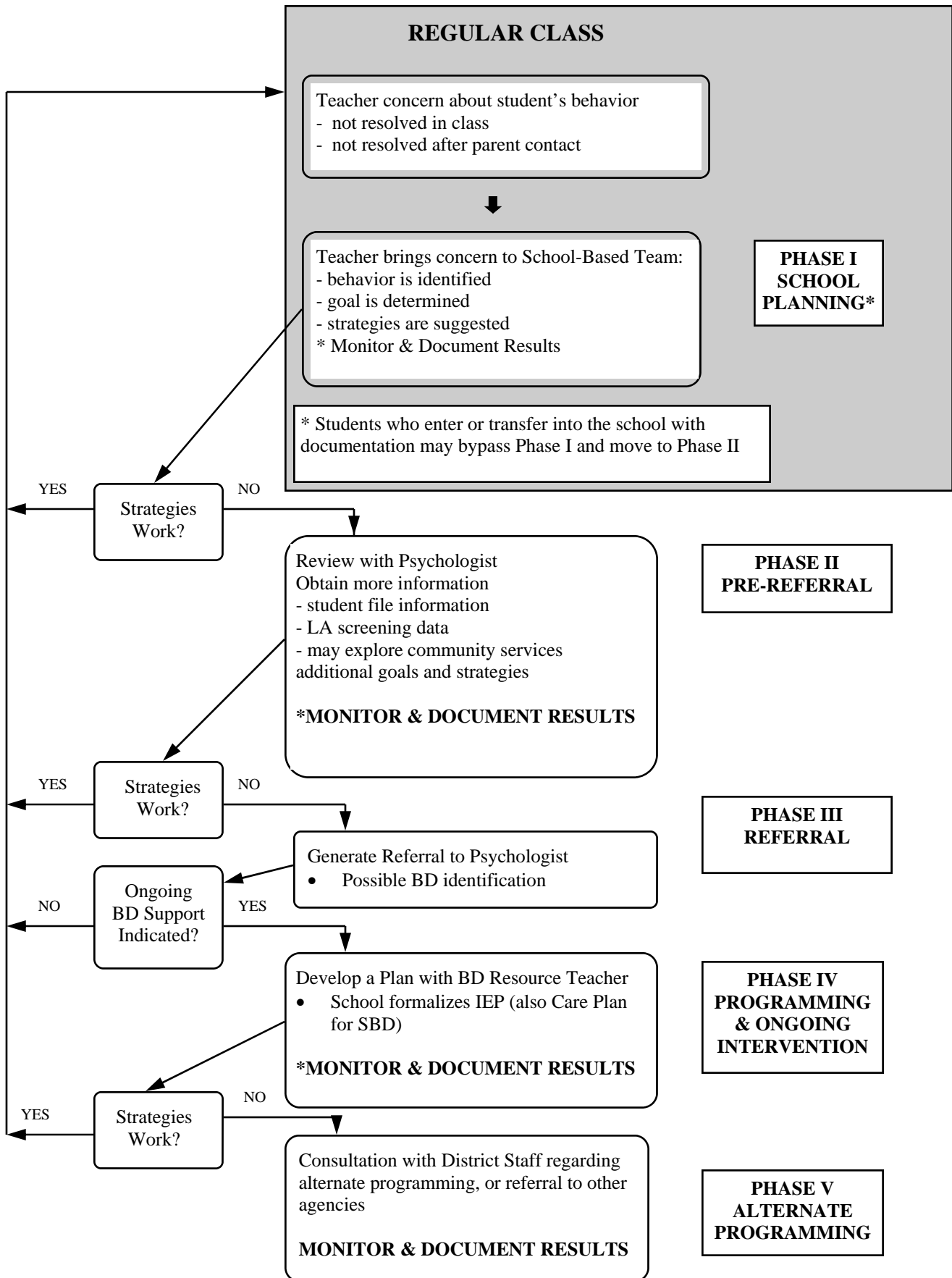
Embedded within the collaborative model are four levels of support.



## REFERRAL PROCESS FOR STUDENTS WITH SPECIAL NEEDS



## REFERRAL PROCESS FOR IDENTIFICATION OF STUDENTS WITH BEHAVIOR DISORDERS



## **IDENTIFICATION OF GIFTED STUDENTS**

Early identification of students who are gifted is an important element in planning and delivering appropriate educational programs. District screening and identification procedures should be in place to ensure consistency of access to programs designed to support gifted students.

Every effort should be made to ensure that screening and identification procedures are unbiased with respect to language, culture, gender, physical ability, learning or other disability.

No single criterion should be established for entry into or exclusion from services for students who are gifted. Rather, identification and assessment should be carried out using multiple criteria and information from a variety of sources, all of which are valid components for identification. These should include several of the following:

- teacher observations including anecdotal records, checklists and inventories
- records of student achievement including assignment, portfolios, grades and outstanding talents, interests and accomplishments
- nominations by educators, parents, peers and/or self
- interview of parents and students

If evidence gathered from the above is inconclusive, test administration may be recommended by the school-based team. e.g. Canadian Cognitive Abilities Test (CCAT) and Test of Cognitive Skills (TCS). School psychologists are available for consultation and for interpreting existing or additional testing.

Please note: *A child should not be excluded from gifted programming if testing is unavailable or inconclusive but several other indicators of giftedness are present.*

### The Role of Testing In Screening and Identification

The CCAT and the TCS are suggested as potential sources of data to assist teachers in screening for students who may need differentiated programming. These are not tests of student achievement. They are standardized group ability tests that provide indicators of possible strengths in verbal, non-verbal, and quantitative domains. While the results of such tests can provide useful information, it is emphasized that final decisions about a student's program should never be made on the basis of test scores alone.

*“Group I.Q. tests do not provide information that is sufficiently reliable to provide a basis for final placement decisions. They are ready and efficient sources of data for screening, but that is where their utility ends.” (Borland 1989)*

The Special Education Branch of the Ministry of Education recommends that individuals administering tests have appropriate levels of training or are supervised by school psychologists. (Special Education Services: A Manual of Policies, Procedures and Guidelines, 1995, Section D, p.11.)

## **Implications of District Referral Process**

1. A centralized database reflecting the needs of students district wide
  - impacts decisions regarding professional development
  - the development of specialist teams
  - the development of special education programs (e.g., prevalence rates of disabilities)
  - the implementation of special education curriculum (Bullying, Effective Behaviour Systems, 2<sup>nd</sup> Step)
2. Supporting minimal specialist staff levels and future predictions of growth.
3. Monitoring district support services to students;
  - referral turn around; time – completion of assessments
  - quality of assessments
  - appropriateness of recommendations
  - best practice
4. District confirmation of special needs;
  - appropriate assessments and recommendations
  - fair and appropriate allocation of special needs monies to individual schools
  - district consistency based on best practices
  - audit function

# **DATA COLLECTION PROCESS & PROCEDURES**

## **A. September Process**

### Identification for Funding (1701)

- a) School psychologist will obtain list of students identified in the previous school year for Ministry funding. The list will be acquired from the School Board Office.
- b) School psychologists will review the list with school based personnel in order to:
  1. Verify claims
  2. Delete students as required
  3. Add students identified after September of the previous school year
  4. Generate referrals for students new to a school or district who may qualify for special education funding.

Note: New claims not identified in the previous year must be district referred and undergo a written review by a school psychologist verifying the validity of the claim. (e.g. students transferring in from out of the district, emergent severe behaviour students)

- c) Lists would be updated and confirmed throughout the month of September

Note: School psychologists schedules will be flexible to accommodate this procedure (bearing in mind the school based allocations of school psychologists)

## **B. Identification Process**

1. Schools will be expected to follow the identified referral process for students with special needs and/or behaviour disorders. (see attached forms).
2. District Referral Form should be fully completed and submitted with an accompanying Learning Assistance Report to the special education clerical assistant at the School Board Office.
3. The special education clerical assistant at the School Board Office reviews the referral submission to ensure that the required information has been provided. If the form is complete a confirmation letter will be sent to the school, otherwise the referral will be returned for completion.
4. A district file will be created for each student referred and forwarded to the appropriate itinerant staff.
5. The itinerant staff conducts the appropriate assessment and conducts parent/teacher educational planning conference.
6. District files, including the assessment report, an initialed educational planning conference form, planning and implementation checklist and request for district confirmation of special needs eligibility form will be submitted to the coordinator of special education (as required).
7. The file will be reviewed by the special education coordinator for confirmation of appropriate special education category (1701) i.e., appropriate documentation.
8. Following the confirmation (#7 above), the student will be added or removed from the district list. A copy of the district confirmation will be sent to the school. A district file will be maintained at the School Board Office.

# **Guidelines for Completing Referrals for Special Services - School District No. 48 (Howe Sound)**

## **A Referral for Special Services must be completed when requesting:**

- An assessment by a Psychologist (academic, behaviour, attention), Speech and Language Pathologist, Occupational Therapist or Physiotherapist. Assessments (or reviews of outside assessments) are necessary before a child can access District Services and/or be formally identified as having a special need.
- The services of a Hearing Resource Teacher.

## **STEPS IN COMPLETING A REFERRAL FOR SPECIAL SERVICES**

1. A **Pre-referral Consultation** with each of the relevant Special Services staff must take place prior to completing the *Referral for Special Services*. Special Services staff will sign the *Referral* to indicate that the appropriate pre-referral consultation has occurred.

When requesting the services of the school psychologist, please indicate the relevant area(s) of concern (i.e., academic, behaviour/attention).

2. School staff then complete pages one and two and sign their names on page five of the document.
3. The entire *Referral* is then given to the parent(s)/legal guardian to complete pages three, four and five. The parent(s)/legal guardian must sign the *Referral* form prior to returning it to the school. “Informed consent” requires that the parent(s)/legal guardian sign the Referral only after it has been completed by the school. The parent(s)legal guardian should not be asked to sign a blank *Referral* except in the case where a child is moving into the District, and District staff are asked to assist in obtaining and reviewing reports from outside agencies (i.e., from another school district, hospital).
4. The following relevant documentation must be attached to the *Referral*:
  - School Psychologist Services – Learning Assistance Screening Data
  - Speech/Language Services – Learning Assistance Screening Data and previous Speech and Language reports.
  - Hearing Resource Services – Audiological Report (complete within the past two years).
5. The complete package, including;
  - the original Referral
  - attached documentation
  - copies of the *Referral* for each requested service should be sent to Special Services, (School Board Office). Schools should maintain copies of all documentation forwarded to Special Services.

**Incomplete *Referrals* will be returned to the school for completion.**

**Referrals are effective for one school year.** *Referrals* received after May 30<sup>th</sup> will be processed for the next school year. When a student receives ongoing service from one year to the next (e.g. speech therapy), a new *Referral* is not required.

Students who have previously been referred for services and have a file with Special Services require a new Referral when:

- a re-assessment is requested
- additional services are requested in a new school year
- a new service involving direct work with the child is requested
- a written report or memo is to be prepared (i.e., for adjudication purposes, for a behaviour review or for review of possible ADHD).

Alternatively, a *Cross-Referral* can be used **when additional services are requested in the same school year:**

- pre-referral consultation with that service is required, and that District staff member should sign on page one of the Cross-referral, and indicate date.
- parents should sign and indicate date.
- the *Cross-Referral* should be sent by the school to Special Services. Schools should maintain a copy of the *Cross-Referral*.

### **Review of Reports Originating Outside of the District**

Assessment reports originating outside of the school district (i.e., Sunny Hill Hospital, private psychologists) must be reviewed and interpreted by appropriate Special Services staff if a student is to be considered for a special service. Special Services staff are responsible for determining if the information provided meets the Ministry of Education criteria and what resources can be applied. However, the information contained in outside reports can be very useful in making decisions for educational programming.

### **Referrals for Adjudication of Grade 12 Provincial Exams**

*Referrals* that are being submitted for the purpose of Adjudication must be accompanied by the following:

- a statement that indicated the nature of the adjudication being requested
  - recent achievement test scores
- copies of the Individual Educational

#### 4. **Referral Process/Continuum of Service:**

- Continuum of Service
- Referral Schemata Learning Needs
- Referral Schemata Behaviour/Emotional Needs
- Recommendations for the Identification of Gifted Students
- Implications of District Referral
- Data Collection Procedures
  - September Process
  - Identification Process
- Guidelines for Completing Referrals
  - Steps in Completing a Referral for Special Services
  - Review of Reports Originating Outside of the District
  - Referrals for Adjudication of Grade 12 Provincial Exams

# **APPENDIX I**



# SCHOOL DISTRICT NO. 48

*Always Supporting Learners*

◆ Valuing Individuals ◆ Fostering Pride ◆ Expanding Opportunities

## REQUEST FOR STUDENT SUPPORT SERVICES

Student's Name: _____	Teacher: _____
Date of Birth: _____ Year/ Month /Day	School: _____
Sex:    Male            Female	Grade: _____    Date: _____

Child Resides With: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Guardian (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Reports should be mailed to: \_\_\_\_\_  
(name)

\_\_\_\_\_ (address)  
\_\_\_\_\_

**District Student Support Services Requested** (check those applicable)

\_\_\_\_\_ School Psychologist: (Behaviour) \_\_\_\_\_ (Ed.Psych.) \_\_\_\_\_ File Review \_\_\_\_\_ Attention \_\_\_\_\_

\_\_\_\_\_ Speech/Language Pathologist \_\_\_\_\_ Occupational Therapist

\_\_\_\_\_ Hearing Resource Teacher \_\_\_\_\_ Physiotherapist

\_\_\_\_\_ Low Incidence Support Team \_\_\_\_\_ Vision Impairment Service

\_\_\_\_\_ Counselling (Elementary)

*\* All specialists indicated must be consulted prior to the referral and sign as outlined on page 5.*

**Reason for Referral and questions you want to have answered.**

What is the primary referral question the school would like addressed? (e.g., Does this student meet Ministry criteria as a special needs student?; Does the student demonstrate a learning disability?; What would be an effective intervention strategy?; Does the student demonstrate behaviour that is significantly different from their peers?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL INFORMATION:**

	Well Below Average	Below Average	Average	Above Average	Well Above Average
Reading Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attendance:                      Poor                      Fair                      Good                      If Poor Record # of Days  
                                                                  Missed this year \_\_\_\_\_

Most Recent Standardized Test Scores:  
 Date: \_\_\_\_\_                      Date: \_\_\_\_\_                      Date: \_\_\_\_\_  
 Test: \_\_\_\_\_                      Test: \_\_\_\_\_                      Test: \_\_\_\_\_

<u>Subtests</u>	<u>S.S.</u>	<u>Subtests</u>	<u>S.S.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Special Services Request: Yes                       No

Schools Attended Previously: Yr: \_\_\_\_\_                      Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STUDENT'S STRENGTHS	STUDENT'S LIMITATIONS/AREAS OF CONCERN
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

**PREVIOUS & CURRENT INTERVENTIONS**

Date:  
 (From \_\_\_\_\_ to \_\_\_\_\_) Intervention: \_\_\_\_\_ Person Responsible: \_\_\_\_\_  
 \_\_\_\_\_

(From \_\_\_\_\_ to \_\_\_\_\_) Intervention: \_\_\_\_\_ Person Responsible: \_\_\_\_\_  
 \_\_\_\_\_

(From \_\_\_\_\_ to \_\_\_\_\_) Intervention: \_\_\_\_\_ Person Responsible: \_\_\_\_\_  
 \_\_\_\_\_

(From \_\_\_\_\_ to \_\_\_\_\_) Intervention: \_\_\_\_\_ Person Responsible: \_\_\_\_\_  
 \_\_\_\_\_

(From \_\_\_\_\_ to \_\_\_\_\_) Intervention: \_\_\_\_\_ Person Responsible: \_\_\_\_\_  
 \_\_\_\_\_

**REMEMBER TO ATTACH ALL RELEVANT PREVIOUS L.A., MEDICAL, SPEECH-LANGUAGE, PSYCHOEDUCATIONAL &/OR COUNSELLING REPORTS TO THIS REFERRAL.**

**MEDICAL/PHYSICAL HISTORY:** This section to be completed by the student's parent/guardian prior to referral.

**VISION:** When was your child's vision last checked? (Date) \_\_\_\_\_  
By whom? \_\_\_\_\_  
What were the results? \_\_\_\_\_

**HEARING:** When was your child's hearing last checked? (Date) \_\_\_\_\_  
By whom? \_\_\_\_\_  
What were the results? \_\_\_\_\_

**GENERAL HEALTH:**

Is your child presently in good health? \_\_\_\_\_

Has your child had any serious illnesses, accidents or operations? If yes, please Describe. \_\_\_\_\_  
\_\_\_\_\_

Has your child a history of chronic colds, high fevers, ear infections? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_ List them: \_\_\_\_\_  
Asthma? \_\_\_\_\_

Is your child presently on any medication? \_\_\_\_\_

If yes, please name the medication. \_\_\_\_\_

Is the medication taken: In school: \_\_\_\_\_ Only at home: \_\_\_\_\_

Medical diagnosis if any: \_\_\_\_\_

**BIRTH HISTORY:**

Length of pregnancy: \_\_\_\_\_ months

Child's weight at birth: \_\_\_\_\_ lbs. or \_\_\_\_\_ grams

Were there any concerns for your child's health at birth? Explain: \_\_\_\_\_  
\_\_\_\_\_

Child is the \_\_\_\_\_ of \_\_\_\_\_ children.  
(1<sup>st</sup>, 2<sup>nd</sup>, etc.) (Total)

**PHYSICAL DEVELOPMENT:**

Compared to other family members, your child's development appears:

(a) faster \_\_\_\_\_ (b) the same \_\_\_\_\_ (c) slower \_\_\_\_\_

**REQUEST FOR STUDENT SUPPORT SERVICES**

Was there ever any concern (by parents, other family members, doctors) with regard to your child's:

	<b>Yes</b>	<b>No</b>
feeding	<input type="checkbox"/>	<input type="checkbox"/>
fine motor skills (grasping objects with fingers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
gross motor skills (walking, running, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
language development (age at which first used words, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
articulation of words (speech)	<input type="checkbox"/>	<input type="checkbox"/>
memory/attention	<input type="checkbox"/>	<input type="checkbox"/>
hearing	<input type="checkbox"/>	<input type="checkbox"/>
impulsivity	<input type="checkbox"/>	<input type="checkbox"/>
vision	<input type="checkbox"/>	<input type="checkbox"/>
seizures	<input type="checkbox"/>	<input type="checkbox"/>
personal skills (toileting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
social skills (eg. a reluctance to play with others)	<input type="checkbox"/>	<input type="checkbox"/>
emotional stability (excessive crying, insecurity, anxiety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

If there were concerns for any of the above behaviors, please explain in more detail.

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LANGUAGES SPOKEN AT HOME: \_\_\_\_\_

**OTHER FACTORS:**

Have significant changes or circumstances occurred at home which would be important to your child's adjustment?

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**REQUEST FOR STUDENT SUPPORT SERVICES**

PARENTS' COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL SIGNATURES BELOW MUST BE OBTAINED PRIOR TO FORWARDING THIS REFERRAL TO THE DISTRICT SPECIAL EDUCATION DEPARTMENT.**

\_\_\_\_\_  
Signature of Teacher (or Secondary Counsellor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of L.A. or Resource Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Staff Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Staff Representative

\_\_\_\_\_  
Date

**PARENTAL/GUARDIAN INFORMED CONSENT:**

Before you sign

- Please make sure you understand the reason for the referral
- Please read the information in the completed referral
- Please add your own comments to the referral

By signing this form, I give my consent to the services requested

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date



# SCHOOL DISTRICT NO. 48

*Always Supporting Learners*

◆ Valuing Individuals ◆ Fostering Pride ◆ Expanding Opportunities

## REQUEST FOR STUDENT SUPPORT SERVICES CROSS REFERRAL

Student's Name: _____ <div style="text-align: center;">Last/First/Middle</div>	School: _____
Date of Birth: _____ <div style="text-align: center;">Year/ Month /Day</div>	Date: _____

Yes      No     A Comprehensive referral form for District Special Services has been completed for your child within the previous 6 months.  
**(If no; Please complete comprehensive referral instead)**

Consultation with District Specialists and school Special Education Staff support the following additional Special Services:

- |  |   |
|--|---|
| <input type="checkbox"/> Speech/Language               | <input type="checkbox"/> Behaviour/Attention    |
| <input type="checkbox"/> Academic/Ed.Psych. Assessment | <input type="checkbox"/> Deaf & Hard of Hearing |
| <input type="checkbox"/> Low Incidence Support Team    | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Vision Impairment Services    | <input type="checkbox"/> Physical Therapy       |
| <input type="checkbox"/> Counselling (Elementary)      |   |

Reason for referral: \_\_\_\_\_

You will be informed of the results. If you have any additional questions or would like further information, please contact the school.

Principal _____	District Staff Rep. _____
Date _____	Date _____
L.A./Resource Teacher _____	Classroom Teacher _____
Date _____	Date _____

I give consent for the above services to be carried out on behalf of \_\_\_\_\_  
(Full name of child)

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Note: Cross-Referrals are to be initiated by District Specialists**



# SCHOOL DISTRICT NO. 48

*Always Supporting Learners*

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## SCHOOL DISTRICT NO. 48 (HOWE SOUND)

### EDUCATIONAL PLANNING CONFERENCE

CHILD'S NAME: _____	D.O.B. _____	SEX: _____	C.A. _____
SCHOOL: _____	GRADE: _____	TEACHER: _____	
DATE OF MEETING: _____	LOCATION: _____		

REASON FOR MEETING: \_\_\_\_\_

INFORMATION EXCHANGED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIAGNOSTIC & ELIGIBILITY STATEMENT: \_\_\_\_\_

\_\_\_\_\_

EDUCATIONAL PLAN RECOMMENDED:  
Major Goals (In terms of skills/objectives to be attained): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strategies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See Over .....





# SCHOOL DISTRICT NO. 48

*Always Supporting Learners*

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## Planning and Implementation Checklist

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

To be eligible for supplemental special education funding, an identified special needs student must receive additional services beyond class size reduction which address his or her disability. The student must be receiving those additional special education services on a regular basis. Moreover, those services must be services other than: Learning Assistance, Speech/Language Therapy, Counselling, Physiotherapy, Occupational Therapy, or Hospital/Homebound Instruction. The program for a student with a disability should be reflected in his or her I.E.P. and must include, but is not limited to, one or more of the following services:

### **Please check those services which will be provided to the student.**

- direct remedial, corrective, tutorial, or skill building instruction;
- adapted, modified or supplementary curriculum and materials;
- alternate instructional and/or evaluation strategies;
- use of equipment, including computer and audiovisual technology;
- learning strategies or study skills training;
- social skills or life skills training;
- special work experience and career preparation;
- in-class support with a specialist teacher, a childcare worker, or a T.A.;
- participation in a district resource program;
- other. (Please describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Resource Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**District Psychologist**

SCHOOL DISTRICT NO. 48 (HOWE SOUND)

**REQUEST FOR DISTRICT CONFIRMATION  
OF SPECIAL NEEDS ELIGIBILITY**

STUDENT: _____	D.O.B.: _____
SCHOOL: _____	DATE: _____
CATCHMENT AREA SCHOOL (if applicable): _____	

**Prior to submission of this request, the following procedures for identification must be completed:**

PRE-REFERRAL INTERVENTION has taken place as follows (please check):

- The Learning Assistance or Resource Teacher has completed preliminary assessment of this student.
- The Learning Assistance or Resource Teacher has provided support.
- A School-based Problem-Solving Team has been involved.
- Pre-referral consultation with District Special Services regarding programming and programming needs has taken place prior to the referral form being initiated. (please check):
  - District Psychologist
  - District Teacher such as Vision, Hearing
  - Speech & Language
  - Extended school and district support personnel such as Occupational Therapist (please list E.S.L., Gifted, Behaviour) \_\_\_\_\_

Supporting documentation must be completed. Please attach appropriate copies and check.

- Psychoeducational Assessment by the School Psychologist;
- File review by the School Psychologist;
- Behavioural Assessment with School Psychologist;
- Assessment by Speech/language Pathologist, Occupational Therapist, Vision Report, Audiogram;
- Planning and Implementation Checklist;

**District Staff Only**

**RECOMMENDATION SUMMARY**

After consultation with the appropriate Resource Personnel in my building and District Staff, and understanding that assessment has been for the purpose of determining further understanding of programming needs for the above named student, it is our recommendation that the student:

r        does meet the criteria for identification as \_\_\_\_\_

r        no longer meets the criteria for identification as \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
District Staff Representative

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISTRICT SPECIAL EDUCATION DECISION**

**It is the decision of the District that this student:**

r        **qualifies as a special needs student according to Ministry of Education criteria**  
r        **does not qualify as a special needs student according to Ministry of Education criteria**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Supervisor of Student Services

Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Instruction

Date: \_\_\_\_\_



# SCHOOL DISTRICT NO. 48

*Always Supporting Learners*

◆ *Valuing Individuals* ◆ *Fostering Pride* ◆ *Expanding Opportunities*

## STUDENT & INSTRUCTIONAL SERVICES

### PERMISSION FOR RELEASE OF INFORMATION

As parent/guardian of \_\_\_\_\_  
(Student Name)

whose birth date is \_\_\_\_\_

I hereby authorize School District No. 48 (Howe Sound) to provide information to, or receive information from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

regarding my child named above for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Howe Sound School District person requesting information (if applicable):

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

# **APPENDIX II**

# INDIVIDUAL EDUCATION PLAN

If child is designated "high incidence" or "low incidence", the appropriate Ministry category must be checked.

Student:	School:
Birthdate:	Date:
Age:	Teachers(s):
Grade Placement:	L.A.T./R.T.

<p><b><u>High Incidence</u></b>  <b>Ministry Category – Check One (X)</b></p> <p>Learning Disabilities (Severe)</p> <p>Mild Intellectual Disabilities</p> <p>Behaviour Disorder – Moderate</p> <p>Behaviour Disorders – Rehabilitation</p> <p><b><u>Assessment</u></b>                      <b><u>Date</u></b></p> <p>Medical</p> <p>Psychoeducational</p> <p>Other Specify _____</p>	<p><b><u>Low Incidence</u></b>  <b>Ministry Category – Check One (X)</b></p> <p>Mod. To Sev/Profound Intellectual Dis.</p> <p>Phys. Dis. Or Chronic Health Impairment</p> <p>Deaf or Hard of Hearing</p> <p>Autism</p> <p>Phys. Dep. With Multiple Needs</p> <p>Visual Impairment</p> <p>Deaf/Blind</p>
---	---

<p><b>IEP Team</b> Name:</p>	Meeting Date:	Initial
	Position:	_____
	_____	_____
	_____	_____
	_____	_____

Current Functioning Level:	
Strengths:	Weaknesses:

<b>Program Material and Support</b>		
What do we need?	Who Will help?	What will they do?

Action Plan

Student Name:  Review Date (for status):	Date:
--	-------

**One Goal per page, there can be as many pages as needed.**

**Area of Concern:** *(Reading, Writing, Math, Behaviour, Social/Emotional, Physical, Career, etc.)*

**Long Term Goal:**

<b>Short Term Objectives:</b>	Related to long term goal. (Observations/Measurable)	<b>Method of Evaluation:</b> (Test, Observation, etc.)	<b>Person(s) Responsible</b>	<b>Status:</b> Achieved (I) In Progress
1.		1.		
2.		2.	1.	
3.		3.	2.	
4.		4.	3.	
5.		5.	4.	
			5.	

# **DEVELOPING A COMMUNITY CARE PLAN**

## **For Students Identified as Having a Severe Behavior Disorder**

*For students with severe behavior disorders the following are required by the Ministry of Education, Skills and Training:*

- *Development and implementation of an IEP, which is coordinated with intervention/care plans developed by appropriate community agencies in collaboration with the family.*
- *Evidence of a coordinated, cross-ministry, community response plan.*
- *Documentation must include previous plans and interventions, to demonstrate that the district has exhausted its own resources and capacity to manage within the typical range of special education interventions.*
- *Evidence of a planned inter-agency review process, in a stated time frame, recognizing that many behavioral programs will be ameliorated if the interventions are appropriate.*

*(Special Education Services: A Manual of Policies, Procedures and Guidelines, June 1995)*

### **THE COMMUNITY CARE PLAN \***

Community Care Planning provides an opportunity to collaborate and coordinate early intervention. Accurate recording is essential to good practice and allows for the evaluation of the care planning process. The old information should not be discarded, but kept as a record of the full activity of the care planning team.

There are three forms which describe the Community care Plan process. These forms are inter-related and need to be cross-referenced.

---

*\*Adapted from Woods, Cinder (1993), Integrated Cased Management Handbook*

### **1. Community Care: Planning and Review**

*The Community Care: Planning and Review* is to be completed at the initial and subsequent inter-agency meetings to:

- Describe the current status in each of the focus areas
- Identifying the strengths and concerns

### **2. Community Care: Plan Summary**

*The Community Care: Plan Summary* is also completed at the initial meeting to:

- Identify the ministries/agencies supporting the student
- Identify the interministerial case manager
- Establish focus areas and relevant goals
- Determine appropriate interventions

The identification of a case manager is essential to the maintenance of the community care plan and should be determined at the initial inter-agency meeting.

A time frame for reviewing the Care Plan must be established. The frequency of review will vary, however, should occur once every six weeks to three months.

*A Community Care: Plan Summary* is updated when goals and/or interventions change.

### **3. Community Care: Plan Focus**

*The Community Care: Plan Focus* is used to detail interventions and their effectiveness. It is also a document that can be used to record ongoing contact and activities related to the focus area. One sheet is used for each focus area.

#### **Focus Areas:**

**Eight Areas of Focus** have been identified to assist the interministerial team in developing goals which address all of the child's needs. The person(s) with primary responsibility should be identified in each of the areas of concern.

Community Care Plan....continued

The **Areas of Focus** are listed below along with explanatory comments:

**Place of Residence** –

If there are issues related to the place of residence, this focus area requires consideration. Thought should be given to stability and suitability (also from the young person's point of view) of the place where the young person lives. This may include temporary placements.

**Family Support**

If there are issues related to family support, then there needs to be consideration of the importance and relevance of family members to the young person. This may include extended family as well as other significant relationships.

**Health** (a) Emotional (b) Physical –

This area should include emotional well-being, physical well-being and special health needs. Special health needs may include vision, hearing, medication, etc.

**Behavior**

Include this focus area if there are issues related to behaviors that result in problematic interactions between the student and one or more elements of the environment, including the classroom, school, family, peers and community.

**Educational**

This area should include the broad educational goals for the student as detailed in the I.E.P.

**Social/Recreational**

This is an area which can be used as a positive influence in a young person's life and should not be neglected. Consideration should be given to peer influences as well as the young person's social and recreational interests and abilities.

**Legal** (e.g. probation, police)

This area should include guardianship status and consideration of court appearances, probation, and other court orders. It should also include possible legal action on behalf of the child or youth if an injury or crime has occurred. In the case of wards, this is the responsibility of the Office of the Public Trustee.

**Other** ( e.g. vocational, financial, cultural)

Should there be areas which require attention but do not readily fit in any of the above categories, they can be listed here. For instance, in some cases, the cultural or religious components of a young person's life might be very relevant to the case planning and would need to be considered. For older adolescents, there should be consideration of job and career potential.

**HOWE SOUND SCHOOL DISTRICT  
COMMUNITY CARE PLAN**

**GUARDIAN CONSENT FORM**

I, \_\_\_\_\_  
declare that I am the legal guardian of \_\_\_\_\_  
who was born on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_ .

I HEREBY GIVE MY CONSENT for information pertaining to my child to be discussed with the Interministerial Community Care Plan Team. I understand that such discussions could include representatives of any or all of the following Ministries:

1. Health
2. Education
3. Children and Families
4. Attorney General

as well as any additional persons/agencies who may have information deemed relevant by the case manager in regard to Community Care planning for my child.

I understand that whatever information is discussed at the Community Care Plan meetings pertaining to my child will be kept confidential within this group.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Signature

# COMMUNITY CARE PLAN

The following additional costs have been incurred in support of \_\_\_\_\_ behavior.

1. Case Manager \_\_\_\_\_ per week  
Time

2. Teaching Assistant \_\_\_\_\_ per week  
Time

3. Resource Room Support \_\_\_\_\_ per week  
Time

4. Alternate School Placement \_\_\_\_\_ per week  
Time

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

**CONFIDENTIAL**

Student Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_

**1. COMMUNITY CARE: PLANNING & REVIEW**

Date of Meeting: \_\_\_\_\_

<b>FOCUS OF CHILD'S PLACE OF RESIDENCE</b> Primary Presenter:	<b>CURRENT STATUS</b>	<b>STRENGTHS</b>	<b>CONCERNS</b>
<b>FAMILY SUPPORT</b> Primary Presenter:			
<b>HEALTH</b> <ul style="list-style-type: none"> <li>• Emotional</li> <li>• Physical</li> </ul> Primary Presenter:			
<b>BEHAVIOR</b> Primary Presenter:			
<b>EDUCATIONAL</b> Primary Presenter:			
<b>SOCIAL/REC.</b> Primary Presenter:			
<b>LEGAL</b> Primary Presenter:			
<b>OTHER</b> (e.g. vocational, financial, cultural – please list) Primary Presenter:			

\*This form is for use when students require cross-ministry or agency case planning.

**STUDENT SUPPORT SERVICES, SCHOOL DISTRICT NO. 48 (HOWE SOUND)**

**CONFIDENTIAL**

Student Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_

**2. COMMUNITY CARE: PLAN SUMMARY** (for detail, please refer to Community Care: Plan Focus and I.E.P.)

Case Manager/Agency: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_ To be Reviewed Every \_\_\_\_\_ (Months/Weeks)

FOCUS	GOALS	INTERVENTIONS	AGENCY/MINISTRY RESPONSIBLE	PERSON	PHONE/FAX
PLACE OF RESIDENCE					
FAMILY SUPPORT					
HEALTH <ul style="list-style-type: none"> <li>• Emotional</li> <li>• Physical</li> </ul>					
BEHAVIOR					
EDUCATIONAL (see IEP for detailed plan)					
SOCIAL/RECREATIONAL					
LEGAL (e.g. probation, police)					
OTHER (e.g. vocational, financial, cultural – please list)					

\*This form is for use when students require cross-ministry or agency case planning.

**CONFIDENTIAL**

Student Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_

**3. COMMUNITY CARE: PLAN FOCUS**

Date Initiated: \_\_\_\_\_

**FOCUS:** (check one)  
 Place of Residence  
 Family Support  
 Health

Behavior  
 Educational  
 Social/Recreational  
 Legal (e.g. probation, police)  
 Other (specify): \_\_\_\_\_

GOAL/OBJECTIVE	INTERVENTIONS/STRATEGIES	PERSON RESPONSIBLE
1.		
2.		

**NOTES:**

DATE	INFORMATION/UPDATE(re: Goal # ___)	EFFECTIVENESS OF CURRENT INTERVENTIONS	ADDITIONS OR CHANGES TO INTERVENTIONS	TEAM MEMBER'S INITIALS

## **Transition: Elementary to Secondary**

### **Roles and Responsibilities**

In a successful transition process it is important to define the roles and responsibilities expected of the key transition team members. These members would be the parents, elementary school case manager, and high school case manager. The student's role is embedded in their involvement with each of the key transition team members.

### **Parents or Guardians**

Participate in identifying concerns or potential issues that need to be addressed in transition

Participate in the development of their child's IEP, including planning for transition

Ensure outside assessments, ie: medical reports, are current and reflective of their child's needs and are available to school staff

Contact the secondary transition coordinator regarding any concerns about their child's transition to secondary school

Participate in planning their child's educational program

### **Elementary School Case Manager**

1. Appoint a case manager/transition coordinator, someone who knows the family and student well.
  - Inform high schools in Fall of low incidence students coming the following year.
  - Send copies of IEP to case manager at high school in the Fall.
  - Inform school in the Fall of any building modifications/equipment needed for student.
2. Ensure school files are complete, relevant information included and Turbo School updated.
3. Student IEP should reflect goals and objectives to ensure success in high school (long term goals).
4. Transfer forms if appropriate.
5. Meet with parents to find out specific concerns/course recommendations.
6. Students need to be considered for appropriate assessment (eg. Psychoed/adaptive behaviour/medical)
7. Inform high schools of technology needs (applications to SET B.C., technology provided).
8. Arrange for follow-up meetings with support staff, parents, high school staff (counsellor/case manager/resource teacher) to present results of testing/concerns.
9. Fully inform high school of level of support necessary.
10. Include T.A.'s whenever possible in meetings/planning.
11. Arrange transportation to/from high school for visits.
12. Classroom teachers may wish to meet with high school content area teachers regarding modifications etc.
13. Provide high schools with examples of materials or list of materials used by student.  
Discuss options for transportation and meet and greet.

## High School Case Manager

1. Appoint a case manager/transition liaison to oversee transition (should be case manager for all secondary academic career).
2. Provide elementary school with program options available. This should include all options ie. Course selection, examples of what previous students with similar profiles have done in grade 8 specifically.
3. Organize initial transition meeting in October to November with elementary case manager and parent(s).
4. Visit elementary school to observe student.
5. When possible include T.A.'s who likely will be working with student in new setting in meetings and visitations.
6. Inform elementary schools of good days to visit, special events etc.
  - Arrange visit days/time and place and orientation activities ie. map of school, example of daily schedule, shadow a student.
7. Provide peer advocates/counsellors to help with transition visits.
8. Arrange for appropriate inservice training for teachers and support staff (eg. technology, Aspergers/Autism).
9. Identify specifics of enrolling child in content areas (eg. who modifies materials, oversees T.A. support in class, marking criteria, modifications necessary).
  - information meetings for content area teachers if necessary
  - arrange for student to meet with content area teachers.
10. Ensure contact person available for parents to voice concerns.
11. Discuss options for transportation and meet and greet.



# **APPENDIX III**

## **HOWE SOUND SECONDARY SCHOOL ALTERNATE PROGRAM REFERRAL PROCESS**

In order to properly assess the increasing number of applicants for the Alternate School the following process is requested:

**Student/Parent Application:**

Student applicants must submit an Alternate School application form signed by their parent to their school counsellor.

**School Visitation:**

A visit to the Alternate School during working hours is recommended for all new student applicants and their parents.

**Supporting Documentation:**

Counsellor's complete intake meeting criteria two weeks prior to intake meeting.

- See attached
- See Howe Sound Secondary Support Services Department Head

**Submit:**

Photocopies of documentation to Support Services Department Head.

**Intake Meeting:**

An intake meeting will take place two weeks prior to each term at the Alternate School.

**Panel Evaluation:**

Acceptance or rejection due to insufficient information and intervention.

**Notification of Results:**

**Interview:**

**NOTE:**

Panel will consist of Alternate School Teachers, School Administrators, Resource Teacher, School Psychologist.

# ALTERNATE PLACEMENT PROCEDURE

Student: _____	Age: _____	Gr. _____
School: _____	Date: _____	

**Supporting Documentation**

	Yes
a) Teacher Intervention	<input type="checkbox"/>
b) Counselling	<input type="checkbox"/>
c) School Based Team Meeting	<input type="checkbox"/>
d) File Review (Suspension, etc.)	<input type="checkbox"/>
e) L.A. Screening	<input type="checkbox"/>

**Level C Assessment**

**Development of**

- a) Individual Education Plan
- b) Behavior Plan
- c) Critical Behaviour Checklist  
(Moderate & Severe)

**Community Care Plan**

- a) Probation
- b) Social Services
- c) Medical
- d) Etc...

(Severe Only)

**Application for Alternate School Placement**

Intake Meeting – Quarterly  
(Presentation of Case)

**Acceptance by Panel**

- a) Full-time
- b) Part-time
- c) Wait List

**Rejection by Panel**

**Due to**

- a) Lack of Information
- School Based Intervention
- Assessment
- IEP/Behaviour
- Community Care Plan (Severe Only)
- b) \_\_\_\_\_

**NOTE:** The identification and assessment process may need to be modified, expedited or waived temporarily when a student is endangering the safety of self or others.

Counsellor: \_\_\_\_\_

**CRITICAL BEHAVIOUR CHECKLIST**

<b>SCHOOL:</b>	<b>DATE:</b>	
<b>STUDENT NAME:</b>	<b>D.O.B.</b>	<b>ID#:</b>

**PRESENTING BEHAVIOUR ISSUES**

**(A) IN SCHOOL**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> physical aggression toward peers             | <input type="checkbox"/> truancy                | <input type="checkbox"/> excessively argumentative                       |
| <input type="checkbox"/> physical aggression toward staff             | <input type="checkbox"/> weapons                | <input type="checkbox"/> refusal to comply with class work directives    |
| <input type="checkbox"/> verbal aggression toward peers               | <input type="checkbox"/> alcohol/drug use       | <input type="checkbox"/> refusal to comply with class conduct directives |
| <input type="checkbox"/> verbal aggression toward staff               | <input type="checkbox"/> bullying, intimidation | <input type="checkbox"/> sexually intrusive                              |
| <input type="checkbox"/> damage to school property                    | <input type="checkbox"/> gang activity          | <input type="checkbox"/> sexual harassment                               |
| <input type="checkbox"/> damage to others' property                   | <input type="checkbox"/> hyperactive            | <input type="checkbox"/> attention deficit                               |
| <input type="checkbox"/> self abuse                                   | <input type="checkbox"/> hypoactive             | <input type="checkbox"/> other _____                                     |
| <input type="checkbox"/> melancholy/negative mood                     | <input type="checkbox"/> anxiety                |  |
| <input type="checkbox"/> repetitive & unwanted thoughts or behaviours | <input type="checkbox"/> lying                  |  |

**(B) IN COMMUNITY**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> violence toward property | <input type="checkbox"/> theft         | <input type="checkbox"/> alcohol/drug use |
| <input type="checkbox"/> violence toward persons  | <input type="checkbox"/> gang activity | <input type="checkbox"/> trafficking      |
| <input type="checkbox"/> prostitution             | <input type="checkbox"/> other: _____  |   |

**Goal One:**      **Reduction/Elimination of:** (check appropriate goals)

**These goals would typically be for students in the earlier intervention stages of service delivery (students in crisis).**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. physical violence toward students | <input type="checkbox"/> 10. sexually inappropriate language/behaviour |
| <input type="checkbox"/> 2. physical violence toward staff    | <input type="checkbox"/> 11. substance offenses                        |
| <input type="checkbox"/> 3. verbal attack upon students       | <input type="checkbox"/> 12. truancy                                   |
| <input type="checkbox"/> 4. verbal attack upon staff          | <input type="checkbox"/> 13. gang activity                             |
| <input type="checkbox"/> 5. non-compliance (classroom)        | <input type="checkbox"/> 14. other _____                               |
| <input type="checkbox"/> 6. non-compliance (school rules)     | <input type="checkbox"/> 15. other _____                               |
| <input type="checkbox"/> 7. harassment, intimidation          | <input type="checkbox"/> 16. other _____                               |
| <input type="checkbox"/> 8. weapons offenses                  | <input type="checkbox"/> 17. other _____                               |
| <input type="checkbox"/> 9. theft                             | <input type="checkbox"/> 18. other _____                               |

**Goal Two:**      **Demonstrated ability to be successful in the following ways:**

**These goals would typically be for students who are already designated and for whom interventions have already moved them beyond 'crisis' stage. Re-establishment as a 'regular' student is the focus of service; usually in the last year of designation.**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. remain on task                           | <input type="checkbox"/> 8. arrive in class with necessary materials |
| <input type="checkbox"/> 2. communicate appropriately with peers     | <input type="checkbox"/> 9. attend regularly                         |
| <input type="checkbox"/> 3. communicate appropriately with adults    | <input type="checkbox"/> 10. respect property of others              |
| <input type="checkbox"/> 4. behave appropriately when angry          | <input type="checkbox"/> 11. other _____                             |
| <input type="checkbox"/> 5. respect personal space of others         | <input type="checkbox"/> 12. other _____                             |
| <input type="checkbox"/> 6. take responsibility for mistakes/actions | <input type="checkbox"/> 13. other _____                             |
| <input type="checkbox"/> 7. accept direction from staff              | <input type="checkbox"/> 14. other _____                             |

## HOWE SOUND SECONDARY SCHOOL ALTERNATE PROGRAM EXIT PROCESS

In order to properly ensure that exiting students from the Alternate School Program have supports in place for re-entry to Howe Sound Secondary's regular program, the following process is requested:

1. **The Critical Behaviour Checklist:** Should be filled in upon entry, and is checked to ensure that the student has met both Goal One and Goal Two.
2. **Part-Time Attendance:** Part-time attendance at Howe Sound Secondary School in the regular program is recommended for all exiting students but not mandatory.
3. **Support Documentation:** Alternate School personnel complete Alternate School Exit Procedure form one week prior to the exit meeting. Photocopies of documentation are then submitted to Support Services Department Head.
4. **Quarterly Exit/Intake Meeting:** Administrators, Counsellors and LAC/Resource Teachers will meet with Alternate School staff to assess student readiness for integration into the regular program and whether supports are needed for student success in the regular program. The final placement decision is made when consensus is reached although administration will decide in the event of non-consensus.
5. **Notification of Results:** Students will be notified immediately by Alternate School staff.
6. **Course Planning Session for Student:** Counsellors will meet with student and parent to alter course plans and ensure that the proper placement is made. LAC/Resource Teacher will attend the meeting with student if the student requires their support.

# **APPENDIX IV**

# Ministry of Education Guidelines

The Ministry of Education provides funds and program assistance for Special Education Support Services within three categories of exceptionality:

- 1 Dependent Handicapped
- 2 Low Incidence-High Cost
  - a) Moderately Mentally Handicapped
  - b) Severe and Profound Mentally Handicapped
  - c) Physically Handicapped
  - d) Visually Impaired
  - e) Hearing Impaired
  - f) Autistic
- 3 High Incidence-Low Cost
  - a) Severe Learning Disabled
  - b) Mild Mentally Handicapped
  - c) Severe Behaviour
  - d) Rehabilitation

## **Dependent Handicapped**

Students who have a severe physical handicap as well as other severe disabling condition(s). Students in this category typically require extensive ongoing support not only during school hours, but throughout their entire lives.

The estimated prevalence of students in this category is .07%.

## **Moderately Mentally Handicapped**

Sometimes termed Trainable Mentally Handicapped, these students have significantly below average general intellectual functioning together with deficits in adaptive behaviour. These deficits are frequently evident in language acquisition, fine and gross motor skills, self-help and socialization.

The Ministry recognizes that approximately .36% of the school population may be moderately mentally handicapped.

## **Severely and Profoundly Mentally Handicapped**

These students range in ability, from individuals who are capable of learning self-care skills and basic communication, to students who require intensive intervention to maintain or develop responses to external stimulation.

The Ministry recognizes that approximately .09% of the school population may be severely/profoundly handicapped.

## **Physically Handicapped**

Students who require adaptations in school because of a physical limitation. The limitation may be due to disorders or diseases of the nervous system, musculo-skeletal conditions, congenital malformations or other physically disabling, and health related conditions.

## **Ministry of Education Guidelines** Continued...

### **Visually Impaired**

Students whose visual handicaps significantly interfere with their school learning. It includes partially sighted, low vision students who are able to use print materials, but does not include students whose vision can be corrected.

The estimated prevalence of this condition is approximately .07% of school-age students.

### **Hearing Impaired**

A hearing impaired student exhibits a hearing loss which significantly interferes with school learning through the acquisition or maintenance of the auditory skills necessary for the development of speech and language.

### **Autistic**

These students exhibit severe disturbances in the development of social, physical and language skills. They are characterized by abnormal responses to sensations and abnormal ways of relating to people, objects and events. Speech and language tend to be absent or severely delayed.

The incidence of this condition is approximately .05%.

### **Learning Disabled**

Students who exhibit severe disorders in their ability to master school tasks. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, arithmetic or in other areas. This term includes, but is not limited to, conditions referred to as perceptual handicaps, attention deficits, dyslexia, dyscalculia and aphasia.

These disorders result in a significant discrepancy between estimated learning potential and actual performance. Generally, a discrepancy between potential and performance of two or more years on standardized score comparisons is considered significant.

The Ministry recognizes that 1-2% of students will be severely learning disabled.

### **High Incidence Handicaps**

Those handicaps which are relatively common. Examples of a high incidence handicap would include learning disabilities, mild mental handicaps, and severe behaviour problems.

The Ministry caps the number of students that may be claimed in this category at 4.0% of the total enrolment.

### **Low Incidence Handicaps**

Those handicaps which are relatively rare. Examples of low incidence handicaps would include autism, visual impairment, moderate mental handicaps and dependent handicaps.

### **Mildly Mentally Handicapped**

Sometimes termed Educable Mentally Handicapped, these students have significantly below average general intellectual functioning together with deficits in adaptive behaviour. These students are able to progress satisfactorily in regular school programs with some modification of materials and methods.

The Ministry recognizes that approximately 1.35% of the student population may be mildly mentally handicapped.

## **Ministry of Education Guidelines** Continued...

### **Behaviour Disordered**

These students have been diagnosed as having severe, chronic and excessive emotional conditions of long standing which interfere with the learning process, relationships, and/or personal adjustment within the school setting.

The Ministry recognizes less than 1% of the school population within this definition.

### **Rehabilitation**

Rehabilitation programs are intended for adolescents with severe socio-emotional problems. Programs are generally delivered within an Alternate School. The major goal of the program is to provide academic and social development which lends to re-entry into the regular school system, further training, or employment.

Rehabilitation programs are jointly funded by the Ministry of Education and the Ministry of Social Services and Housing, or the Corrections Branch of the Ministry of the Attorney General. Programs are supervised by the School District.

### **Alternate Programs**

See Rehabilitation

### **Gifted**

Students who possess demonstrated or potential abilities which are extraordinary and which lie beyond the ability levels anticipated within regular school programs.

The Ministry recognizes the top 2% of students within this definition.

# **APPENDIX V**

# Glossary

In order to have a useful discussion on complex and challenging issues, all those involved in the discussion must agree on a common interpretation of words essential to discourse.

To ensure common ground, the definitions of critical terms used in this manual are being placed at the front of the document.

- 1 An **adapted program** retains the learning outcomes of the prescribed curriculum, but adaptations are provided so the student can participate in the program. These adaptations can include alternate formats (e.g., Braille, books-on-tape), instructional strategies (e.g., use of interpreters, visual cues and aids) and assessment procedures (e.g., oral exams, additional time). Students on adapted programs are assessed using the standards for the course/program and can receive credit toward a Dogwood certificate for their work (see definition for **modified program** below).
- 2 **Assessment** is a systematic process of gathering information from many people in order to make appropriate educational decisions for a student. It is a collaborative and progressive process designed to identify the student's strengths and needs, and results in the identification and implementation of selected educational strategies.
- 3 **Collaborative consultation** is a process in which people work together to solve a common problem or address a common concern. A successful collaborative process is characterized by the following features: it is voluntary; there is mutual trust and open communication among the people involved; identification/clarification of the problem to be addressed is a shared task; the goal is shared by all participants; each participant's contribution is valued equally; all participants' skills are employed in identifying and selecting problem-solving strategies; and there is shared responsibility for implementation and evaluation of the program or strategy initiated.
- 4 A **guardian** of a person (in the wording of the *School Act*) "...when used in reference to a student or child, means guardian of the person of the student or child within the meaning of the *Family Relations Act*".
- 5 **Inclusion** is the value system which holds that all students are entitled to equitable access to learning, achievement and the pursuit of excellence in all aspects of their education. The practice of inclusion transcends the idea of physical location, and incorporates basic values that promote participation, friendship and interaction.
- 6 An **Individual Education Plan (IEP)** is a written plan developed for a student with special needs which describes the educational program modifications and/or adaptations for the student, and the services that are to be provided.
- 7 **Integration** is one of the major strategies used to achieve an inclusive philosophy. Integration sees students with special needs included in educational settings with their peers who do not have special needs, and provided with the necessary accommodations and adaptations, determined on an individual basis, to enable them to be successful there. The principle of "placement in the most enabling learning environment" applies when decisions are made about the extent to which an individual student is placed in regular classrooms, or assigned to an alternate placement.

**Glossary** Continued...

- 8 **Mainstreaming** is a term which was in use during the early years of the movement toward integration of students with special needs, but which has been replaced by the term “integration” (see definition for **integration** previous page).
- 9 A **modified program** has learning outcomes which are substantially different from the prescribed curriculum, and specifically selected to meet the student’s special needs. For example, a Grade 9 student in a modified math program could be focusing on functional computational skills in the context of handling money and personal budgeting. Or, in language arts, a Grade 5 student could be working on recognizing common signs and using the phone. In these examples the learning outcomes are substantially different from those of the curriculum for most other students. A student’s program may include some courses that are modified and others that are adapted (see definition for **adapted program** previous page).
- 10 A **neighborhood school** is the school that students would normally attend if they did not have special needs.
- 11 **Parent** (in the wording of the *School Act*) “...means, in respect of a student or of a child registered under section 13, a) the guardian of the person of the student or child; b) the person legally entitled to custody of the student or child; or c) the person who usually has the care and control of the student or child”.
- 12 A **School Based Team** is an ongoing team of school based personnel which has a formal role to play as a problem-solving unit in assisting classroom teachers to develop and implement instructional and/or management strategies and to coordinate support resources for students with special needs within the school.
- 13 **Special educational needs** are those characteristics which make it necessary to provide a student undertaking an educational program with resources different from those which are needed by most students. Special educational needs are identified during assessment of a student; they are the basis for determining an appropriate educational program (including necessary resources) for that student.
- 14 **Transition** is the passage of a student from one environment to another at key points in his or her development from childhood to adulthood.
- 15 **Transition planning** is the preparation, implementation and evaluation required to enable students to make major transitions during their lives – from home or pre-school to school; from class to class; from school to school; from school district to school district; and from school to post-secondary, community or work situations.

# **APPENDIX VI**

# PROVINCIAL OUTREACH PROGRAMS

## **Jericho Outreach Program**

JILLYAN GIFT, CONSULTANT

5455 RUMBLE STREET, BURNABY, B.C. V5J 2B7

TEL: 604-664-8560 (Local 4234) TTY: 604-664-8563

FAX: 604-664-8561 e-mail address: jgift@south.sd41.bc.ca

MANDATE: The Jericho Outreach Program provides programming consultation and support in the area of education of Deaf and Hard of Hearing students.

## **Provincial Outreach Program For Students With Deafblindness**

JOYCE OLSON, COORDINATOR

10300 SEACOTE ROAD, RICHMOND, B.C. V7A 4B2

TEL: 604-668-7810 TTY: 604-668-6166

FAX: 604-668-7812 e-mail address: Joyce\_Olson@richmond.sd.38.bc.ca

MANDATE: To support School Districts in the successful inclusion of students with dual sensory impairments through regular consultation, resources, and inservice.

## **Provincial Outreach Program For Autism & Related Disorders**

JO-ANNE SEIP, ADMINISTRATIVE OFFICER

4812 GEORGIA STREET, DELTA, B.C. V4K 2S9

TEL: 604-946-3610

FAX: 604-946-2956 e-mail address: j\_Seip@bc.sympatico.ca

MANDATE: To provide technical assistance to School Districts throughout B.C. for school-aged children with Autism and Pervasive Developmental Disorders.

## **Provincial Integration Support Program**

TERRY WENDORF, COORDINATOR

1525 ROWAN STREET, VICTORIA, B.C. V8P 1X4

TEL: 250-595-2088

FAX: 250-592-5976 e-mail address: twendorf@sd61.bc.ca

MANDATE: To assist school teams throughout B.C. in developing modified curriculums for students K-12 with severe/profound multiple physical and cognitive disabilities.

## **SET-BC**

MIKE BARTLETT, COORDINATOR

105-1750 WEST 75TH AVENUE, VANCOUVER, B.C. V6P 6G2

TEL: 604-261-9450

FAX: 604-261-2256 e-mail address: mbartlett@setbc.org WEBSITE: www.setbc.org

MANDATE: To assist School Districts in educating students with physical disabilities or visual impairments through the use of technology.

## **Vision Outreach Program**

ANNE WADSWORTH, COORDINATOR

Provincial Resource Centre for the Visually Impaired

106-1750 WEST 75TH AVENUE, VANCOUVER, B.C. V6P 6G2

TEL: 604-269-2219

FAX: 604-261-0778 e-mail address: awadsworth@prcvi.org

MANDATE: To provide consultation and support to vision teachers and other School District personnel in the education of students who have visual impairments.

# **APPENDIX VII**

## **Ministry of Education– Special Education Documents On-Line**

- ◆ Review of Learning Assistance Services Report, 1997, by Desharnais & Associates
- ◆ Responding To Critical Incidents: A Resource Guide For Schools
- ◆ A Manual of Policies, Procedures and Guidelines
- ◆ Students With Visual Impairments
- ◆ Students with Hearing Loss: A Resource Guide to Support Classroom Teachers
- ◆ Gifted Education: A Resource Guide for Teachers
- ◆ Awareness of Chronic Health Conditions
- ◆ Students With Intellectual Disabilities: A Resource Guide for Teachers
- ◆ Individual Education Planning for Students with Special Needs
- ◆ Teaching Students with Learning and Behavioural Differences: A Resource Guide for Teachers
- ◆ Teaching Students with Fetal Alcohol Syndrome/Effects: A Resource Guide for Teachers
- ◆ Parent's Guide to Individual Education Planning
- ◆ Teaching Students with Attention-Deficit/Hyperactivity Disorder– A Resource Guide for Teachers

# **APPENDIX VIII**

### Symptoms of ADHD

**Hyperactivity:**

- a often fidgets with hands and feet or squirms in seat.
- b often leaves seat in classroom or in other situations in which remaining seated is expected.
- c often runs about or climbs excessively in situations in which it is inappropriate (in adults and adolescents).
- d often has difficulty playing or engaging in leisure activities quietly.
- e is often “on the go” or often acts as if “driven by a motor”.
- f often talks excessively.

**Impulsivity:**

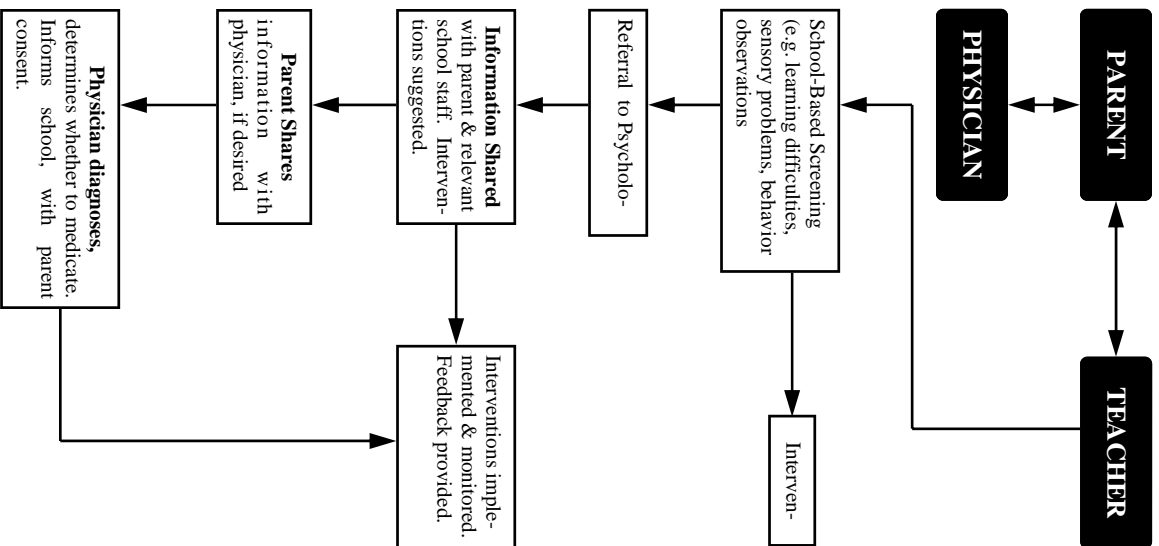
- g often blurts out answers before questions have been completed.
- h often has difficulty awaiting turn.
- i often interrupts or intrudes upon others.

### Symptoms of ADHD Predominantly Inattentive Type

- a often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- b often has difficulty sustaining attention in tasks or play activities.
- c often does not seem to listen when spoken to directly.
- d often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
- e often has difficulty organizing tasks or activities.
- f often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
- g often loses things necessary for tasks or activities.
- h is often easily distracted by extraneous stimuli.
- i is often forgetful in daily activities.

### Recommended Process for Identification

#### ATTENTION-DEFICIT/HYPERACTIVITY DISORDER



## SCHOOL DISTRICT NO. 48

### RECOMMENDED PROCESS FOR IDENTIFICATION OF STUDENTS WITH ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD)

## BACKGROUND

Children who have Attention-Deficit/Hyperactivity Disorder (ADHD) are more active, less attentive, and more impulsive than most other children of their age. About 3 % of children exhibit ADHD. More boys are diagnosed than girls.

Characteristics of ADHD include fidgeting or squirming, having difficulty remaining seated, being easily distracted, having difficulty waiting to take a turn, having a short attention span, shifting from one uncompleted activity to another, talking excessively, interrupting others, and engaging in physically dangerous activities without thinking of consequences.

Sometimes children are not hyperactive but are distractible and have a short attention span. This condition is more subtle but can interfere with functioning. It is called attention deficit disorder, predominantly inattentive type.

Attention problems may also result from conditions other than ADHD, therefore a careful assessment is important.

## RECOMMENDATIONS

The following outlines a recommended Howe Sound School District procedure for identifying and supporting students who have ADHD.

- 1 The parent(s) and teacher discuss their perception of the child's problem. If they agree that attention may be a problem, they proceed to the next stage. In the event that the parent first approaches the physician, the physician directs the parent back to the school.
- 2 The teacher approaches the school-based team and requests a screening assessment for learning difficulties. The parent has the child's hearing and vision tested to rule out any sensory problems.
- 3 The screening data is shared with the school psychologist, who then administers a behavior rating scale (one to be completed by the parent, and one to be completed by the teacher). The psychologist may also conduct a classroom observation, interview parents and teachers, review student records, etc. A full psychoeducational assessment is not considered necessary at this point unless there is evidence of a learning problem; however, a referral to Special Services is required.
- 4 The school psychologist prepares a written summary of the screening information, behavior rating data, and any other information which has been obtained. The summary is shared with the school and the parent.
- 5 The parent takes his/her child to a doctor to rule out any health problems that may contribute to attention difficulties. The parent gives a copy of the psychologist's summary to the doctor.

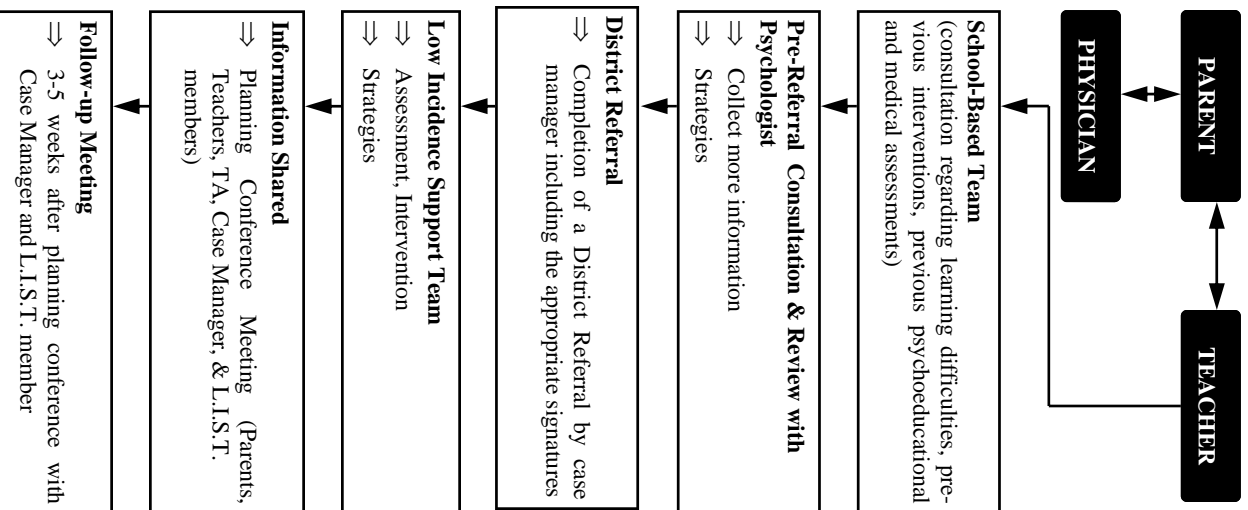
6 If, after reviewing the available information, the physician considers a diagnosis of ADHD is appropriate and prescribes medication, he/she notifies the school and requests feedback concerning medication effectiveness and/or adverse reactions. In more complex cases, a referral to a child psychiatrist or clinical child psychologist may be in order.

7 Concurrently, the school implements an intervention plan to address student needs and monitors the child's progress. The school may consult with the psychologist regarding intervention strategies.

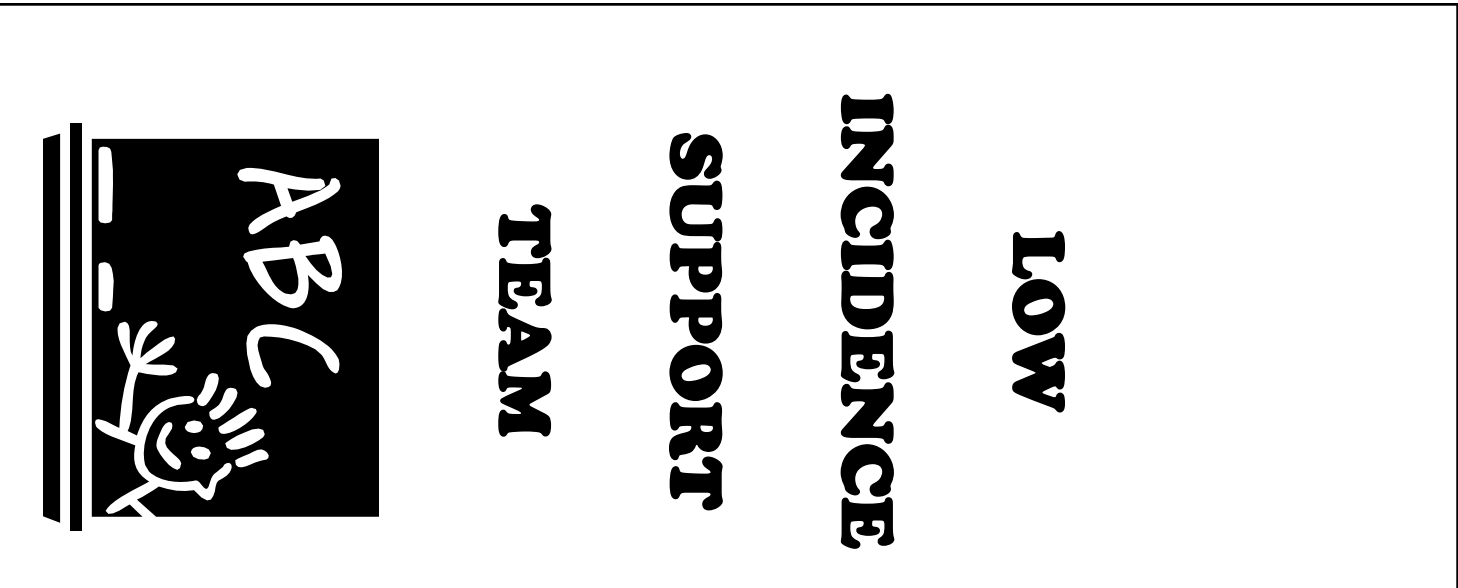
8 If the medication and/or intervention appear to be unsuccessful, alternative courses of action might include additional medical assessment or further consultation with the school psychologist, school-based team, district itinerant teacher for behavior disorders, other clinical specialists, and *community agencies*.

*Prepared by Special Services, School District #48, Howe Sound.*

# Recommended Process For Low Incidence Support Team



For additional information please contact Special Services at the Howe Sound School Board Office 892-5228



## What is the Low Incidence Support Team?

We are a multi-disciplinary team of professionals working in the Howe Sound School District in conjunction with the Provincial Resource Program for Autism and Related Disorders. Eleven days of training were completed with Barbara Porco, Provincial Resource Program, during the 1999/2000 school year.



## Who Do We Serve?

We support the staff serving students with Low Incidence Disorders or developmental delays. We liaise with other support services that may be involved. Low Incidence Disorders include:

- ◆ Autism
- ◆ Pervasive Developmental Disorder Not Otherwise Specified
- ◆ Asperger's Syndrome
- ◆ Tourette Syndrome
- ◆ Fragile X
- ◆ Other Genetic & Chronic Health Impairments

## How Can We Assist You?

Team members collaborate with the School Based Team and the student's family to:

- ◆ Assess and observe the student
- ◆ Consult with school staff to assist in developing educational programs and schedules
- ◆ Provide strategies for behavioural management
- ◆ Provide information and ideas for augmentative communication
- ◆ Provide written recommendations
- ◆ Provide information to help with understanding the needs of students with Low Incidence Disorders
- ◆ Provide follow-up support upon request

## How Can You Access Our Service?

The School Based Team completes the District Referral Form (please  Low Incidence Support Team) and file review. If it is determined that our support is appropriate, the school is expected to:

- ◆ Have a case manager who will oversee the referral, provision of background information, supervision of the T.A., inclusion of the family and any necessary follow up with the L.I.S.T.
- ◆ Provide information including a current I.E.P. and previous medical and psychoeducational assessments
- ◆ Allow an observer(s) in the classroom (this may include videotaping)
- ◆ Meet with the Low Incidence Support Team
- ◆ Be committed to implementing new and/or alternative strategies and maintaining simple implementation records

# **APPENDIX IX**















## Low Incidence Support Team Consent Form

### VIDEOTAPE RECORD OF STUDENT (Optional)

In order to assist in this referral, please provide a videotape of the student. The entire tape segment should run no longer than 10 minutes and include the areas listed below.

- Close-up of the student's face.
- The student sitting in his/her usual chair.
- The student moving down the hallway and entering his/her classroom.
- A close-up of the student with any alternative communication.
- A segment of classroom participation including:
  - a) a structured activity involving the student
  - b) an unstructured activity involving the student
  - c) a one-to-one conversation.
- A segment of the student eating a meal/snack.
- The student involved in his/her favorite activity.

**NOTE:**

- Please note that it is the school's responsibility to obtain parental permission before making the videotape.
- Please send videotape in 1/2" VHS tape format.
- Please remember to view the tape to ensure proper recording.

### PARENTAL CONSENT FOR SCREENING VIDEOTAPE (Mandatory if Video Tape Provided)

I have reviewed this tape of my child and request that this videotape be released to the **SCHOOL DISTRICT NO. 48 LOW INCIDENCE SUPPORT TEAM** in order to assist them in providing him/her with the most suitable service. If the student is accepted to the program, the videotape will be kept in the student's file; if the student is not accepted, the videotape will be returned to the school.

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date(s) of Taping: \_\_\_\_\_

Teacher (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent or Guardian (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Signed at: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

# **APPENDIX X**

## **Role of a Teacher of Students with Visual Impairments (TSVI):**

Each child with vision impairments may have different needs than other peers with VI. The reason for variety of needs is due to the wide range of vision impairments that exists and the degree to which they are manifested. A teacher of students with vision impairments works with children with a range of visual problems and tailors a program to suit those needs. Most people who are blind have some degree of their vision left (light perception) and need to learn how to use their residual vision, while other students who have seemingly good vision have not learned to use their vision efficiently. A TSVI can assist both groups of students in their educational needs. The following is a list of activities a TSVI is responsible for when providing a program to any student with vision impairments:

- specialized assessments in Functional Vision, Learning Media & Adaptive Technology (low and high tech.)
- modifying/adapting classroom instruction and materials
- direct instruction and consultation in all areas of the expanded core curriculum (Compensatory Skills, O & M, Social Skills, Independent Living Skills, Recreation and Leisure Skills, Career Education, Assistive Technology and Visual Efficiency Skills)
- contact with various organizations including Provincial Resource Centre for the Visually Impaired, Canadian National Institution for the Blind, various community organizations and other parents)

## **A Summary of the Assessment of Vision and Roles of Personnel Involved**

### **Ophthalmologist or Optometrist:**

Identifies specific eye condition including:

- Etiology, history and diagnosis
- Visual acuity muscle function
- Visual field testing
- Color vision assessment
- Make recommendations to lighting, lenses and low vision aids
- Referrals to other specialists or recommended further assessment

### **Clinical Low Vision Assessment:**

Examines visual functioning potential and the possibility of using low vision devices. This assessment also includes review of case history, assessment of ocular health, acuity visual field, color vision, refraction, binocular vision and magnification.

### **Teacher of Students with Visual Impairments:**

The primary goals of a TSVI is assess how students' difficulty with vision limits their learning, to provide intervention strategies and to educated students and school personnel on the necessary adaptations to materials, environment and teaching methods to allow for optimal learning. The assessments may include observation of social functioning, mobility skills, and life skills; however, a functional vision assessment and a learning media assessment should occur in order to decide how vision affects learning.

**Functional vision assessment includes:**

- **review of medical history,**
- **general observations,**
- **pupil response,**
- **reactions to and preference of light (artificial/natural light and night vision)**
- **blink reflex,**
- **visual motility (gaze shift, fixate, tracking, scanning and muscle balance),**
- **visual motor behaviours (visually directed reach, grasp, and transport),**
- **depth perception (over/under reaching and figure ground discrimination),**
- **discrimination (disappearance/appearance of objects, recognition of familiar object, people, discriminate color),**
- **spatial orientation (organization of material, position of objects),**
- **visual field preference and limitations,**
- working distances, magnification and optimal size of print,
- visual behaviours (eccentric viewing, blindisms, and visual abilities),
- travel (in/outdoor environments and in familiar and unfamiliar).

**Learning Media Assessment:**

- use of sensory channels,
- learning media (auditory/tactile or vision),
- indicator of readiness for a literacy program,
- initial selection of literacy medium for students who are beginning literacy instruction, continuing assessment of student progress in both print and braille.

Following the Functional Vision and Learning Media assessment recommendations for classroom organization, routines and environment will be addressed. Time, instructional materials and technical equipment will also be reflected upon. Recommendation for an Orientation and Mobility and/or a low vision evaluation will be made if necessary.

**Orientation and Mobility Specialist:**

Identifies orientation mobility needs and instruction in safe travel.

In British Columbia, in order to meet Ministry qualifications for Visual Impairment category, student's vision must:

- interfere with optimal learning, in the optimal learning
- in the opinion of an ophthalmologist or optometrist, have a visual acuity of 6/21 (20/70) in the better eye, have a visual field of 20 degrees or less, have a progressive eye disease with the prognosis of becoming one of the formerly mentioned or have a difficulty with visual stamina that results in functioning like the above mentioned eye conditions.
- have a current IEP
- must be receiving additional services from a TSVI on a regular basis.

## Definitions of Terms (FVA)

**Binocularity: simultaneous use of both eyes**

- **difficulties result in double vision, eccentric viewing, occluding one eye, and difficulties in depth perception**

**Color: ability to discriminate and recognize color and contrasts**

- **color identification and figure-ground relationships**

**Figure-Ground: can identify preferred objects when background is cluttered with other color and patterns.**

- **ability to see details**
- **ability to discern aspects of a picture, focus on object**

**Lighting: degree of light needed to complete tasks**

- **optimal position and type of light**
- **students reaction and ability to function under different lighting conditions**

**Visual Acuity: near, intermediate and distance vision parameters**

- **optimal size and distance of objects viewed**

**Visual Field: use of central and peripheral vision**

- **superior and inferior fields**
- **essential to determine best positions for viewing near/far distance task**

**Visual Motility: ability to localize, fixate, follow and track objects**

- **able to identify preferred objects and fixate visually**
- **right, left and central positions are tested**
- **visual tracking**

**Visual Motor: ability to engage in tactual exploration**

- **visually guided reach, grasp, transport (hand/eye relationship)**
- **ability to cross mid-line during tasks**
- **fine motor proficiency across mid-line**

**Visual Spatial: understanding of the relationship of self within a space**

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