

**SOUTH SHORE REGIONAL SCHOOL BOARD
POLICY & PROCEDURES**

POLICY # 370

TITLE	EFFECTIVE DATE	PAGE
STUDENT SERVICES	September 13, 2006	Page 1 of 77

(This policy replaces SWRSB Policy # 403.1)

Inclusive Schooling

“An inclusive school is a school where every child is respected as part of the school community, and where each child is encouraged to learn and achieve as much as possible...a place where all children could learn and where differences are cherished for the richness that they bring.”

“The goal of inclusive schooling is to facilitate the membership, participation and learning of all students in school programs and activities. The support services that are designed to meet students’ diverse educational needs should be coordinated within the neighbourhood school and to the extent possible, within grade level/subject area classroom.”

N.S. Department of Education, Special Education Policy Manual 1996

Philosophy

The South Shore Regional School Board is committed to the philosophy that every student, regardless of individual differences, has the right to an appropriate public education which aims to develop to the fullest extent possible, each individual’s abilities, talents and skills.

To this end, the school shall attend to the cognitive, emotional, social, and physical development of each student, believing that every person is a contributing member of the larger community.

The South Shore Regional School Board believes and recognizes that students differ in their learning needs, and endorses that all students have the right to have those needs met in the most inclusive educational environment appropriate to the needs of the student.

Preamble

The Student Services Policy of the South Shore Regional School Board has been established to fulfill the mandate given to school boards by the Department of Education, Province of Nova Scotia.

This Student Services Policy reflects and responds to the provincial Special Education Policy, The Education Act (1995-1996) and the Public School Program (1999-2000) and Supporting Student Success: Resource Programming and Services (2002).

The South Shore Regional School Board Student Services Policy is intended to guide the Student Development Team, and schools, within its jurisdiction, in programming and service delivery for all students.

The South Shore Regional School Board Student Services Policy is consistent with provincial policies and other South Shore Regional School Board policies.

Programming and Student Services of the South Shore Regional School Board

The South Shore Regional School Board's affirms that it has a responsibility to the extent possible to:

1. Educate all staff (support staff, administration, teachers) and parents/guardians about the South Shore Regional School Board's Student Services Policy.
2. Develop programming and services for individuals on the basis of their needs as determined by various aspects of the student's development (social, emotional, cognitive and physical).
3. Promote the active participation of parents/guardians and students in the development and support of programming in co-operation with school staff in an effort to promote a community awareness, acceptance and support of student needs.
4. Provide programming materials, financial support, professional development and human resource support within the existing budget to ensure the needs of all students are met.
5. Encourage co-operation and partnerships with other service agencies.

Procedures

The procedures are extensive for this policy so they are set out in the form of a "Student Services" manual, as presented in the pages that follow. The procedures reflect very closely the guidelines from the Department of Education. More specifically, the appeal procedure follows the "School Board and Ministerial Appeal Guide" very closely.



STUDENT SERVICES

SOUTH SHORE REGIONAL SCHOOL BOARD
STUDENT SERVICES POLICIES & PROCEDURES

TABLE OF CONTENTS

	PAGE
DEFINITION OF TERMS	6
ROLES AND RESPONSIBILITIES	
- N.S. Department of Education.....	9
- South Shore Regional School Board.....	9
- Student Development Coordinator.....	10
- Consultant for Program Planning	10
- Principal	10
- Teacher	12
- Program Support Teachers (PST)	12
- Program Support Assistant (PSA)	13
- School Counsellor	14
- School Psychologist	14
- Speech-Language Pathologist (SLP)	15
- Severe Learning Disabilities (SLD) Specialist	16
- Assistive Technology Coordinator	16
- Occupational Therapist	17
- Physiotherapist	17
- Coordinator, Students with Health Needs	18
- Parents and Students.....	19
PROGRAMMING	
- Background	20
- Program Planning Process (Overview)	21
- The Core Program Planning Team	22
- The Individual Program Planning Team	23
- Appeal Procedures	24
- Individual Adaptations	26
- Transition Planning	26
- Procedure for Students with Significant Behaviour Needs	27
- Procedure for Students with Severe Learning Disabilities	28
- Procedure for ESL Students	29
- Rehabilitation Services Preamble	30
- Rehabilitation Services – Referral Process	30
- Assistive Technology – Early Intervention Referral.....	31
- Assistive Technology – Referral Process	32
ASSESSMENT	
- Background	33
- Protocol	33
- Level of Tests and Qualifications of Assessor.....	34

STUDENT RECORDS	36
OUTSIDE AGENCIES	
- Cooperation with Outside Agencies	36
- Written Requests and Recommendations from Outside Agencies	36
HOME TUTOR SERVICES FOR MEDICAL REASONS	37
SPECIALIZED EQUIPMENT/ACCESSIBILITY REQUEST	
- Assistive Technology Equipment.....	37
TRANSPORTATION	37
FORMS	
Referral - Core Program Planning Team	39
Individual Adaptations	40
Individual Program Plan.....	41
Individual Program Planning Notes	45
Nova Scotia High School Transcript IPP.....	46
Parent/Guardian Consent for School Based Testing	47
Referral Form for School Based Testing	48
Testing Report Form – School Based Testing	49
Behavior Management Planning Meeting Notes.....	50
Behaviour Management Plan.....	52
Referral Form For School Psychological Services	54
Parent/Guardian Consent For Psychological Services.....	57
Referral Form for Speech-Language Services	61
Parent/Guardian Consent for Speech-Language Pathology Services.....	63
Referral Form for Coordinator, Students with Health Needs.....	64
Referral for Consultative School-Based Rehabilitation Service	65
Referral for Assistive Technology Informal Assessment	66
Parent/Guardian Consent for Assistive Technology Informal Assessment.....	68
Acknowledgement of Assessment Results	69
Parent/Guardian Consent for Severe Learning Disability Services.....	70
Referral to Severe Learning Disabilities Project	71
Interagency Consent Form to Obtain and Release Records	72
Home Tutor Application Form	73
ESL Student Profile and Language Survey.....	74
ESL Tutor Application Form	76
Confidential File Contents Form	77

DEFINITION OF TERMS

Age of Majority Act – Every person attains the age of majority, and ceases to be a minor, on attaining the age of nineteen years.

Assistive Technology – The use of both low level and high level technologies to support students and their learning.

Positive Behaviour Support Plan (PBSP) – A Behaviour Management Plan shall be developed when issues need to be addressed relating to significant behaviour needs.

Consultant for Program Support – An individual who aids and supports principals and teachers in the program planning process as they work to meet the learning needs of students.

Program Plan – The program plan will include the adaptations, supports and/or interventions required based on the strengths and needs of the student that will assist the student to meet the prescribed curriculum or individualized curriculum outcomes. Monitoring of the program plan will be the responsibility of the program planning team. Students will not be placed, retained or accelerated without a program plan being developed and put into effect.

Community of Schools – Community of Schools is the framework for delivery of Special Education Services in the SSRSB based on geographical areas, student population and feeder school systems. Referrals for services of Student Services staff (Speech-Language Pathology, Severe Learning Disabilities Specialist, School Psychologist, Assistive Technology, Occupational Therapy, Physiotherapy, and Health Needs) are made to the Community of Schools and Student Services staff from each of the geographical areas develop action plans based on priorities and need.

Core Program Planning Team – A school based team who meets regularly to support student and teachers.

Individual Program Plan (IPP) - For those students who cannot meet the prescribed outcomes in the Public School Program (PSP), an Individual Program Plan (IPP) shall be developed. IPPs should include a student profile, information about the child's strengths and needs, transition planning, annual individualized outcomes, specific individualized outcomes, materials and strategies, areas of responsibility, review dates and signatures. The principal or vice-principal, classroom teachers, other staff involved with the student, parents/guardians and students themselves should have input into the development and implementation of the IPP.

Individual Program Planning Team – A group formed to support an individual student in need.

Informal Assessment – Classroom teachers provide informal assessment information (i.e. observation, running records, checklists, portfolios, classroom and provincial assessments administered as part of the provincial PSP, research studies, and/or provincially administered assessments) which form the basis of a comprehensive profile of students' strengths and needs.

Formal Assessment – Formal assessment refers to an individual assessment performed by a qualified professional using formal assessment instruments such as standardized tests, as well as

other sources of information. It is intended to produce diagnostic information about the student's ability. Formal assessment instruments have standardized procedures for administration, scoring and interpretation. They may be "non-referenced", meaning that they are normed on a representative sample of students and provide age or grade-level scores, standard scores or percentiles that allow the educator to compare a student with other students of the same age and grade.

Instructional Adaptations – A record describing instructional modifications and/or adaptations which do not affect the integrity of the Public School Program.

Learning Disabilities – A generic term that refers to a heterogeneous group of disorders due to identifiable or inferred central nervous system dysfunction. Such disorders may be manifested by delays in early development and/or difficulties in any of the following areas: attention, memory, reasoning, coordination, communicating, reading, writing, spelling, calculation, social competence and emotional maturation. (*Learning Disabilities Association of Canada, reprinted with permission.*)

Occupational Therapists – Health professionals who help people perform daily occupations within the realm of self-care, productivity, and leisure. The goal of school-based OT is to maximize a student's occupational performance in school. Physical, developmental, sensory, learning and/or perceptual challenges may affect occupational performance. Occupational Therapists may recommend task adaptations, task modifications, and/or assistive devices to increase successful functioning in school.

Physiotherapists – Health professionals primarily concerned with the prevention and alleviation of movement dysfunction. The goal of the school-based Physiotherapist is to enhance the student's individual capacity for functional movement, thereby maximizing independence. Physiotherapists may recommend alterations in physical positioning to promote optimal physical access, environmental modifications to promote maximal independence for students who have identified mobility concerns, and/or mobility aids or devices that assist in the prevention and alleviation of movement dysfunction.

Program Support Assistants (PSA) – An individual who works with teachers and other staff in the school setting to provide support to students with special needs. (See Teacher Assistant Guidelines, N.S. Department of Education, 1998)

Program Support Teachers (PST) – Teachers who support individual students with programming based on the students needs. * Please note that in the Supporting Student Success: Resource Programming and Services document the term resource teacher is used to describe a professional performing the above mentioned role. Therefore in our Board the terms resource teacher and program support teacher mean the same thing.

School Psychologist – Trained individuals who work with school staff and parents to support the social, emotional, behavioural and learning needs of children within the school context. All Psychologists must be registered with the Nova Scotia School Board of Examiners in Psychology in order to practice psychology in Nova Scotia.

Severe Learning Disabilities Specialist (SLD Specialist) – Provide direct service to students who have been identified with a severe learning disability.

Speech-Language Pathologist – Provide direct/indirect speech-language services to students and collaborate with teachers and parents/guardians in developing and/or implementing speech and language programming.

Student Development Coordinators – Individuals who support principals and teachers as they work to meet the learning needs of students.

Coordinator For Students With Health Care Needs – An individual who coordinates support for the health needs of a defined population of students in our Board.

The Board – South Shore Regional School Board.

Transition Plan - Transition planning is part of the individual program planning process for special needs students and should begin when a student enters the school system. The Transition Plan is designed to assist students passing into a new environment. Transition planning should be documented on the IPP.

Transition Planning Team – consists of individuals who will assist the student during periods of transition.

ROLES AND RESPONSIBILITIES

Nova Scotia Department of Education

1. The N. S. Department of Education is responsible for establishing policies and guidelines regarding programming and services for students with special needs.
2. The N. S. Department of Education shares responsibility with school boards for ensuring all new school buildings or major renovations of existing buildings provide equal access for all.
3. The N. S. Department of Education provides a grant to each school board to assist with the costs of programming and services for students with special needs.
4. The N. S. Department of Education monitors and reviews matters affecting the educational progress, health and comfort of students.
5. The N. S. Department of Education maintains a Learning Resources and Technology Division. The division can assist in the design, production, acquisition, evaluation and distribution of non-print learning resources to support programming and services for students with special needs.
6. The N. S. Department of Education is responsible for actively participating in interdepartmental and interagency collaborative efforts in the design and implementation of appropriate programs and services for students with special needs.

Reference: Special Education Policy Manual; NS Department of Education and Culture, 1996 (Policy 1.1, 1.2, 1.3, 1.4, 1.7, 3.4)

South Shore Regional School Board

1. The South Shore Regional School Board shall provide appropriate educational opportunities, within the existing budget, for all students who are of school age and reside in its jurisdiction.
2. The South Shore Regional School Board is responsible for designating administrative responsibility for special education programs and services.
3. The South Shore Regional School Board shall maintain written policies and procedures to ensure programming and services are designed and implemented for students with special needs.
4. The South Shore Regional School Board shall provide appropriate programming for all students with special needs within the non-global grant and such other resources the Board may allocate.
5. The South Shore Regional School Board is responsible for the process of identification, program planning, program implementation, assessment and evaluation for students with special needs.
6. The South Shore Regional School Board shares responsibility with the N.S. Department of Education for ensuring that all new school buildings or major renovations of existing buildings provide equal access for all.

7. The South Shore Regional School Board has the responsibility to provide transportation for students who reside within their jurisdiction who are of school age.

Reference: Special Education Policy Manual, N.S. Department of Education & Culture, 1996; (Policy: 1.2, 1.5, 1.6, 1.8, 2.1, 2.2)

Student Development Coordinators

Student Services Responsibilities

1. Oversee the implementation of Special Education Policy
2. Supervise Student Services staff (Speech Language Pathologists, Severe Learning Disabilities Specialists, School Psychologists)
3. Provide professional development to school-based staff, administrators and board special education staff
4. Audit and assign Program Support Assistants
5. Provide support to Core and Individual Program Planning teams as needed
6. Make recommendations for purchase of materials and specialized equipment for students with special needs
7. Collect data and complete appropriate reports to Department of Education
8. Make application for Special Education program funding as per Department guidelines
9. Attend provincial coordinators' meetings and participate in provincial committees as appropriate
10. Chair Community of Schools
11. Establish and maintain partnerships with outside agencies

Consultant for Program Planning

The Consultant for Program Planning works closely with the Coordinators of Student Development and reports to the Director of Programs and Student Services. The position includes:

Program Planning

1. Assists with developing individual program plans with school teams, when requested.
2. Assists with transition planning for students entering school, from grade to grade, school to school and into the community.
3. Assesses students' needs to determine appropriate programming and services.
4. Consults with school Program Planning Teams, Community of School Teams, Assistive Technology, and Student Services staff on a regular basis.

Principal

Researchers have found repeatedly that inclusive programming is not likely to be successful if the principal does not take an active and positive role in the process. *Report of the Special Education Implementation Review Committee, June 2001.*

1. ROLE:

It is the role of the principal to provide leadership that fosters the development of effective programming for all students in the school.

It is the duty of a principal to ensure that public school program and curricula are implemented (*Education Act 38 (2) (a)*).

The principal should be aware of any communication concerning students from the beginning of the process of identification, assessment, program planning and evaluation for students with special needs. (Policy 2.2 – *Special Education Policy Manual*, Department of Education).

2. RESPONSIBILITIES:

- a) Coordinate the delivery of student support and programs within the school.
- b) Establish and lead the Core Program Planning Team.
- c) Ensure that appropriate formal and informal assessments are carried out by qualified personnel.
- d) Involve and inform parents/guardians with respect to decisions regarding identification, referral, assessments, documentation and authorization, and educational programs designated for their child.
- e) Ensure that an Individual Program Plan (IPP), based on the student's strengths and needs, will be developed collaboratively and implemented for every student for whom the provincial curriculum outcomes are not applicable and/or attainable.
- f) Ensure that Behaviour Management Plans will be developed collaboratively and implemented for every student where deemed appropriate.
- g) Ensure that Individual Adaptations are implemented where necessary.
- h) Ensure that Transition Planning from home to school, grade to grade, school to school, and school to community is part of the planning process.
- i) Establish procedures for regular evaluation of programs and services for students with special needs.
- j) Coordinate appeal procedures at the school level.
- k) Engage in professional development and facilitate professional development for school staff.
- l) Ensure proper and complete records are maintained for all students and to provide access to school records to individuals who possess access rights under the Nova Scotia Department of Education Special Education Policy.

Teachers

1. ROLE:

It is the role of the teacher to implement teaching strategies that foster a positive learning environment aimed at helping every student achieve learning outcomes.

2. RESPONSIBILITIES

- a) Develop and utilize teaching strategies in an effort to accommodate differences in learning styles.
- b) Refer students to the attention of the Core Program Planning Team.
- c) Participate in Individual Program Planning Team meetings.
- d) Develop a collaborative and cooperative approach in the development, implementation,
 - a. and evaluation of IPPs, Individual Adaptations, BMPs and Transition Planning.
- e) Participate in professional development and share expertise with other staff.
- f) Communicate regularly with parents/guardians, administrators and other staff.
- g) Know and apply the Special Education Policy and related documents.

Reference: Supporting Student Success: Resource Programming and Services (8 Stages of Program Planning)

Program Support Teachers (PST)

1. ROLE:

It is the role of Program Support Teachers (PSTs) to assist the individual student with programming based on the student's assessed needs by supporting students, teachers, and parents/guardians through a cooperative/collaborative process.

2. RESPONSIBILITIES:

- a. Demonstrate a knowledge and application of Special Education Policy and related documents.
- b. Demonstrate a knowledge of Resource Teacher Competencies. Reference: Supporting Student Success: Resource Programming and Services.
- c. Contribute to the assessment of the individual student's strengths and needs.
- d. Collaborate with teachers and others in selecting or developing materials and teaching/learning strategies to meet the needs of the student.
- e. Assist students in acquiring strategies to develop competency in those areas that will enable them to be successful.
- f. Work collaboratively in developing, implementing, and evaluating the student's IPP, Individual Adaptations, BMPs and Transition Planning.
- g. Participate in the Core and Individual Program Planning Team.
- h. Participate in professional development initiatives related to student services.

Program Support Assistants (PSA)

1. **ROLE:**

It is the role of the Program Support Assistant to work with an assigned child/children identified as having individual needs, which necessitate the use of additional services and supports. The Program Support Assistant shall work under the direction and supervision of the classroom teacher, the Program Support Teacher, and the principal. The PSA shall participate as a member of the Individual Program Planning Team when appropriate.

2. **RESPONSIBILITIES:**

a) **Health/Personal Care**

- i. Assist student(s) with feeding as required.
- ii. Assist student(s) with personal needs (toileting) as required.
- iii. Assist student(s) with personal hygiene.
- iv. Administer medication and carry out medical procedures as per school board policy.
- v. Maintain up to date first aid certification/CPR.

b) **Safety**

- i. Assist student(s) to move about during the school day, including lifting, positioning, exercising, embarking and disembarking from transporting vehicles.
- ii. Supervise student(s) to ensure a safe environment.
- iii. Assist student(s) in operation of support equipment as required.
- iv. Assist student(s) in dressing/undressing as required.

c) **Non-instructional Support**

- i. Provide behaviour management support, including areas of emotional growth, well-being, independence, self-esteem and dignity.
- ii. Facilitate positive interactions among all students.
- iii. Help motivate student(s) and encourage student participation.

d) **Instructional Support**

- i. Under the direction of the supervising teacher, the program support assistant will:
- ii. Assist student(s) in following programs, strategies, exercises, materials, as outlined by the teacher.
- iii. Assist the teacher in preparation of material.
- iv. Provide feedback to the supervising teacher concerning student.
- v. Accompany students to and from community based programs providing support.

e) **Professional Development**

- i. Participate in professional development related to the specific assignment.

f) **Communication**

- i. Provide feedback to the supervisory teacher on his/her observations of students.
- ii. **Any communication between the home and the school should be under the supervision and direction of the teacher.**

School Counsellor

1. **ROLE:**

It is the role of the school counsellor to develop, coordinate and implement a school guidance program modeled from the Comprehensive Guidance and Counselling Program. This school guidance program shall assist all students (directly or indirectly) with social and personal growth, as well as educational and career development. The primary mandate of a school counsellor is to act as an advocate for all students.

2. **RESPONSIBILITIES:**

a) **Professional Services:**

- i. Provide individual and small group crisis and developmental counselling on a variety of topics including academic/school related, personal & social development and relationship concerns.
- ii. Consult with staff and professionals, to make referrals as necessary, and to coordinate professional services as required in the provision of this component.
- iii. Participate as a member of the Core Program Planning Team.

b) **Life and Career Planning:**

- i. Provide group and individual counselling on life and career planning to address such issues as transition planning, academic and career options, and goal setting.
- ii. Assist with transition planning as part of the Core Program Planning Team.
- iii. Consult with staff and relevant professionals in the area of life and career planning.

c) **Guidance Program Coordination:**

- i. Develop and to manage the comprehensive guidance and counselling program.
- ii. Consult with administrators, teachers, parents/guardians and students as required.
- iii. Provide staff development for educators and to participate in counsellor professional development.

For further information, see Comprehensive Guidance and Counselling, Nova Scotia Department of Education.

School Psychologist

1. **ROLE:**

It is the role of the School Psychologist to team with educators, parents/guardians and other mental health professionals to ensure that every child learns in a safe, healthy and supportive environment.

2. **RESPONSIBILITIES:**

a) **Prevention:**

- i. Participates in the development and implementation of school/board wide initiatives to make schools safer and effective for achieving learning outcomes.
- ii. Intervenes with school populations through primary prevention measures such as wellness promotion.

- b) **Consultation:**
 - i. Consults and working cooperatively with school personnel, parents/guardians and outside agencies to meet the needs of the child.
 - ii. Consults with Program Planning Teams and others and participating in the Program Planning Process to make achievable and appropriate recommendations and plans for students.
 - iii. Provide individual and group information sessions to parents/guardians on a variety of topics.
- c) **Assessment**
 - i. Provides comprehensive assessments which identify the strengths and needs of the child for the purpose of educational planning.
 - ii. Identifying various childhood behaviour and learning disorders.
- d) **Intervention:**
 - i. Plans and implements interventions for specific students with identified behavioural and/or academic problems.
 - ii. Offers crisis intervention at the school/board level.
 - iii. Provides short term personal counseling to students.
 - iv. Develops strategies/interventions for classroom management.
- e) **Professional Development:**
 - i. Provides information sessions to school personnel on a variety of topics (e.g. specific disorders, understanding psychological testing, etc.)

Speech-Language Pathologist (S-LP)

1. **ROLE:**

It is the role of the Speech-Language Pathologist to provide direct/indirect speech-language services to students and to collaborate with teacher(s) and parents/guardians in developing and/or implementing speech and language programming.

2. **RESPONSIBILITIES:**

- a) Work collaboratively with Student Development Coordinators, principals and teachers in developing appropriate programming.
- b) Contribute to the assessment of the individual student's speech, language and communication needs.
- c) Consult/collaborate with Program Planning Teams (including parents/guardians) in developing IPPs, Individual Adaptations, BMPs and Transition Planning.
- d) Provide direct/indirect service to students through speech and/or language therapy and alternate communication methods.
- e) Maintain records on those students receiving service, within the appropriate student files.
- f) Participate in professional development and to share expertise with other staff.

Severe Learning Disabilities (SLD) Specialist

1. **ROLE:**

It is the role of the Severe Learning Disabilities Specialist to provide direct and consultative service to identified students.

2. **RESPONSIBILITIES:**

- a) Participate in the adaptations/individual program plans for students
- b) Provide 1:1 direct instruction of study, organizational, and time management skills
- c) Provide 1:2 or 1:3 instruction of skills as is appropriate to the needs of the individual students
- d) Provide 1:1 direct instruction of remedial skills for all identified subject areas
- e) Provide direct support to resource and classroom teachers in the form of informally or formally structured in-service sessions
- f) Provide direct support to resource and classroom teachers in the form of informally or formally structured in-service sessions
- g) Provide direct support to schools to assist in making necessary changes to accommodate students with severe learning disabilities
- h) Provide liaison with parents/guardians
- i) Provide parent/guardian education sessions
- j) Assist schools in the process of student identification in preparation for referrals to the LD support program
- k) Provide formal and informal evaluation of student progress
- l) Provide formal and informal evaluation of the LD support program
- m) Provide transition planning and facilitation from year to year for each student on the caseload
- n) Collaborate with other regional Student Services personnel
- o) Participate in the selection of new referrals through Community of Schools
- p) Maintain records on students receiving service and those who have been part of the SLD Project in the past
- q) In-service professional staff on issues related to LD

Coordinator of Assistive Technology

1. **ROLE:**

It is the role of the Coordinator of Assistive Technology to provide direct/indirect services to students and to collaborate with administrators, program planning teams, teacher(s) and parents/guardians in developing and/or implementing the use and application of assistive technology within program plans.

2. **RESPONSIBILITIES:**

- a) Work collaboratively with Community of Schools personnel, in developing appropriate use and application of assistive technology in program plans.
- b) Contribute to the assessment of the individual student's needs.
- c) Consult/collaborate with Program Planning Teams (including parents/guardians) in developing IPP's, Individual Adaptations, BMPs and Transition Planning.

- d) Provide direct/indirect service to students.
- e) Maintain records on those students receiving service, within the appropriate student files.
- f) Participate in professional development and share expertise with other staff.

Occupational Therapist

1. ROLE:

It is the role of the Occupational Therapist to assess students and provide consultative services to the student, parent(s)/guardian(s) and teachers regarding the student's occupational performance within the school environment.

2. RESPONSIBILITIES:

- a) Work collaboratively with Community of Schools personnel in developing appropriate programming.
- b) Assess the individual student's occupational performance and function.
- c) Consult/collaborate with Program Planning Team (including parents/guardians) as needed to contribute to the development of Individual Program Plan's, Individual Modification/Adaptations and transition planning.
- d) Provide the assessment summary and recommendations in a written report to the Program Planning Team.
- e) Provide in-servicing when appropriate and/or possible as requested on topics related to professional scope of practice.

Physiotherapist

1. ROLE:

It is the role of the Physiotherapist to assess students and provide consultative services to the student, parent(s)/guardian(s) and teachers regarding the student's functional mobility in the school environment.

2. RESPONSIBILITIES:

- a) Work collaboratively with Community of Schools personnel in developing appropriate programming.
- b) Assess the individual student's functional mobility and physical performance.
- c) Consult/collaborate with Program Planning Team (including parents/guardians) as needed to contribute to the development of Individual Program Plan's, Individual Modification/Adaptation's and transition planning.
- d) Provide the assessment summary and recommendations in a written report to the Program Planning Team.
- e) Provide in-servicing when appropriate and/or possible as requested on topics related to professional scope of practice.

Coordinator of Students with Health Needs

1. ROLE:

It is the role of the Coordinator of Students with Health Needs to coordinate the overall health needs of a defined population of students attending schools under the jurisdiction of the South Shore Regional School Board.

2. RESPONSIBILITIES:

- a) Act as a liaison between South Shore Regional School Board, parents, children, physicians, South Shore Health, IWK and other community partners.
- b) Identify training needs of Program Support Assistants and other school staff, both general and student specific, and assist in the coordination of training to meet these needs.
- c) Coordinate in-servicing for staff on health care issues as required.
- d) Participate in planning and transition meetings with school board staff for students with identified health needs, upon request.
- e) Assist with referrals for professionals or organization, ensuring appropriate documentation as per South Shore Regional School Board policies.
- f) Assess the health needs of students (with parental consent) who attend schools of the South Shore Regional School Board, and work with community partners to meet identified health needs.
- g) Maintain records on those students receiving service, within the appropriate student file.
- h) Collaborate with other Health and School Board staff on initiatives that will positively impact the health of students.

RESPONSIBILITIES OF PARENTS AND STUDENTS

As outlined in the Nova Scotia Department of Education, Student Services Policy, the following are responsibilities:

1. Parents

- a) It is the duty of parents to
 - i. Support their children in achieving learning success;
 - ii. Cause their children to attend school as required by the regulations;
 - iii. Communicate regularly with their children's schools;
 - iv. Ensure the basic needs of their children are met, including ensuring that their children are well-nourished and well-rested when they go to school; and
 - v. Support their children's teachers in their efforts to provide an education for their children.
- b) Parents of students with special needs shall be afforded the opportunity to participate in the development of an individualized program for their children.
- c) Where
 - i. The parent of a child with special needs does not agree with the individualized program plan that has been developed for that child; and
 - ii. The disagreement cannot be resolved by a school board appeal process, the parent or the school board may initiate an appeal as prescribe by the regulations. *1995-96, c.1, s. 25.*

2. Students

- a) It is the duty of a student to
 - i. Participate fully in learning opportunities;
 - ii. Attend school regularly and punctually;
 - iii. Contribute to an orderly and safe learning environment;
 - iv. Respect the rights of others; and
 - v. Comply with the discipline policies of the school and the school board.
- b) Students are accountable to their teachers for their conduct while under their teachers' supervision.
- c) Students may participate in decisions that affect their schools through representation on school advisory councils or committees in accordance with school board policy.
- d) It is the right of students to be informed of their educational progress on a regular basis. *1996-96, c.1, s.24.*

PROGRAMMING

Background

All students need the knowledge and skills to lead independent and purposeful lives. Students will attain these skills to varying degrees depending on the interaction among several factors, including the nature and degree of the student's exceptional needs, the motivation of the student, and the cooperation and communication among school, parents/guardian and community support systems.

Programming may be developed for students with exceptionalities in the areas of:

- English as a Second Language
- Cognitive impairments
- Emotional impairments
- Learning disabilities
- Physical disabilities and/or other health impairments
- Speech impairments and/or communication disorders
- Sensory impairments-vision, hearing
- Multiple disabilities
- Giftedness

Support at the school level should be available, when necessary, to assist classroom teachers in meeting the needs of students. School-based teams may include classroom teachers, program support teachers (PST), school counsellors, school administrators and program support assistants (PSA). Peer helpers and volunteers may also play a role in supporting students and teachers. Board personnel, such as Student Development Coordinators, Consultant for Program Support, psychologists, speech-language pathologists, and severe learning disability specialists, may also be involved to assist the teachers, parents/guardians and students in planning an appropriate educational program.

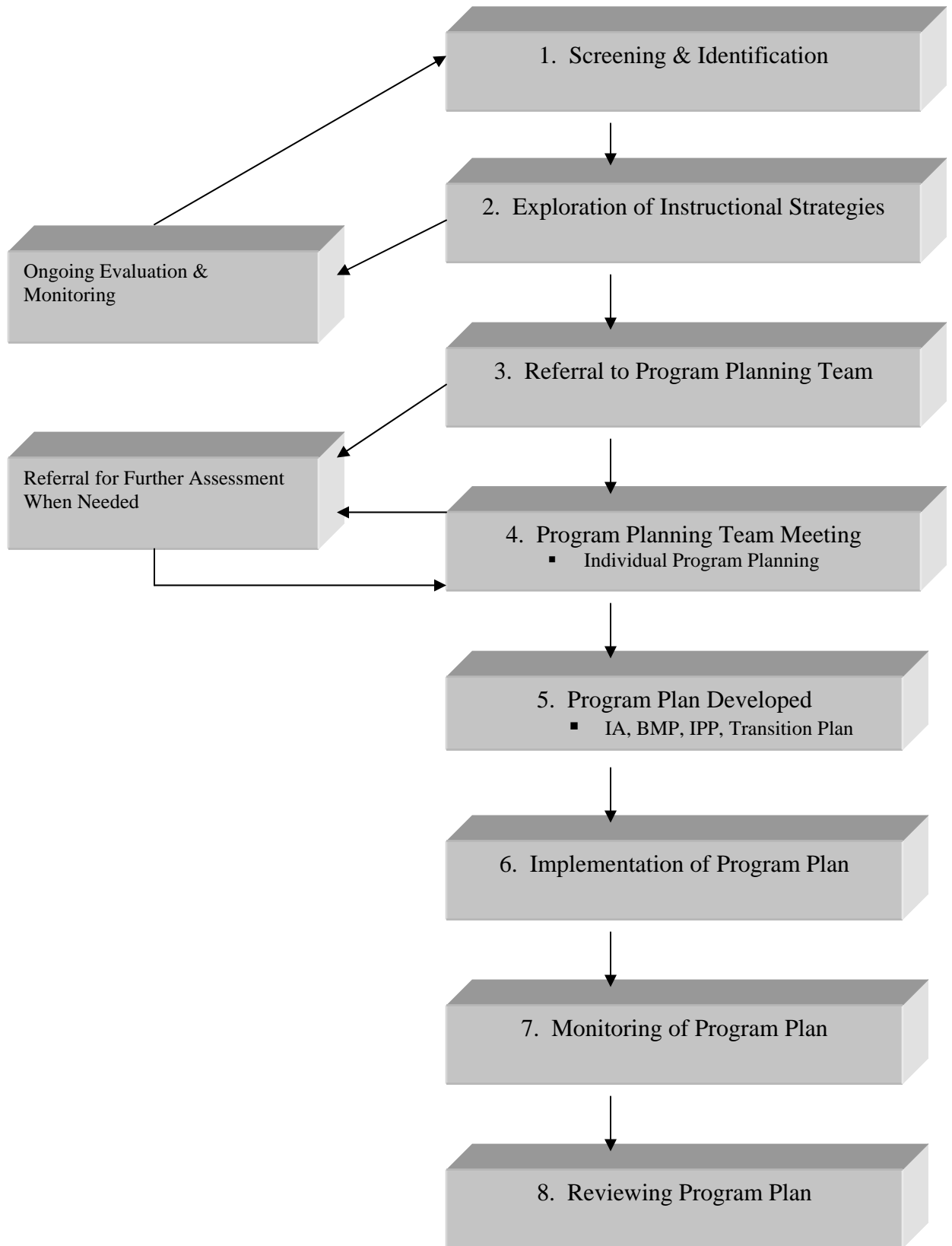
Every effort must be made to involve parents/guardians from the outset and throughout all aspects of student services, including identification, assessment, program planning and evaluation. **Parental/guardian consent** (not withstanding the Age of Majority Act) **is required for formal individual assessment of students or service delivery outside the regular classroom.**

Careful records should be kept of the decisions and resulting actions affecting the educational program of students receiving student services support and the results of interventions and adaptations.

Programming and services provided by resource teachers are intended to assist students in achieving the learning outcomes of the PSP curriculum or, in the case of students with an IPP, their individualized outcomes. Collaboration is critical to ensuring the essential relationship between support and outcomes. This is facilitated through the participation of both resource and classroom teachers in the program planning process as outlined in Policy 2.2 of the *Special Education Policy Manual*.

Throughout the development of programming, the principle of “only as special as necessary” should guide the decisions regarding the level of intervention and the recommended services for the student. This principle is outlined in detail in Appendix X of the document, “Supporting Student Success: Resource Programming and Services (2002).”

IDENTIFICATION, ASSESSMENT & PROGRAM PLANNING PROCESS



The Core Program Planning Team

1. **ROLE:**

The role of the Core Program Planning Team is to coordinate services, support the teachers and support programming for individual students. The Core Program Planning Team is a school-based standing committee.

2. **COMPOSITION:**

The Core Program Planning Team shall consist of:

- a) the Principal;
- b) at least one classroom teacher;
- c) the Program Support Teacher; and
- d) the school counsellor, where available.

3. **RESPONSIBILITIES:**

a) Principal:

- i. set agenda for Core Program Planning Meeting
- ii. establish time and place for meeting and inform all team members
- iii. chair meetings.

b) Core Team:

- i. receive referrals, prioritize and recommend for consideration
- ii. keep meeting notes. There is a Core Program Planning Notes form included in the Forms section of this policy.
- iii. recommend students for support services and organize these services; identify personnel who will serve as the Individual Team to develop the Individual Program Plan or Instructional Adaptations or Behaviour Management Plan.
- iv. review students for the purpose of developing transition plans and assign a person to be responsible for organizing the transition plan meeting
- v. provide an appeal process for parents/guardians who desire a programming option unavailable to their child.

4. **REFERRAL PROCESS:**

- a) When any student is identified as requiring additional interventions to meet his/her needs, the classroom teacher uses available material to explore and implement a range of strategies to facilitate the learning process.
- b) If the classroom teacher requires further support to meet the needs of any student, he/she may refer to the Core Program Planning Team. Students may be referred by parents/guardians, self-referrals, teachers, school counsellors, the school administration, Student Services staff or other non-school agencies.
- c) The initial meeting of the Core Program Planning Team provides an opportunity to present, clarify and discuss all available information about the student's strengths, needs, related issues and concerns. It includes the brainstorming of ideas which may enhance student and teacher success.

The Individual Program Planning Team

1. ROLE:

The role of the Individual Program Planning Team is to deal with a specific student in need.

2. COMPOSITION:

The Individual Program Planning Team shall consist of:

- a) the Principal;
- b) the teacher(s) of the referred student;
- c) the PST; and
- d) parent(s)/guardian(s)

3. The Individual Program Planning Team may also include but not be limited to:

- a) the student;
- b) psychologist;
- c) school counsellor;
- d) occupational therapist;
- e) speech-language pathologist;
- f) student peers;
- g) school support staff;
- h) applicable outside school agencies;
- i) program support assistant (PSA);
- j) Student Development Coordinator
- k) Consultant for Program Planning
- l) Coordinator for Students with Health Needs

4. RESPONSIBILITIES:

a) Principal:

- i. chair, facilitate meeting or designate a chair
- ii. submit any specific requests from the IPP in writing to Student Development Coordinator

b) Individual Program Planning Team:

- i. assist classroom teachers in the development of programs for all students;
- ii. keep meeting notes. There is an Individual Program Planning Notes form included in the Forms section of this policy.
- iii. recommend support services;
- iv. recommend additional services;
- v. develop/monitor/review/circulate IPPs, Individual Adaptations, BMPs and Transitional Plans as necessary;
- vi. designate personnel responsible for the writing of the IPP, Individual Adaptations, BMP and Transition Plans and the recording of the on-going progress of the student.

c) When the Individual Program Planning Team discussion involves the sharing of confidential student information, written **parental approval is required to include outside agencies. Parent/guardians may rescind their approval, in writing, to the school principal.**

Appeal Procedures

Issues arising regarding programming for students with special needs are addressed through the program planning process. Should disputes arise regarding stated outcomes of an Individual Program Plan or placement of the student, parents/guardians, student (if 19 years or older), or school staff may make a verbal request to the school principal for a discussion meeting with the Individual Program Planning Team. The school principal will arrange a mutually agreeable time and place for the discussion meeting **within seven (7) school days of the verbal request**. The discussion meeting will focus on the factors causing the dispute, with intent to resolve contentious issues. Outcomes of the discussion meeting will be recorded and forwarded to the parents/guardians and a copy will be kept in the student's confidential file.

1. When the discussion of the meeting is unsatisfactory, the parent/guardian, student (if 19 years or older) or principal may write a letter to the Superintendent of Schools requesting a formal appeal. The reason(s) for the appeal and the supporting documentation should accompany the request. This should occur within 30 working days of the establishment or review of the IPP.
2. Upon receipt of a request, the Director should forward a copy of School Board and Ministerial Appeal Guide, Department of Education, and Student Services Policy and Procedures Manual, South Shore Regional School Board, to the parents/guardians within 10 working days.
3. The Superintendent reviews the request to determine whether the program planning process has been followed. If the process has been followed and the appeal is based on the outcomes and/or placement as outlined in the program planning process, the Superintendent will request the appeal committee set a date and time for the hearing. This hearing should be held as soon as practicable, yet no later than 40 working days after the request for an appeal. If the decision of the Superintendent is to refer back to the program planning process, this is also communicated in writing to the appropriate parties. This may include a directive from the Superintendent to proceed with program planning where it has not occurred. It is recommended that this take place within ten working days of the receipt of the request for appeal.
4. The Appeal Committee will be chaired by an external designate of the Superintendent and will consist of two other members who have not been previously affiliated with the issues under the appeal. It is recommended that:
 - a) One member be designated by the parents/guardians
 - b) One member be designated by the school (may or may not be professional Board staff)
 - c) The Chair of the Appeal Committee shall arrange a time and place for the hearing within the school district, not later than 40 working days after receiving the written request for appeal. An extension of the 40 day period may be permitted during July and August.
 - d) The place in which the appeal takes place shall not be a public court and no person shall be permitted to be present other than the parties, their counsel or other representatives and other such persons as the Chair may require or permit to be present.

The chair of the school board appeal committee is responsible for ensuring that the committee hears the appeal. The chair must also ensure that proper procedures are followed that will allow member to make a prompt, fair and unbiased decision-

 1. Prior to the hearing, one should expect the chair to:
 - Inform promptly all parties of the place, date and time of the hearing.

- Expected duration of the hearing should also be stated.
- Provide those involved with all records and documentation relevant to the appeal and the process to be followed in reasonable time to review beforehand.
 - Determine attendees at the meeting, including parent(s)/guardian(s) (and advocate, if requested), involved parties from the school concerned, as well as others deemed relevant to the discussion as determined by the chairperson, in consultation with the parent(s) and school personnel.
 - Designate a person to record who is in attendance and the proceedings of the meeting.
2. At the hearing, one should expect the chair to:
- Make introductions of all participants present.
 - Outline the issue(s) being decided and the parameters which form the basis of the appeal.
 - Set the rules of order to be followed during the Appeal Committee meeting.
 - The chair should explain the role of the chair in the appeal and that of other representatives. This should include an outline of the extent to which each side may question one another and other witnesses.
 - Inform those involved that the hearing will continue as follows:
 - The person making the appeal (called the appellant) may open with a presentation or statement.
 - The appellant may call witnesses and present evidence to support the appeal.
 - The person presenting the differential viewpoint (called the respondent) may make an open presentation or statement.
 - The respondent may call witnesses and present evidence to support the respondent's position.
 - The appellant may make an oral or written summary of the reasons why the appeal should succeed.
 - The respondent may make an oral or written summary of the reasons why the decision should stand.
 - The appellant and the respondent and their witness(es) may present their information without undue interference and interruption.
3. After the hearing, one should expect the chair to:
- State, in writing, the decision arrived at by the appeals committee as soon as possible outlining the facts of the case and the relevant legislation and/or policy. This decision should be forwarded to all parties as soon as possible. It is recommended that this take place within 10 working days of the appeal.
 - Should the parents/guardians appeal be unsuccessful, advise the parents/guardians of the regulations regarding the Ministerial Appeal Process (sections 53 – 61). In addition, the written decision of the school board appeal and a copy of the individualized program plan should be forwarded to the Division of Student Services within 10 working days of the appeal hearing.

4. Prior to the hearing one should expect the respondent and appellant to:
 - Gather and make available to the chair pertinent records and documents in reasonable time to review and disseminate to involved parties in the appeal.
 - Inform the chair of those whom they wish to attend the meeting.
 - Ensure that information shared is kept confidential.
 5. At the hearing one should expect the respondent and appellant to:
 - Arrive in time for the meeting.
 - Observe rules of order and time limits outlined by the chair.
 - Be respectful of others and polite to all present.
- (b) The Appeal Committee shall observe the confidentiality of all documents and records.
5. Upon completion of the appeal, the Appeal Committee may request appropriate changes to the program plan for the student.

When the dispute regarding an individual program plan cannot be resolved by means of the Board appeal procedures, the parents/guardians or Director may make a request, in writing, that the Minister of Education establish a Board of Appeal to provide a ruling on the program. This must be done within 20 working days after the receipt of the decision of the board level appeal. For further information on the Ministerial Appeal process, see page 6 of School Board and Ministerial Appeal Guide, Nova Scotia Department of Education

Individual Adaptations

1. When a student requires instructional or assessment adaptation the following process shall be followed:
 - a) A teacher submits the record of Individual Adaptations to the school's Core Program Planning Team or
 - b) A referral is made to the Core Program Planning Team for consideration of Individual Adaptations by parent/guardian, student, outside agency, etc.
2. The Core Program Planning Team shall review the request or record and determine the process to be followed.
3. This information is to be shared with parents/guardians and appropriate school personnel. An Individual Program Planning Team meeting and review may be deemed necessary.
4. See Adaptations Fact Sheet from Supporting Student Success: Resource Programming and Services, (Appendix III).
5. Please refer to the Nova Scotia Exam Guidelines, Elementary Literacy Assessment Guidelines, and any other guidelines regarding adaptations.

Transition Planning

1. Transition Planning shall be a collaborative, well researched, individualized process which is designed to assist students to move smoothly from one environment to another.
2. Transition Planning is part of the individual program planning process for each student with special needs and shall begin when a student enters the school system.

3. A transition plan is incorporated into the student's individualized program plan (IPP). The responsibility for the development of an individualized transition plan is shared among all members of the student's program planning team. If a student does not have an individualized program plan, the transition plan will be developed as per *Policy 2.2 of the Special Education Policy Manual (1996)*.
4. The Transition Planning Team consists of:
 - a) Those members serving on the student's Individual Program Planning Team, as well as the receiving teacher(s) and/or representative from the Core Team of the receiving school.
 - b) The team may include (with parental/student permission) outside agencies which have been or will become involved in the student's life.
 - c) It is the role of this team to assist students during periods of transition (i.e. home to school, grade to grade, elementary to junior high, junior high to senior high, school to work and community.)
5. When a student with special needs transfers from one school to another within the Board, a transition planning meeting shall occur. The meeting shall occur prior to that student commencing classes and shall include personnel from both sending and receiving schools.

Reference: Transition Fact Sheet, Supporting Student Success – Department of Education

Procedure for Students With Significant Behaviour Needs

1. **“Significant Behaviour Needs refers to excessive, chronic, inappropriate behaviours that consistently interfere with student learning and/or social development.”**
 1. A significant problem is identified with behaviour need does not respond to the usual classroom interventions is identified.
 2. Parents/Guardians, teacher and school team members meet and review the problem and develop a plan of action.
 3. The Program Planning Team may access the school psychologist for a behavioural consultation by
 - a) complete the referral form included in the Forms section of this policy.
 - b) obtain the signed parental consent form. This is required before the psychologist can proceed
 - c) contact the psychologist
 - d) send the completed referral form via the Community of Schools process
 - e) the school team should contact the psychologist directly, prior to sending the completed referral form in situations where the behavioural concerns are deemed serious and urgent.
 4. A plan is implemented and reviewed on a regular basis.
 5. Adjustments to the plan are made as needed.

6. If the problem continues the Student Development Coordinator, the Consultant for Program Planning, and the Director Programs & Student Services shall be consulted.

Students with Severe Learning Disabilities (SLD)

1. Types of Service:

Direct service normally is provided at the grade 6 to 9 level (middle school) and occurs in conjunction with school based support and adaptations.

- a) When a student is identified as needing direct support, his or her name is placed on a wait list and then picked up as caseload vacancies allow.
- b) Intervention is primarily provided on an individual basis and targets the greatest area of need as determined by the school, student and parent in conjunction with the psycho-educational report.
- c) Areas of focus may include:
 - i. Study skills.
 - ii. Organizational/time management skills.
 - iii. Remedial reading tutorial.
 - iv. Note taking and writing skills.
 - v. Use of technology/assistive devices.
 - vi. Alternative testing.
 - vii. Disability awareness, behavioural issues and attitudinal concerns.
 - viii. Other program components.
- d) Students are informally evaluated on an on-going basis to determine whether they need to remain on the direct caseload. Formal academic assessment occurs within a year prior to direct service and upon conclusion of direct support.

2. Consultative service

- a) Is usually provided prior to grade 6 and following grade 9.
- b) Emphasis will be placed on transitions to ensure that appropriate adaptations and supports are carried forward
- c) General areas of focus are:
 - i. Assistance implementing psycho-educational recommendations
 - ii. Suggesting further strategies/adaptations in response to specific concerns
 - iii. Classroom/individual observation or assessment of academic performance
 - iv. Staff/student/parent meetings in response to specific concerns
 - v. Staff/student/parent education regarding learning disabilities in general
 - vi. Provision of materials/resources

Referral Process for Students

Eligibility:

To qualify for support from this program, students must meet the criteria established by the Department of Education's Guidelines for Accessing Funds for Students with Severe Learning Disabilities.

Referral Process

1. Referral to Program Planning Team – Problem Solving Session
2. The PPT makes identification decisions and program decisions
3. Identification decisions involve a referral to the School Psychologist.
4. The SLD specialist will attend the Psych Ed review meeting upon Psychologist recommendation.
5. School then refers for SLD service (consultative or direct, depending on grade) and includes required documentation.
6. At the middle school level, determination of suitability for direct service is made in consultation with school, parent(s), and student. Central to this decision will be regular school attendance and willingness to receive pullout support. The SLD specialist will then bring student names to the Community of Schools where a final decision regarding direct service will be made.

Procedures For Students With English As A Second Language**1. Eligibility:**

- a) The following students are eligible for ESL support:
 - i. Students whose first language is not English
 - ii. Students whose lack of English language proficiency impedes their ability to access the curriculum and interact with others, both in and out of school.
- b) Students attending school as part of an exchange program or the Nova Scotia International Student Program are not eligible to be referred.

2. Referral Process:

- a) An ESL student new to the school community should complete an “ESL Student Profile and Language Survey” and then be referred to the Core Program Planning team for consideration of an “ESL Oral Language Proficiency and Literacy Assessment of Nova Scotia”. (Complete forms are included in the Forms section of this policy)
- b) Any other student whose lack of English language proficiency appears to be an impediment to academic success is referred to the Core Program Planning Team.
- c) The student’s core program planning team will recommend, where appropriate, teacher adaptations, and/or resource support to support the student in the classroom.
- d) If deemed necessary, the student will be recommended for the “ESL Oral Language Proficiency and Literacy Assessment of Nova Scotia” (Level A).
- e) Test results will be reported to the student’s parents/guardian, and to the core planning team.
- f) Test results may indicate the need for ESL tutoring in addition to the above mentioned supports. An English as a Second Language (ESL) Tutor Application Form, with supporting documentation (ESL assessment results, Core Program Planning Notes) to the Student Development Team.
- g) The English as a Second Language (ESL) Tutor Application Form must be completed by the Core Program Planning Team and forwarded to the Student Development Coordinator with Core Planning Notes, and ESL Assessment Report.

3. English As A Second Language (ESL) Tutor Services

- a) This service will be allocated in 10 hour allotments.
- b) Instructors will be under the direction of, and in consultation with, the classroom teacher(s) and/or Program Support Teacher and other as assigned by the Student Development Team.
- c) Requests for additional 10 hour allotments need only to resubmit ESL Tutor application form.

Rehabilitation Services

Occupational Therapists and Physiotherapists provide school-based consultative rehabilitation services to the students of the South Shore Regional School Board. They are employees of South Shore Health.

Referral Process:

1. A child may be referred for a Physiotherapy assessment when:
 - a) They have difficulty with gross motor activities such as walking, running, jumping, ball skills and balance.
 - b) They are unable to move their limbs normally due to being in a wheelchair for long periods.
 - c) They have difficulty with coordination.
 - d) They appear to be floppy or rigid.
 - e) They are unable to sit or stand unsupported.
2. A child may be referred for an Occupational Therapy assessment when:
 - a) They have difficulty with fine motor activities such as buttoning, zipping, cutting, or handwriting.
 - b) They hold their pencil poorly, or have messy writing.
 - c) They change hands when writing or cutting.
 - d) The need changes to their environment to make a task easier (for example, a chair that helps them sit up straighter)
 - e) They have difficulty toileting, dressing or eating.
 - f) They have difficulty copying from the board or they reverse letters or numbers (visual perception or motor planning issues).
3. Student's name is brought before the school Program Planning Team for possible referral to Occupational Therapy/Physiotherapy.
4. The Rehabilitation Services (Occupational Therapy/Physiotherapy) referral form, located in the Forms section, must be filled out by the Core Program Planning Team. The completed form is to be sent to Community of Schools.
5. Permission forms for Rehabilitation Services and a release of information form for the South Shore Regional School Board must be signed prior to the student being seen by OT/PT.
6. Action plans for all referrals received are formulated at the Community of Schools meeting.

7. Actions may include:
 - a. Assessment done with the student at the school or at the home.
 - b. Observation done with the student at the school or at the home.
 - c. Consultation with the school.
8. Following the Community of Schools meeting an action plan will be forwarded to the school and parents and South Shore Health.
9. Reports will be written up and shared by the Occupational Therapist/Physiotherapist with school staff and parents.

Early Intervention Referral Process For Assistive Technology Centre (ATC)

Children with severe disabilities require early intervention in regards to assistive technology to ensure a smooth transition to grade primary. Early intervention of Assistive Technology services will enhance identification of equipment, training and funding needs of each child, as well as the needs of each school.

Referral Process:

1. Assistive Technology Service provision can be provided to children 6 months prior to entering grade primary. Assistive Technology services include assessments, consultations, observations and/or training.
 - a) Physical access issues (i.e. cerebral palsy)
 - b) Severe communication disorders (nonverbal, Downs Syndrome, etc.)
 - c) Autism Spectrum Disorder
2. Early intervention programs from Lunenburg and/or Queens; Speech-Language Pathologist's in the South Shore Regional School Board (identified by primary screening) and/or the school principal can initiate a referral requesting Assistive Technology services in the Spring prior to the child's entry in to grade primary.
3. The referral shall be submitted directly to the Coordinator of the Assistive Technology Centre.
4. The referral is copied to the principal and Coordinator of Student Development – Elementary Level. Once an assessment is approved, a parent/guardian permission form must be completed.
5. An assessment shall take place at the Assistive Technology Centre, Bridgewater. Parents or Early Intervention program staff shall be responsible for transportation to and from the centre. An Assistive Technology Assessment report will be completed based on the outcomes of the assessment and submitted to the referring agency (Early Intervention Program), Principal and/or Coordinator of Student Development – Elementary Level. An action plan will be implemented based on the assessments. The action plan will be part of the assistive technology assessment report.
6. The Assistive Technology Assessment report will be shared with members of the Community of Schools team by the Coordinator of the Assistive Technology Centre.

Referral Process For Students Currently Enrolled In School For Assistive Technology

1. The program support teacher, classroom teacher or parent may refer a student for Assistive Technology referral must go through the Program Planning Team at the school level.
2. Once recommended at the Program Planning Team stage, the “Referral Form for Assistive Technology Informal Assessment”, found in the Forms section should be filled out.
3. The completed referral form shall then be sent to the Community of Schools.
4. A specific response (with accompanying action plan) will be formulated at the Community of Schools meeting for all referrals received and could include:
 - a. Assessment done with the student at the Centre. It is important that a school representative be present for this assessment. Parents may attend as well.
 - b. Observation with the student at the Centre. It is important that a school representative be present for the observation. Parents may attend as well.
5. Shortly after the Community of Schools meeting, an appointment for the student will be arranged by the school.
6. The student shall be accompanied by the parent/guardian and/or a member of the program Planning Team for the assessment/observation.
7. Written reports shall be sent to the schools to be reviewed with the parents and Individual Planning Team. Included in the report shall be descriptions of all the hardware and/or software recommended.
8. Once the written report is received by the school, the Coordinator of Assistive Technology shall meet and review the report with the parents and the Individual Program Planning Team.
9. Within a month of the IPP team meeting and report review, the Assistive Technology Centre PSA shall meet with the school personnel to assist in the implementation of the report recommendations.

ASSESSMENT**Background**

There are two broad categories of assessment, both requiring specific qualifications to administer. These two categories are informal and formal assessment.

Protocol:

- a) A student can be referred for an assessment through the Program Planning process.
- b) It is the responsibility of the Core Planning Team to prioritize referrals for formal assessment by school-based professionals and/or referrals for formal assessment by Board-based professionals to be sent to the Community of Schools.
- c) In the case of assessment by school-based professionals, it is the responsibility of the school principal/designate to sign and forward the “Referral Form for School Based

- Testing” to the appropriate school-based assessor. It is the responsibility of the assessor to ensure that parents/guardians have signed the “Parent/Guardian Consent for School-Based Testing” form before proceeding. This form can be found in the Forms section of this policy and is valid for the current school year.
- d) In the case of assessment by Board-based professionals, it is the responsibility of the school principal and PPT chair to sign and forward the appropriate referral form to the Community of Schools for consideration. After an action plan regarding the assessment is received from the Community of Schools, the school should then ensure that the parents/guardians have signed the appropriate parents/guardians consent form before any assessment proceeds.
 - e) The assessor conducts the appropriate assessment requested and writes a formal report with recommendations.
 - f) It is the responsibility of the assessor to ensure that the parents/guardians are fully informed of the contents and results of the report and have signed off on an “Acknowledgement of Assessment Results” form found in the Forms section of this policy.
 - g) It is the responsibility of the PST/School Counsellor to ensure that the report is placed in the student’s confidential file. The date of entry into the file should be noted.
 - h) The Individual Program Planning Team meets to discuss the student’s assessment results and consider future programming.

Level of Tests and Qualifications of Assessor

This information does not apply to classroom and provincial assessments administered as a part of the provincial public school program, research studies, and/or provincially administered assessments.

	Level A tests	Level B tests	Level C tests
Description	These are tests which can be administered with the aid of the manual which outlines the administration procedures.	These are tests which require specific training for administration, scoring, and interpretation. Level B tests require formal training in the areas of statistics/measurement. Level B are standardized test of academic achievement.	Level C assessments are restricted tests indicating intellectual/cognitive ability and social/emotional well-being
Administered By	Generally Level A tests refer to screening and criterion – referenced tests administered by classroom teachers and program support teachers	Level B tests are administered by classroom teachers and program support teachers. Level B tests are standardized achievement tests.	These tests require advanced training, generally restricted to Registered or Candidate Register Psychologists in Nova Scotia.

Qualifications of Assessor

	Level A tests	Level B tests	Level C tests
Training and Administration requirements	<ul style="list-style-type: none"> • valid Nova Scotia Teacher's License • currently working within the Nova Scotia public school system (as a teacher and/or consultant) • familiarity with the specific instrument used • knowledge about topic of test • ability to follow administration procedures set out in manual 	<ul style="list-style-type: none"> • valid Nova Scotia Teacher's License • currently working within the Nova Scotia • a minimum of a masters degree or equivalent, which includes supervised experience/practicum and course work in: <ol style="list-style-type: none"> 1) the test principles of reliability, validity, test construction, norm groups, and types of scores; 2) administration; 3) interpretation or, <ul style="list-style-type: none"> • graduate course work in: <ol style="list-style-type: none"> 1) test principles such as reliability, validity, test construction, norm groups, and types of scores, 2) administration, 3) interpretation; or, <ul style="list-style-type: none"> • as determined by the Board Student Services coordinator/committee 	<ul style="list-style-type: none"> • valid Nova Scotia Teacher's License • currently working within the Nova Scotia public school system as a School Psychologist or Educational Assessor • a minimum of a masters degree or equivalent, which includes supervised experience/practicum and course work in: <ol style="list-style-type: none"> 1) the test principles of reliability, validity, test construction, norm groups, and types of scores; 2) administration; 3) interpretation or, <ul style="list-style-type: none"> • graduate course work in: <ol style="list-style-type: none"> 1) test principles such as reliability, validity, test construction, norm groups, and types of scores, 2) administration, 3) interpretation; as determined by the Board Student Serviced coordinator/committee • fulfillment of any additional training requirements as stipulated by the test publisher and/or with school board

	Level A tests	Level B tests	Level C tests
Purchaser Eligibility	The test must be ordered by the school, school board, or the person directly responsible for administration.	These tests are available to individuals meeting the above training standards and to agencies where qualified test users are employed.	These test are restricted to individuals who meet the training requirements above.
Storage and Access	Protocols and reports generated from criterion referenced tests (e.g. Brigance) must be securely stored as per Board direction. Access to reports is limited to qualified personnel as per the Student Record Policy (2005).	Any reports generated from these tests must be securely stored in the Student Confidential folder with access limited to qualified personnel as per the Student Record Policy (2005). All protocols are to be stored, at school level, in a secure manner as per Board policy.	A copy of the report generated from test must be securely stored in the Student Confidential folder and access limited to qualified personnel as per the Student Record Policy (2005). The original report and associated protocols must be stored in a secure manner, as per Board Policies and Procedures.
Examples (include, but are not limited to:	Alberta, Brigance, Active Readers, Active Young Readers Assessment Resource, Supporting Early Literacy Learners Resource	BASIS, Keymath, Woodcock Johnson Achievement test, Woodcock Teading Mastery test. These do include measures of intelligence. Note: Although the Wescheler Individual Achievement Test – Second Edition (WIAT II) is a Level B test, some Nova Scotia public school boards may limit its use to Psychologists only. This is because it is co-normed for use the the Wescheler Intelligence Scales and assists in the diagnosis of Learning Disabilities.	Intelligence Scales (eg. Weschler Intelligence Scales, Woodcock Johnson Intelligence test. Stanford-Binet intelligence test)

	Level A tests	Level B tests	Level C tests
Consent	<p>No consent require for curriculum/classroom based assessment related to the PSP (e.g. observation survey, Active Young Readers assessments).</p> <p>Parent/guardian informed written consent must be received prior to administration when using standardized, formal assessment created testing company in order to more fully assess the learner's profile (such s Alberta and Brigance).</p>	<p>Parent/guardian informed <u>written</u> consent must be received <u>prior to</u> administration of Level B tests, as per Policy 2.4 of the <i>Special Education Policy Manual</i>.</p>	<p>Parent/guardian informed <u>written</u> consent must be received <u>prior to</u> administration of Level C tests, as per Policy 2.4 of the <i>Special Education Policy Manual</i>.</p>

STUDENT RECORDS

Refer to the **Student Records Policy** of the Nova Scotia Department of Education Policies and Procedures.

OUTSIDE AGENCIES

Cooperation with Outside Agencies

The Board will:

1. Participate in locally developed transition and interagency committees composed of agency representatives who are in a position to provide assistance within the community.
2. In order to share information regarding a student with an outside agency an Interagency Consent Form to Obtain and Release Confidential Information form shall be completed.

Requests and Recommendations from Outside Agencies

1. All requests and recommendations from outside agencies shall be made in writing and forwarded to the Core Program Planning Team.
2. All requests and recommendations for services from outside agencies are to be made in writing and forwarded to the Core Program Planning Team. Please complete the form found in the Forms sections of this policy.

SPECIALIZED EQUIPMENT/ACCESSIBILITY REQUEST

General

1. Specialized equipment and materials (not normally provided for regular school programs for individual students) directly related to educational needs will be provided on a case-by-case basis, within the existing budget.
2. Upon recommendation from the Individual Program Planning Team, the school principal will write a letter of request to the Director of Operations.
3. A copy of this request will be kept in the student's confidential file.
4. Equipment can be allocated by the South Shore Regional School Board to follow the student throughout the student's school career or otherwise as determined by the Individual Program Planning Team.
5. Upon completion of the public school program by the student, the equipment will return to the School Board equipment pool.
6. The South Shore Regional School Board will not provide funds for equipment or personal care items related to health and physical care needs.

Assistive Technology Equipment

1. Specialized equipment and materials recommended for a student as a result of an Assistive Technology Assessment will be loaned to the student, when available, through the Assistive Technology Centre.
2. Equipment will be returned to the Assistive Technology Centre when no longer required by that student.

TRANSPORTATION

1. Special conveyance arrangements are to be incorporated in the IPP and subject to reviews as per the IPP.
2. Member of the Transportation Department will be invited to the Program Planning Team meeting when specialized transportation arrangements are necessary.



STUDENT SERVICES POLICIES & PROCEDURES

FORMS

**SOUTH SHORE REGIONAL SCHOOL BOARD
REFERRAL FORM FOR – CORE PROGRAM PLANNING TEAM
PROBLEM SOLVING SESSION**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Referred By: _____ **Date:** _____

Background & brief summary of concerns:

What interventions and/or adaptations have been tried, and what successes and difficulties have resulted?

What specific request is being made?

Action Taken:

- ___ Referral to Individual Program Planning Team
- ___ Copy to Confidential File
- ___ Referral to Student Development Coordinator

**Copy to Confidential File
Copy to Core Team Binder**

SOUTH SHORE REGIONAL SCHOOL BOARD
INDIVIDUAL ADAPTATIONS

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Implementation Date: _____ **Review Dates:** _____

Individuals Involved in Planning: _____

Reason for Adaptations: (check (✓) one or more)

- Environmental
- Class Organization
- Motivational
- Assessment/Evaluation
- Presentation/Instructional
- Resources (Human & Material)

Elaboration: (include Adaptations Checklist or description of adaptations)

Signatures:

Student*: _____ Date: _____

Teacher: _____ Date: _____

PST: _____ Date: _____

Principal: _____ Date: _____

Parent/Guardian: _____ Date: _____

*Signature as deemed appropriate.

Copy to Cumulative File

Reference: Adaptations Fact Sheet; Supporting Student Success: Resource and Programming

SOUTH SHORE REGIONAL SCHOOL BOARD

INDIVIDUAL PROGRAM PLAN

PART 1

Student Name: _____	School: _____
Student ID: _____	DOB: _____ Grade: _____
Parent/Guardian: _____	
Address: _____	
Phone: (H) _____ (W) _____	Implementation Date: _____

Program Planning Team Members:	Position:

Student Profile: Description of Exceptionality

--

Assessments:	Date:

Summary Of:	Strengths:	Needs:
Academic/ Cognitive		
Communication (expressive/receptive)		
Social / Behavioural		
Physical / Motor		

Parent Initial

Services Provided:

Service	Provider	<u>Time Per Day Cycle</u>	Location

Special Materials/Equipment Provided:

Check applicable boxes and attach:

- | | |
|--|--|
| <input type="checkbox"/> Schedule/Timetable Attached | <input type="checkbox"/> Emergency Response Plan |
| <input type="checkbox"/> Health Care Plan | <input type="checkbox"/> Medication |
| <input type="checkbox"/> PBSP | <input type="checkbox"/> IPP for all subject areas |
| <input type="checkbox"/> IA | <input type="checkbox"/> IPP for _____ |

SIGNATURES

IPP Agreement

I/we agree to the Individualized Program Plan (IPP) developed for _____
 Implemented during the _____ school year.

 School Personnel

 Parent/Guardian

 Principal

 Implementation Date

 Review Date

 Review Date

Copies To:

- Classroom Teacher(s) Parent/Guardian Cumulative Card

Part 2

**SOUTH SHORE REGIONAL SCHOOL BOARD
INDIVIDUAL PROGRAM PLAN**

Student: _____ **DOB:** _____ **School:** _____ **Grade:** _____

Subject/Curriculum Area: _____

Annual Outcome #1

Specific Outcome	Assessment	Strategies	Materials	Personnel	Specific Outcome Evaluation		Comments
					Date	Date	

Specific Outcome Evaluation Key:

- A. The student consistently demonstrates achievement of this outcome during the current reporting period.
- B. The student is consolidating knowledge, skills, and attitudes required by this outcome.
- C. The student is demonstrating initial understanding, knowledge, skills, and attitudes required by this outcome.
- D. The student is experiencing difficulty with this outcome.
- N/A This outcome was not addressed in the current reporting period.

Parent Initial

PART 3 – TRANSITION PREPARATIONS

Moving From _____ To _____
(school/program) (school/program)

Meeting Dates: _____

Transition Team Members: (sending and receiving)

Sending Team Members

Receiving Team Members

Special Arrangements:

- Tour Facility
 - Bussing/Conveyance
 - Orientation Day(s)
 - Transfer of Files
 - Other: _____
- Transfer of Equipment
 - Professional Staff On-Site Visit
 - Specialized Training
 - Modification of Facilities

Transition Goals	Personnel	Review Dates	Comments

Goals for Independence	Personnel	Review Dates	Comments

All IPP Courses (Grade 10, 11, 12) must be documented and attached to the transcript. All students including those on full IPP must meet the 18 credit requirements for graduation diploma as outlined in the Public School Program.

Projected Graduation Date (for senior high only): _____

Parent Initial

SOUTH SHORE REGIONAL SCHOOL BOARD
INDIVIDUAL PROGRAM PLANNING NOTES

Student's Name: _____ Date of Birth (D/M/Y): _____
School: _____ Grade: _____

Date of Meeting/Time: _____ Person(s) Present: _____

Agenda Item(s):

ACTION	TIME LINE	PERSON RESPONSIBLE

Signatures:

Principal: _____ Date: _____

Parent/Guardian: _____ Date: _____

Copy to Confidential File

SOUTH SHORE REGIONAL SCHOOL BOARD

**NOVA SCOTIA HIGH SCHOOL TRANSCRIPT ATTACHMENT
INDIVIDUAL PROGRAM PLAN (IPP)**

Student: _____ School: _____

Birth Data: _____ Student Identifier: _____

School Address: _____

Phone: _____ Fax: _____

The following is a list of the student’s annual outcomes for the graduating year for all areas designed in the Individual Program Plan (IPP).

***Note: This must include reference to the 18 credits. This document must be attached to interim transcripts for application to secondary institutions and must be attached to all final transcripts.**

Year	Area	Annual Outcomes

SOUTH SHORE REGIONAL SCHOOL BOARD**PARENT/GUARDIAN CONSENT FOR SCHOOL BASED TESTING**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____
Phone Number: _____	

Parent(s)/Guardian(s): _____

During a Program Planning meeting your child has been referred for an individual assessment to obtain more information about his/her school achievement. Upon receipt of consent, the testing will involve having the student work in a one on one situation with the Program Support Teacher. The information obtained from the testing will be shared with you, and a report will be written documenting the assessment results. The purpose of the testing is to assist in programming.

I hereby give permission for _____ (student's name) to receive the following individual assessment(s) for the purpose of programming:

- 1) _____
- 2) _____
- 3) _____
- 4) English as a Second Language (ESL) N.S. Oral Proficiency and Literacy Assessment

Name of Qualified Test Administrator: _____

I do do not consent to _____ (student's name) receiving the above indicated testing/assessments, and I understand that the involved school staff may be consulted, and will receive information regarding the results.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Copy to Confidential File

**SOUTH SHORE REGIONAL SCHOOL BOARD
REFERRAL FORM FOR SCHOOL BASED TESTING**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Referred by: _____ **Referral Date:** _____

Referral Reason:

Previous Assessments:

Relevant History:

Signature:

Principal: _____ Date: _____

Copy to Confidential File

SOUTH SHORE REGIONAL SCHOOL BOARD
TESTING REPORT FORM – SCHOOL BASED TESTING

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Date Test Administered: _____

Qualified Test Administrator: _____

Test Administered:

- 1) _____
- 2) _____
- 3) _____
- 4) English as a Second Language (ESL)N.S. Oral Proficiency and Literacy Assessment _____

Relevant Background Information: _____

Testing Behaviour/Observations: _____

Test Results/Scores: _____

Interpretation of Test Results: _____

Recommendations/Suggestions Based on Results: _____

Signatures:

Assessor: _____ Date: _____

Principal: _____ Date: _____

Parent/Guardian: _____ Date: _____

Copy to Confidential File

SOUTH SHORE REGIONAL SCHOOL BOARD

POSITIVE BEHAVIOUR SUPPORT PLAN

MEETING NOTES

Student's Name: _____ Date of Birth (D/M/Y): _____

School: _____ Grade: _____

Date of Meeting: _____

Persons Present: _____

1. Describe the behaviour(s): _____

2. What is the frequency of the behaviour? _____

How long does it last? _____

How intense is the behaviour? _____

3. What is happening in the environment/social when the behaviour occurs? _____

4. When/where is the behaviour most/least likely to occur? _____

5. With whom is the behaviour most/least likely to occur? _____

6. What conditions are the antecedents of the behaviour? _____

7. What are the warning signs that the behaviour is about to start? _____

8. What usually happens after the behaviour? (Describe the adult(s), peers, and student responses.) _____

9. What is the likely function (intent) of the behaviour; that is, why do you think the student behaves this way? (What does the student get or avoid?) _____

10. What would be a more appropriate replacement behaviour that would serve the same function? _____

11. What other information might contribute to creating an effective behaviour plan (e.g., under what conditions does the behaviour not occur?) _____

Principals Signature: _____

Date: _____

SOUTH SHORE REGIONAL SCHOOL BOARD

POSITIVE BEHAVIOUR SUPPORT PLAN

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Individuals involved in developing the PBSP: _____

Student Strengths: _____

Learning Style:

General Behavioral Needs: _____

Context of Behavior (i.e. possible contributing factors):

Specific Targeted Behavior(s)	Strategies & Supports				
	Environmental	Teaching	Description of Consequences		Personnel
			Positive	Negative	

How will the Behaviour Management Plan be evaluated?

- Attendance
- Student Report
- Communication Log
- Teacher Report
- Academic Achievement
- Behaviour Tracking Forms
- Other (explain) _____

Review Date: _____ (4-6 weeks following implementation)

Signatures:

Student *: _____ Date: _____

Teacher(s): _____ Date: _____

Principal: _____ Date: _____

Parent/Guardian: _____ Date: _____

* Signature as deemed appropriate.

Transition Planning: _____

Date: _____

SOUTH SHORE REGIONAL SCHOOL BOARD
REFERRAL FOR PSYCHOLOGICAL SERVICES

School:_____	Date:_____
Student Legal Name:_____	Date of Birth (D/M/Y):_____
Provincial Student Number:_____	Grade:_____
Parent's/Guardian's Names:_____	Phone:_____
Address:_____	

Nature of the concern(s):

- experiencing difficulty with meeting grade level outcomes
- behavioural difficulties
- emotional/social difficulties
- other _____

Reason for Referral by Program Planning Team (main concern to be addressed)

Previous testing and/or assessments (instruments and date):

Date of last hearing/vision checks: hearing _____ vision _____

Are there any physical concerns? _____

Does the student have a diagnosis? (ADHD, LD, etc): _____

Medications: _____

Briefly outline the student’s performance (i.e. class tests, assignments, project work), and work habits.

What Interventions have been tried to date: (i.e. Resource, Reading Recovery, Speech-Language, Instructional Modifications/Adaptations, IPP, etc)

- | | | | |
|----------------------|--------------------------|-------------------------------|--------------------------|
| Reading Recovery | <input type="checkbox"/> | SLP Assessment | <input type="checkbox"/> |
| IA (please include) | <input type="checkbox"/> | Assistive Technology | <input type="checkbox"/> |
| IPP (please include) | <input type="checkbox"/> | Psycho-educational Assessment | <input type="checkbox"/> |
| PBSP | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| PST Services | <input type="checkbox"/> | IWK | <input type="checkbox"/> |
| PSA Support | <input type="checkbox"/> | OT/PT | <input type="checkbox"/> |
| Pediatrician | <input type="checkbox"/> | Other (please specify): | <input type="checkbox"/> |

Is attendance a factor? Yes _____ No _____

If yes, explain: _____

Describe relationships with peers: _____

Describe relationships with teachers: _____

Describe behaviours at school (e.g. socially isolated, active, restless): _____

Strengths (academic/social/behavioural)	Needs (academic/social/behavioural)

Additional comments: _____

To be completed by the Program Planning Team

Discussed at program Planning Team meeting

Date: _____

Signature of Program Planning Team Chair

Date: _____

Signature of Principal

Date: _____

Copies sent to:

Community of Schools

Confidential File

SOUTH SHORE REGIONAL SCHOOL BOARD**PARENT/GUARDIAN CONSENT FOR PSYCHOLOGICAL SERVICES**

School: _____	Date: _____
Student Legal Name: _____	Date of Birth (D/M/Y): _____
Provincial Student Number: _____	Grade: _____
Parent's/Guardian's Names: _____	Phone: _____
Address: _____	

Service(s) recommended by the Program Planning Team:

- Formal Psycho-Educational Assessment Behavioural Consultation/Assessment
 Counselling (Group/Individual) Other: _____

*** please see the reverse for description of these services**

It is important for you and your child to understand that participation in the above activities is voluntary; your child cannot be required to participate. You and/or your child also have the right to discontinue the process at any time. You have a right to a copy of any reports that are produced from this assessment. If you decide to allow your child to participate, information on his/her participation will become a permanent part of your child's records.

Parent/guardians please complete:

I/we consent to _____ receiving the above indicated service, and I understand that specific school staff may be consulted, and that information about the referral will be placed in the student's Confidential folder. I understand that this information will be discussed at the program planning team meetings and may be used to program for my child. In the case of an assessment, a written report would be placed in the student's Confidential folder.

Parent/Guardian Signature

Date

or

I/we **do not** consent to _____ receiving the above indicated service.

Parent/Guardian Signature

Date

Copies sent to: Psychologist Confidential File

*** What is involved in a Psycho-educational assessment?**

An individual psycho-educational assessment completed by a School Psychologist will include the use of tests, observations, and discussions with the student in a one-to-one situation at the school. Depending on the referral, the assessment may include intellectual, developmental, academic and/or social-emotional tests and concerns. An assessment may include a review of school history, classroom observations, as well as interviews with the student, parent(s) or guardian(s), school personnel, and outside agencies such as family physicians and/or community services. Discussion with school staff and a review of all student records are involved. The parents/guardians will be asked to provide information about their child. Meetings with the Program Planning Team (including the parents/guardians and student) to review the results and clarify information will occur once the assessment is completed. The written report completed by the School Psychologist is placed in the student's Confidential Folder is provided, upon request, to the parent/guardian.

*** What is involved in counseling?**

Counselling services can often help students cope with life experiences that are impacting on their ability to perform to their potential. Conversations between the student and the psychologist are protected under confidentiality. However, the goal of all counseling services is to promote student well-being and healthy communication between the student and the significant individuals in their lives. The Canadian Code of Ethics for Psychologist (2000) states that there are three exceptions to confidentiality. These are: when disclosure is required to prevent clear and imminent danger to the client or others, when legal requirements demand that confidential material be revealed, and when a child is in need of protection. Counselling services offered at the school level are usually short-term.

*** What is involved in a Behavioural Consultation/Assessment?**

Often, the behaviour of a student can have an impact on their ability to perform to the potential.

Many times, a referral to the School Psychologist for a behavioural consultation/assessment may be needed. An assessment may include the use of tests, observations, discussions with the student in a one-to-one situation at the school. An assessment may include a review of school history, classroom observations, as well as interviews with the student, parent(s) or guardian(s), school personnel, and outside agencies such as family physicians and/or community services. Discussions with school staff and a review of all student records are involved. The parents/guardians will be asked to provide information about their child. Meetings with the Program Planning Team (including the parents/guardians and student) to review the results and clarify information will occur once the assessment is completed. The written report completed by the School Psychologist is placed in the student's Confidential Folder and is provided, upon request, to the parent/guardian.

MEDICAL AND DEVELOPMENTAL HISTORY
(To be completed by Parent/Guardian)

Student's Name: _____ **Date of Birth (D/M/Y):** _____

Family Doctor: _____

1. Did you have difficulty during the pregnancy and/or birth of your child?

Yes ___ No ___ If yes, please provide relevant details.

2. Has your child had any serious illnesses or been hospitalized?

Yes ___ No ___ If yes, please provide relevant details.

3. Is your child on medication?

Yes ___ No ___ If yes, please provide relevant details.

4. At what age did your child

crawl _____ walk _____ say 1st word _____
speak sentences _____ toilet trained _____

5. Any unusual behaviours (eg.: temper tantrums, repetitive movements, fears, etc.)?

6. Have vision and hearing been assessed? When? Any problems?

7. Is there a family history of any learning problems?

Yes ___ No ___ If yes, please provide relevant details.

8. Has your child been referred or seen by any of the following?

Program Support Teacher _____ Speech-Language Pathologist _____ IWK _____

Parent/Guardian Signature: _____ Date: _____

SOUTH SHORE REGIONAL SCHOOL BOARD

REFERRAL FOR SPEECH-LANGUAGE SERVICES

Student's Name: _____ Sex: M F

School: _____ Grade: _____

Date of Birth (D/M/Y): _____ Age: _____

Parent(s)/Guardian(s): _____

Mailing Address: _____

Phone: _____ (Home) _____ (Work)

Date Discussed at Program Planning Team Meeting:

Description of Difficulties and Comments: _____

Teacher's estimation of severity: Mild _____ Moderate _____ Severe _____

Child has also been referred or is being seen by:

Psychologist _____ PST _____ IWK _____ Other _____ Reading Recovery _____

Date of last hearing test: _____

Date of last language assessment: _____

IPP _____ IA _____ BMP _____

Signatures:

Principal: _____ Date: _____

Classroom Teacher: _____ Date: _____

Check Appropriate Box(es):

1. LANGUAGE

- Difficulty understanding oral language (i.e. following directions, understanding classroom discussion)
 - Difficulty using oral language to express thoughts or ideas (i.e. limited vocabulary, poor grammar)
 - Difficulty with phonological awareness skills (i.e. rhyme, sound/letter correspondence, segmenting, blending, spelling, decoding)
-

2. ARTICULATION

- Mispronounces one or more sound(s), difficult to understand
-

3. FLUENCY

- Difficulty controlling the fluency and rate of speech (i.e. stuttering, cluttering)
-

4. VOICE

- Voice characteristics such as hoarseness, nasality, too low/high pitch
-

5. HEARING

- Known or suspected hearing loss. EXPLAIN:
-

6. OTHER _____

SOUTH SHORE REGIONAL SCHOOL BOARD

**PARENT/GUARDIAN CONSENT FOR
SPEECH-LANGUAGE PATHOLOGY SERVICES**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Parent(s)/Guardian(s): _____

Address: _____

I hereby give permission for _____ (student's name) to receive any of the following Speech-Language pathology service(s) as deemed necessary:

- 1) Assessment/Evaluation
- 2) Consultation
- 3) Speech-Language Therapy
- 4) Home Program

I consent to _____ (student's name) receiving the above indicated Speech-Language services, and I understand that the involved school staff may be consulted, and will receive information regarding the results/services.

Parent/Guardian Signature: _____ Date: _____

Copy to Confidential File



**REFERRAL FORM FOR COORDINATOR, STUDENTS WITH
HEALTH NEEDS**



Student Information *(Please complete all sections or referral will be returned for completion)*

Student's Name:	Birth Date: ___/___/___ (D / M / Y)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Parent/Guardian:	Phone #: _____	(H)	(W)
Student's Mailing Address:(please include Postal Code)			
Student's Civic Address:			

School Information

School:	Grade:	Phone #:	Fax #:
Person Making Referral:			
Diagnoses (if known) and reason for request (please be specific):			

This Section Must Be Completed by Parent / Guardian

Additional comments/information:	
Family Physician:	Other involved health providers:

Parent/Guardian Permission:

I do hereby consent to the referral of my child for assessment and subsequent intervention deemed appropriate by the above professional(s) indicated. I agree that all relevant therapeutic information, including assessments, regular progress reports and audiovisual documentation may be exchanged among any professionals involved in the school, the District School Board, South Shore Health and other health professionals or external agencies, if deemed necessary. I understand I will be advised of any assessment results and / or planned or ongoing intervention regarding my child, and that I may ask for and receive regular updates

Parent/Guardian Signature:	Date:
Teacher's Signature:	Date:
Principal's Signature:	Date:
Date Referral Forwarded:	Date Received:

Copy to Confidential File



**REFERRAL FOR CONSULTATIVE SCHOOL-BASED
REHABILITATION SERVICE**



Student Information (Please complete all sections or referral will be returned for completion)

Student's Name:	Birth Date: ___/___/___ (D / M / Y)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/Guardian:	Phone #: _____	(H) _____ (W) _____
Student's Mailing Address:(please include Postal Code)		
Student's Civic Address:		

School Information

School:	Grade:	Phone #:	Fax #:
Classroom Teacher:		Program Support Teacher:	
Program Support Assistant:		Program Plan: <input type="checkbox"/> IPP <input type="checkbox"/> IA <input type="checkbox"/> Other <input type="checkbox"/> N/A	
Request (check one or both)	Occupational Therapist <input type="checkbox"/>	Physiotherapist <input type="checkbox"/>	

Diagnoses (if known) / Description of Identified Concerns:

--

(Please forward any recent IPP, IA, or other relevant documentation with this referral)

This Section Must Be Completed by Parent / Guardian

Additional comments/information: *(include any special requests or exclusions)*

--

Family Physician:	Health Card #:	Exp Date: ___/___/___ (D / M / Y)
Other involved health providers:		

Parent/Guardian Permission:

I do hereby consent to the referral of my child for assessment and subsequent intervention deemed appropriate by the above professional(s) indicated. I agree that all relevant therapeutic information, including assessments, regular progress reports and audiovisual documentation may be exchanged among any professionals involved in the school, the District School Board, South Shore Health and other health professionals or external agencies, if deemed necessary. I understand I will be advised of any assessment results and / or planned or ongoing intervention regarding my child, and that I may ask for and receive regular updates. I agree to participate in the programming necessary for my child as determined by each assessment.

Parent/Guardian Signature:	Date:
Teacher's Signature:	Date:
Principal's Signature:	Date:
Date Referral Forwarded to Rehab Professional:	Date Rec'd:

SOUTH SHORE REGIONAL SCHOOL BOARD

**REFERRAL FOR ASSISTIVE TECHNOLOGY
INFORMAL ASSESSMENT**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Parent(s)/Guardian(s): _____

Address: _____

Phone: _____ (Home) _____ (Work)

Referred by: _____

Contact Person of School: _____ Phone: _____ Email: _____

Reason for Referral: _____

Goals for Technology Use: _____

STUDENT'S STRENGTHS	STUDENT'S NEEDS
PHYSICAL	PHYSICAL
COGNITIVE	COGNITIVE
EMOTIONAL	

What technology is available for the student’s use within the school setting?

CURRENT TECHNOLOGY COMFORT LEVEL

	LOW	MODERATE	HIGH
Student			
Classroom Teacher			
Program Support Teacher			
Program Support Assistant			

Platform: Mac _____ IBM _____

Support Resources in the Home:

Computer Yes _____ No _____ If yes, indicate Mac _____ IBM _____

Internet Yes _____ No _____

Parent Experience with Technology Low _____ Moderate _____ High _____

Signatures:

Principal: _____ Date: _____

SOUTH SHORE REGIONAL SCHOOL BOARD

**PARENT/GUARDIAN CONSENT FOR ASSISTIVE TECHNOLOGY
INFORMAL ASSESSMENT**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Parent(s)/Guardian(s): _____

Address: _____

I hereby give permission for _____ (student's name) to receive an assistive technology informal assessment.

I consent to _____ (student's name) receiving the above indicated Assistive Technology Informal Assessment, and I understand that the involved school staff may be consulted and will receive information regarding the results/services, which will then be shared with you as parents(s)/guardian(s).

Parent/Guardian Signature: _____ Date: _____

SOUTH SHORE REGIONAL SCHOOL BOARD

ACKNOWLEDGEMENT OF ASSESSMENT RESULTS

School Based Speech-Language Psychological Assistive Technology

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Parent(s)/Guardian(s): _____

I acknowledge the receipt of these results dated _____

of the following assessments _____

for _____ (student's name) and agree to have these results

filed in the student's confidential file.

Results of the assessment were shared with _____

on _____ (date.)

Assessor's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Copy to Confidential File

SOUTH SHORE REGIONAL SCHOOL BOARD

PARENT/GUARDIAN CONSENT FOR SEVERE LEARNING DISABILITY SERVICES

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____
Parent/Guardian Name: _____	Phone Number: _____

Service Requested: Direct Indirect Consultation

I hereby give permission for _____ (student's name) to receive the indicated service. (*Please see SLD brochure for service descriptions.)

I understand that all services may involve assessment regarding academic achievement (eg. Reading, spelling, mathematics). Assessment is required to directly participate in the SLD program.

The involved school staff may be consulted, and will receive information regarding the results.

I consent to my child receiving this service.

I do not consent to my child receiving this service.

Parent/Guardian Signature: _____ Date: _____

SOUTH SHORE REGIONAL SCHOOL BOARD

REFERRAL TO SEVERE LEARNING DISABILITIES PROJECT

This form must be completed and submitted along with required documentation to the Community of Schools Team.

Student's Name: _____	
Date of Birth (D/M/Y): _____	Sex: _____ M _____ F
School: _____	Grade: _____
Parents/Guardian Name: _____	Phone Number: _____

Date Discussed at PPT Meeting: _____

Reason for Referral: _____

Proper documentation must be included with this referral form (see below.)

Support Documentation Checklist:

- a copy of a recent Psycho-Educational Assessment _____
- a copy of the student's Individual Adaptations and/or IPP _____
- a copy of a recent hearing and vision test _____
- a copy of a recent achievement test (eg. Brigance) _____
- samples of student's work (including error analysis) _____
- anecdotal comments from classroom teachers _____
- core planning notes _____
- other assessment(s) (eg. Speech/Language) _____

Completed by: _____ Date: _____

Principal: _____ Date: _____

Copy to Confidential File

SOUTH SHORE REGIONAL SCHOOL BOARD

INTERAGENCY CONSENT FORM

TO OBTAIN AND RELEASE CONFIDENTIAL INFORMATION

I, _____
(Full Name of Person)

of _____
(Address)

authorize the sharing of information for the purpose of assessment/treatment among

(Department/Agency)

And: (Please insert initials in appropriate box.)

- Department of Justice
- Department of Community Services
- South Shore Health – Mental Health Program
- Family & Children’s Services of Lunenburg County
- Family & Children’s Services of Queens County
- Addiction Services
- South Shore Regional School Board
130 North Park Street
Bridgewater NS B4V 4G9
- Other: _____ Exceptions: _____

Client’s Name: _____ D.O.B.: _____

Parents/Guardians: _____

Witness

Location

Date

All of the above agencies are bound by strict policies of confidentiality and cannot release or receive your personal information without your authorized consent.

SOUTH SHORE REGIONAL SCHOOL BOARD

HOME TUTOR APPLICATION FORM

(To be Completed by a Medical Doctor)

Student's Name: _____	Date of Birth (D/M/Y): _____
Address: _____	
School: _____	Grade: _____

Medical History:

Is this child/youth in your medical opinion able to attend school part-time or full time?

Yes: _____ No: _____ If your answer to the above is "No" please explain.

What were the precipitating factors leading to this student not being able to attend public school?

Prognosis? How long do you anticipate this student being out of public school?

What restrictions are there for the student to attend school?

Doctor's Name: _____ Signature: _____

Address: _____ Date: _____

***Return Completed form to School Principal**

SOUTH SHORE REGIONAL SCHOOL BOARD
ESL STUDENT PROFILE AND LANGUAGE SURVEY

Student's Name: _____ Male Female

Name to be used in class: _____ Birthdate: _____

Country of Origin: _____ Date of Arrival in Canada: _____

Student's Status (check appropriate boxes):

Unknown

Canadian Citizen

Landed Immigrant

Refugee

Name of Parent(s)/Guardian(s): _____

Home Address: _____

Postal Code: _____ Telephone Number (H): _____

Telephone Number(s) (W): _____

Emergency Contact Person: _____

Telephone Number (H): _____ Telephone Number (W): _____

Bilingual Contact (If Available): _____

Relationship to the Student: _____ Language(s) Spoken: _____

Telephone Number (H): _____ Telephone Number (W): _____

If the parent(s) or guardian(s) do not speak English, it is important that this Student Profile and Language Survey be administered with an interpreter who speaks and understands the language of the ethnocultural group to which the parent(s) or guardian(s) belong. The survey should be administered in the home or in the school as soon as possible after the student is enrolled in school. Once completed, it should become a part of the student's cumulative folder.

If additional space is needed, please use the back of this sheet.

1. Which language(s) did your son or daughter learn when he/she first began to talk?

2. Which language(s) does your son/daughter use at home?

3. Which language(s) do you use to speak with your son/daughter?

4. Have you noticed any unusual use of the native language by your son/daughter?

5. What kind and amount of school did your son/daughter have prior to coming to Canada?

6. Has your son/daughter has any formal instruction in English? If so, how many years?

7. Can your son/daughter read in his/her native language?

8. Can your son/daughter write in his/her native language?

9. Name some of your son's/daughter's interests, hobbies, or special skills.

10. Does your son/daughter have any health problems?

SOUTH SHORE REGIONAL SCHOOL BOARD

ENGLISH AS A SECOND LANGUAGE (ESL) APPLICATION FORM

Student Name: _____ School: _____

Age (DOB): _____ Grade: _____

Parent(s)/Guardian(s): _____ Phone: _____

Nationality/Language: _____

Date discussed at Program Planning Team: _____ Date Requested: _____

Competency in English (as determined by ESL Assessment):

Initial Application for 10 hour allotment Pre Beginner Beginner Intermediate Advanced Independent

Request for an additional 10 hour allotment Pre Beginner Beginner Intermediate Advanced Independent

Brief description of other concerns:

ESL Assessment Report Included

Core Planning Notes Included

Assessed by: _____

Date: _____

Principal: _____

Date: _____

Please forward this form to: International Programs Consultant

Approved by: _____

Date: _____

Number of Hours: _____

Signature: _____

