Guide to Inclusive Education

for
Surrey Schools

IS IT INCLUSION?

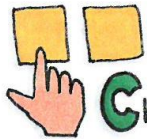| YES	NO
• Child spends the majority of the day in the general education classroom. • Child's desk is included with the other groups of desks. • Child has access to and is included in class lessons and activities that are adapted to meet their needs. • Child attends outside activities with class such as field trips, assemblies, and recess. • Child is a valued and respected member of the class, and has regular meaningful interactions with peers. • The paraprofessional facilitates access to the curriculum and classroom activities. • The paraprofessional encourages independent work to the greatest extent possible, providing support only when necessary. • Child receives specialist support (i.e., speech therapy) with minimal disruption to the class routine and programs. • Teacher is able to identify the child's strengths and needs. • Child can name classmates and has many common classroom experiences.	• Child spends the majority of the day in the special education classroom and goes to the general education classroom for one or two periods. • Child's desk is away from the other groups of desks. • Child works on their own curriculum. • Child is given alternative activities and options with other students with special needs. • Child is looked upon as helpless and dependent, and mostly interacts with adults. Paraprofessional determines access to the curriculum and class activities. • The paraprofessional does not allow child to work independently and "hovers". • Child is pulled from the classroom to receive specialist support (i.e., speech therapy), so misses class routines and programs. • Teacher refers to the specialists and paraprofessionals regarding child's progress. • Child cannot name classmates and does not have many common classroom experiences.

Adapted from: The Inclusive Class 2019

MY INCLUSION ABC'S

@kwiens62

A ll means all

B ehaviour is communication

C hoice

Be a behaviour **D** etective

E veryone starts together — START

F air means everyone getting their needs met

C **H** ild honouring

G rowth mindset

I ndependence

J oyful learning

K ids do well if they can

L ead with strengths

O pen mindedness

M ovement breaks

N eeds based

P lan & **P** urpose

Q uestion unexpected behaviour why? why now?

R elationship

S elf regulation

T assistive technology

U nconditional positive regard

U niversal design for learning — UDL

V isuals — FIRST THEN

W ords make **W** orlds

X -tra processing time

The power of **Y** et!

Z one of proximal development

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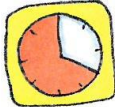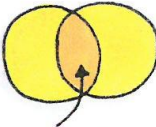- *Education Assistant/Applied Behaviour Analysis Support Worker*
- *Integration Support Teacher*
- *Learner Support Team Teacher - Elementary & Secondary*
- *Principal/Vice-Principal*
- *School Counsellor*

District Based Support Personnel

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- Intensive Literacy Programs - Elementary
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- Social Development Program (SD)

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- Connections Program
- Deaf and Hard of Hearing Resource - Secondary
- Intensive Intervention Programs (formerly Lifeskills) - Secondary

Education Services School (Specialist Student Support Programming)

- Adolescent Day Treatment Program (ADTP)
- Adolescent Psychiatry Unit (APU)
- A'mut
- Centre for Children - Childhood Neurodevelopment, Education and Family Wellbeing
- Children's Day Treatment Outreach Program (CDTOP)
- Daughters and Sisters Program - Pacific Legal Education Association (PLEA)
- Educational Transitions Centre (ETC)
- FASTrack Program - Secondary
- FocusTREK Outdoor Education and Individualized Learning
- Foundations Program
- Young Parents Program
- HOPE Program
- Hospital Homebound Program
- HUB Program - Secondary
- Lee School
- Surrey Transition and Education Program (STEP)
- Teen Recreation and Educational Enhancement Services (TREES)
- Visiting Teachers Program
- WAYPOINT - Pacific Legal Education Association (PLEA)

Check and Connect
Circle of Security®
Connect© Parent Group
Deafblind Team
District Action Team for Autism (DATA)
Early Team (ET)
Reclaiming Connections

Government

- Ministry of Child & Family Development
- Ministry of Health

Health Partners

- Child and Adolescent Psychiatric Stabilization Unit (CAPSU)
- Nursing Support Services Coordinator - Fraser Health
- Nursing Support - Private
- Paediatricians
- Psychiatrists

Other Community Partners
- *Aboriginal Infant Development Program*
- *BC Centre for Ability - Supported Child Development*
- *Blind Beginnings*
- *The Centre for Child Development - Key Workers, Occupational Therapists, Physiotherapists*
- *Community Living BC*
- *Community Options for Children and Families - Respite Care*
- *Government of Canada - Registered Disability Savings Plan*
- *Inclusion BC*

Online Resources

   (click on URL below to access)

- *Alternatives to Suspension - Quick Guide*
- *Child/Youth Care Worker Handbook and CYCW Report*
- *Chronic Absenteeism - Quick Guide*
- *District Action Team for Autism (DATA) Handbook*
- *EA/ABA Support Model and Allocation Planning Tool for Principals*
- *Grade Retention - Quick Guide*
- *Guidebook for Education Assistants (EAs) & Applied Behaviour Analysis Support Workers (ABA SWs)*
- *IST/BASES Handbook of Guidelines and Procedures*
- *Lifts and Slings*
- *LST Handbook of Guidelines and Procedures*
- *Parent Engagement - Quick Guide*
- *Positive Behaviour Support Handbook*
- *A Range of Educational Options for Students who are Deaf or Hard of Hearing*
- *School Completion Certification (Evergreen) Handbook*
- *School Psychology Services Handbook*
- *Student Engagement - Quick Guide*
- *Student Support Who to Call FAQs*

Student Support Contacts

14033 - 92nd Avenue
Surrey, B.C. V3V 0B7

Phone: (604) 596-7733
Fax: (604) 595-6105
Email: SS-office@surreyschools.ca

Michelle Schmidt - Director of Instruction

Deena Buckley - District Principal

Karen Gréaux - District Principal

Chris Stanger - District Principal

Diana Di Cesare, District Principal

Daniel To - District Principal, Education Services School

Sandra Uno - Administrative Assistant

Please refer to Student Support Zonal School Contacts on the Hub for additional contacts.

INTRODUCTION

This resource was created to provide a single document for all matters related to inclusive education. The document provides an overview of the history of special education including relevant case law, as well as descriptions of district supports, interventions, and relevant policies. A list of commonly used acronyms, a glossary, and a section on useful links has also been included.

This document is **best viewed on-line**, as there are numerous embedded URLs in the document; and because additional information will be added as it becomes available.

GLOSSARY OF ACRONYMS AND TERMINOLOGY

AAC: Augmentative and Alternative Communication.

ABA: Applied Behaviour Analysis. ABA is the process of systematically applying interventions based upon the principles of learning theory, to improve socially significant behaviours to a meaningful degree. The ABA approach teaches social, motor, and verbal behaviour as well as reasoning skills. ABA is not exclusive to autism.

ABAS II: *Adaptive Behavior System, 2nd edition*.

ABA THERAPIST: An ABA therapist is a person who uses applied behaviour analysis as a form of treatment.

ADD: Attention Deficit Disorder.

ADHD: Attention Deficit Hyperactivity Disorder.

ADI-R: Autism Diagnostic Interview - Revised. The ADI-R is a structured interview conducted with the parents of individuals who have been referred for the evaluation of possible autism or autism spectrum disorders.

ADOS-2: Autism Diagnostic Observation Schedule-2. The ADOS-2 is an instrument for diagnosing and assessing autism. The protocol consists of structured and semi-structured tasks that involve social interaction between the examiner and the subject.

AE: Age Equivalent.

AFO: Ankle foot orthoses are removable splints or braces that support the feet, ankles and lower leg of children with cerebral palsy.

AMERICAN SIGN LANGUAGE (ASL): A manual (hand, facial expression, body language) language with its own syntax and grammar used primarily by persons who are Deaf. Each country has its own sign language, as with spoken language, and there are regional variations in signs in ASL within the United States and Canada.

AMPLIFICATION: Increasing the volume of sounds.

APPLIED BEHAVIOUR ANALYSIS SUPPORT WORKER (ABA SW): An ABA SW is a district employee who is trained to implement ABA programming under the supervision of the classroom teacher and home Board Certified Behaviour Analyst (BCBA).

ASD: Autism Spectrum Disorder.

ASSESSMENT TERMINOLOGY

1. *Norms* are stratified when a test is created. The test makers gather a large number of individuals representing diversity of socio-economic status (SES), race, gender, and age, and then administer the test to them. This large group is called the norm group, and their scores are used to form the "norms" for the test. The scores of all individuals who take the test later are compared to the scores of this norm group. If an individual's scores are about the same as the scores of most people in the norm group, they are considered *Average*. If the individual's scores are higher than the scores of most people in the norm group, they are considered *Above Average*. If the individual's scores are lower than the scores of most people in the norm group, they are considered *Below Average.*

2. *Standard Deviation (SD)* is the degree to which a student's score deviates from the average ("mean"). For example, a standard score has a mean of 100 and an SD of 15.

3. *Percentile Rank (PR)* tells you how the individual performed on an assessment compared to other individuals his/her age. Average scores fall between the 16th and 84th percentiles. For example, a rank at the 60th percentile means that the student's score is equal to or higher than 60% of other individuals at his/her age.

This figure is a modified version of a graph found on www.AssessmentPsychology.com
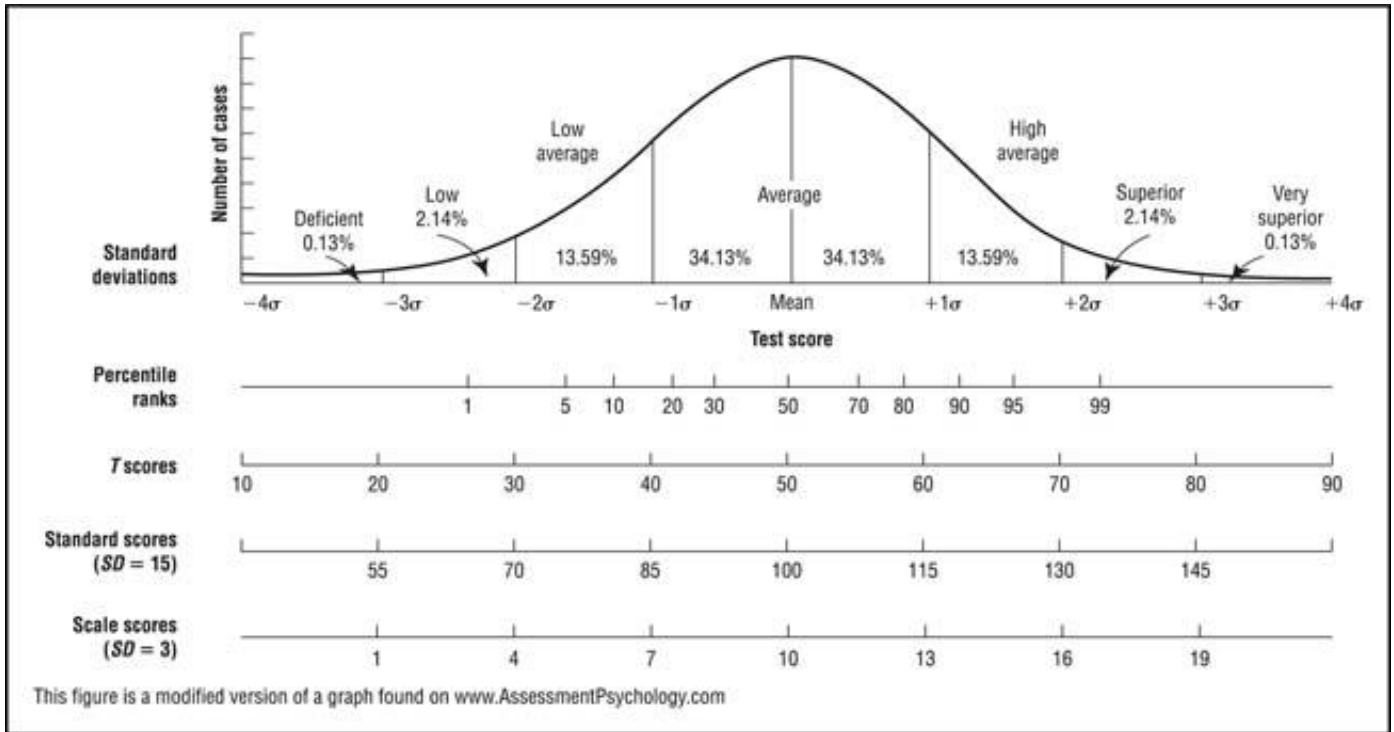
4. *T-Scores* refer to a statistical measurement with a mean of 50. Average scores fall between 40 and 60.

5. *Standard Scores (SS)* tell you if the individual fell at, above or below the average range, compared to other individuals at his/her age. Average scores usually fall between 85 and 115.

6. *Scaled Scores* are on a scale of 0 to 19, with an average score of 10. Average scaled scores usually fall between 7 and 13.

7. *Confidence Interval (CI)* indicates that a score on an assessment is not a fixed measure; it is an approximation. CI tells you the range in which to expect an individual's score to fall 95% of the time.

ASSISTIVE LISTENING DEVICE (ALD): Used to improve the signal-to-noise ratio in any given situation. In addition to increased volume ALDs provide the listener with a direct connection to the sound source and help minimize the effects of background noise, distance and room acoustics. There are both individual ALDs and public or large group ALDs. All ALDs utilize a transmitter that sends a person's voice or other sound source to a receiver that distributes the sound evenly throughout a room such as in theatres and churches or directly to an individual. Sound is transmitted in four primary ways: Frequency Modulation (FM); Infrared (light); Induction Loop (electromagnetic); or through a direct connection. Some hearing aids have a special connection option called Direct Audio Input (DAI) that allows the user to connect directly to an FM system or Induction Loop receiver. In many instances, one can even connect directly to other devices such as a computer, TV, MP3, iPod, or radio.

ASL: American Sign Language

AT: Assistive Technology.

AUDIOGRAM: A graph that shows the audible threshold for standardized frequencies as measured by an audiometer. The Y axis represents intensity measured in decibels and the X axis represents frequency measured in Hertz.

AUDIOLOGIST: A university-trained professional with a masters (MS or MA), doctorate (PhD or EdD) degree in audiology or a Doctor of Audiology (AuD) degree. The audiologist specializes in the diagnosis and treatment of hearing loss and balance disorders in children and adults.

AUTISM CERTIFICATE (AC): The AC is for individuals who work in the field of autism. There is no degree requirement. The AC does require that the individual stay current in the field of autism by obtaining 14 continuing education units (CEUs) every two years in autism.

AUTISM SPECTRUM DISORDERS (ASD): Autism is a developmental disorder that affects communication and behaviour. According to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5)*, people with ASD have:

- Difficulty with communication and interaction with other people

- Restricted interests and repetitive behaviours

- Symptoms that hurt the person's ability to function properly in school, work, and other areas of life

Autism is known as a "spectrum" disorder because there is wide variation in the type and severity of symptoms people experience. ASD occurs in all ethnic, racial, and economic groups. Although ASD can be a lifelong disorder, treatments and services can improve a person's symptoms and ability to function.

BASC 3: Behavior Assessment System for Children, 3rd edition.

BASES: Building Academic, Social and Employment Skills.

BC: Behaviour Consultant.

BCaBA: Board Certified Assistant Behaviour Analyst.

BCBA: Board Certified Behaviour Analyst.

BCAAN: British Columbia Autism Assessment Network.
BC Autism Assessment Network (BCAAN): The BCAAN provides diagnostic assessments for those with suspected autism spectrum disorder and accepts referrals from all physicians.

BEHAVIOUR INTERVENTIONIST (BI): A BI is someone who provides behaviour intervention support, under the direction of a BCBA, typically in a home/clinic setting.

BI: Behaviour Interventionist.

BOARD CERTIFIED ASSISTANT BEHAVIOUR ANALYST (BCABA): A BCaBA (Bachelor Level) works under the direction of a BCBA (Master Level).

BOARD CERTIFIED BEHAVIOUR ANALYST (BCBA): A BCBA must have a master's level degree to be a BCBA, a doctorate to have the BCBA-D; and at least a Bachelor level to have a BCaBA. The BCBA recognizes individuals who have specific training in the principles of applied behaviour analysis. A BCBA is often thought of as working with students with autism but it is not an autism credential.

BRITISH COLUMBIA AUTISM ASSESSMENT NETWORK (BCAAN): BCAAN provides diagnostic assessments for those with suspected autism spectrum disorder and accepts referrals from all physicians.

CA: Chronological Age – a person's actual age, usually stated by year and month.

CAPD: Central Auditory Processing Disorder.

CASE MANAGER: A Case Manager is the person assigned to coordinate the collaborative process involved in developing, writing, introducing and evaluating an [Individual Education Plan]. Case managers coordinate services and liaise with other staff members who work with a particular student, as well as members of involved agencies and ministries. A case manager promotes quality and effective interventions and outcomes.

CENTRAL AUDITORY PROCESSING DISORDER (CAPD): Individuals with CAPD have normal hearing but have difficulty processing and understanding what they hear. Individuals with CAPD have difficulty recognizing and interpreting sounds especially in the presence of background noise. They may show a variety of problems; poor attention, difficulty following directions, forgetting or misunderstanding what was said, or difficulty discriminating between speech sounds. Children with CAPD will often ask others to repeat or clarify what was said. These issues can significantly affect performance in school.

CERTIFIED AUTISM SPECIALIST (CAS): A CAS is for professionals who hold a minimum of a master level degree, have worked in the field for a minimum of two years, and is required to stay current in the field of autism by obtaining 14 continuing education units (CEUs) in autism every two years. A CAS can be from any field working with autism. Professionals such as speech-language pathologists, occupational therapists, administrators, physical therapists, teachers, psychologists, counsellor's, behaviour therapists, doctors, university professors, and many others obtain their CAS to demonstrate their competency and commitment to the field of autism.

CF: Cystic Fibrosis.

COCHLEA: Is a portion of the inner ear. A snail-shaped structure that contains the sensory organ of hearing and changes sound vibrations to nerve impulses that are carried to the brain along the auditory nerve.

COCHLEAR IMPLANT (CI): A Cochlear Implant is a device that helps some deaf people hear sound. It involves a surgical process whereby a surgeon puts the cochlear implant under the skin behind the ear and inserts electrodes inside the cochlea in the inner ear. The implant has two parts:

- A sound processor, an external piece, is worn behind the ear. A magnet holds it in place over the implant that is under the skin, the sound processor has a microphone that picks up sounds from the environment. The transmitter then changes the sounds into electrical signals, which are then sent to the receiver.

- The cochlear implant receiver, the internal piece, is located under the skin behind the ear. The receiver has an electrode array, inserted in the cochlea that picks up the electrical signals and sends them to various parts of the auditory nerve.

CONSULT SUPPORT: When a teacher collaborates with the educational team; however, they do not provide direct service to the students. Students identified as receiving consult support are not reported to the ministry as having special needs.

CP: Cerebral Palsy.

CTONI-2: *Comprehensive Test of Nonverbal Intelligence, 2nd edition.*

CTOPP-2: *Comprehensive Test of Phonological Processing, 2nd edition.*

CVI: Cortical Vision Impairment.

CYSN SW: (MCFD) Children and Youth with Special Needs Social Worker.

CYSTIC FIBROSIS: CF causes various effects on the body, but mainly affects the digestive system and lungs. The degree of CF severity differs from person to person, however, the persistence and ongoing infection in the lungs, with destruction of lungs and loss of lung function, will eventually lead to death in the majority of people with CF.

DAS-2*: Differential Abilities Scale, 2nd edition.*

DATA: District Action Team for Autism.

DDMH: Developmental Disability and Mental Health (Fraser Health).

DDMH Services: Developmental disabilities mental health services (DDMHS) provides specialized mental health community services for ages 12 and over who live with co-existing developmental disabilities and a mental illness. Individuals may also struggle with behavioural challenges that are often influenced by the mental illness and developmental disability.

DEAF COMMUNITY: A group of deaf individuals who share a common language (e.g., ASL), common experiences, and values.

DEAF CULTURE: A set of learned behaviours of a group of deaf people who use sign language and share common values, rules and traditions.

DEAFNESS: Deafness is defined by partial or complete hearing loss. Levels of hearing loss vary, and may be described as mild, moderate, severe, or profound. Students with cochlear implants are considered physically deaf even though they may function as hard of hearing. Deafness is not solely dependent on ability to speak or need to use sign language.

DH: Department Head.

DHH: Deaf and Hard of Hearing.

DIGITAL MODULATION (DM) SYSTEM: Improves the sound going to the listener's ears by making it louder and clearer, effectively overcoming background noise, distance and reverberation in a room.

DIRECT SUPPORT: When a teacher works directly with a student. Students identified as receiving direct support are reported to the ministry as having special needs.

D-KEFS: *Delis-Kaplan Executive Function System*.

DSM-5: The Diagnostic & Statistical Manual of Mental Disorders, 5th edition (DSM-5).

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS TEXT REVISION, 5TH EDITION (DSM-5) is a handbook used widely by medical professionals in diagnosing and categorizing mental and developmental disorders. The DSM-5 is published by the American Psychiatric Association and lists the criteria, or characteristics of many disorders.

EA: Education Assistant

EA-BT: Education Assistant - Behaviour Technician.

EAR NOSE THROAT DR. (ENT): An ENT is a doctor who specializes in ear, nose and throat problems. An ENT is sometimes also called an Otolaryngologist. An ENT with additional training in the medical and surgical management of dizziness, hearing loss, and tumours of the ear is called an Otologist.

EARMOLD: A custom-made mold, used with a behind-the-ear (BTE) hearing aid, which delivers amplified sounds into the ear.

ECHOLALIA: Echolalia is the repetition of words, phrases, and intonation, or sounds of the speech or others. Children with ASD often display echolalia in the process of learning to speak.

EDUCATION ASSISTANT (EA): Provides assistance to teachers with the delivery of programs and services that support learning and provide for the safety and comfort of students through physical and personal care.

EDUCATION ASSISTANT (EA) - AUTISM: An EA-Autism is an EA who has Provincial Outreach Program for Autism and Related Developmental Disabilities (POPARD) training.

EDUCATION ASSISTANT - BEHAVIOUR TECHNICIAN (EA-BT): An EA with Behaviour Technician training is a paraprofessional who is primarily responsible for the implementation of behaviour-analytic services.

ELL: English Language Learner.

EMOTIONAL REGULATION: Emotional regulation refers to the child's ability to notice and respond to internal and external sensory input, and then adjust his/her emotions or behaviour to the demands of his/her surroundings. Emotional regulation includes the body's involuntary reactions (heart rate, respiratory rate, etc.) to events or perceptions, as well as voluntary responses. Voluntary responses may be behaviours that the child performs to sooth, or excite himself, such as spinning the wheel of a toy car, rubbing a smooth surface, rocking, or hand flapping. Many children with ASD have difficulties with emotional regulation and often have inappropriate responses to the ordinary demands in their surroundings. They may also have difficulty adjusting to change, responding with strong negative emotions, tantrums, stereotyped or even self-injurious, behaviours.

EVLI: Educational Visual Language Interpreter.

EXPRESSIVE LANGUAGE: Language which people produce to express themselves.

FASD: Fetal Alcohol Spectrum Disorder.

FM SYSTEM: An assistive listening device that improves listening in noise. Signals are transmitted from a talker to the listener by FM radio waves.

GE: Grade Equivalent.

GIFTED: According to the B.C. Ministry of Education, "a student is considered gifted when she/he possesses demonstrated or potential abilities that give evidence of exceptionally high capability with respect to intellect, creativity, or the skills associated with specific disciplines. Students who are gifted often demonstrate outstanding abilities in more than one area. They may demonstrate extraordinary intensity of focus in their particular areas of talent or interest. However, they may also have accompanying disabilities and should not be expected to have strengths in all areas of intellectual functioning" (*Special Education Services: A Manual of Policies, Procedures, and Guidelines*).

GORT-4: *Gray Oral Reading Test, 4th edition*.

GRADE EQUIVALENT (GE): The GE of a given raw score on any test indicates the grade level at which the typical student earns this raw score. A GE score is NOT an indicator of the grade level of curriculum for which is a student is ready, nor is it an indicator of the total level of curriculum that a student has mastered, or to which a student should be assigned. GEs should not be used to make placement or diagnostic decisions.

HARD OF HEARING (HH):   Describes a person who has a hearing loss, ranging from mild to profound, where their usual means of communication is spoken language. Some hard of hearing students function very well with hearing aids and Assistive Learning Devices (ALDs), while some may require sign language to understand classroom instruction or conversation, especially in noisy situations.

HEARING AID: A compact electronic amplifier worn to improve one's hearing, usually placed in the ear, in the canal or behind the ear.

HEARING TECHNOLOGY: Broadly defined as any device utilized for improving the level of sound available to a listener. Hearing technology can further be divided into two general subcategories of assistive listening devices (ALD) or personal amplification. ALDs can be utilized by individuals or large groups of people and can typically be accessed without the support of specific personnel. Personal amplification is chosen specific to the needs of an individual based on their level of hearing and requires the support of an audiologist to determine candidacy for different devices and to appropriately fit and adjust the chosen device.

HIGH INCIDENCE: The term high incidence is used to describe student needs that are relatively common (e.g., mild intellectual disabilities, learning disabilities, the need for moderate behaviour support, and students who have mental illness or are gifted), relative to the general population.

HYPER-RESPONSIVENESS: Hyper-responsiveness is abnormal sensitivity or over reactivity to sensory inputs. This is the state of feeling overwhelmed by what most people would consider common or ordinary stimuli of sound, sight, taste, touch, or smell. Many children with ASD are over reactive to ordinary sensory input and may exhibit sensory defensiveness, which involves a strong negative response to their overload, such as screaming at the sound of a school bell. Tactile defensiveness is a specific sensory defensiveness that is a strong negative response to touch.

HYPO-RESPONSIVENESS: Hypo-responsiveness is abnormal insensitivity or under-reactivity to sensory input, in which the brain fails to register incoming stimuli appropriately so the child does not respond to the sensory stimulation. A child who appears deaf, but whose hearing has tested as normal, is under-reactive. A child who is under-reactive to sensory input may have a high tolerance to pain, may be sensory seeking, craving sensations, and may act aggressively, or clumsily.

ID: Intellectual Disability.

INCLUSION: Inclusion secures opportunities for students with disabilities to learn alongside their non-disabled peers in general education classrooms.

INDUCTION LOOP SYSTEM: A special type of sound system for use by people with hearing aids. The hearing loop provides a magnetic, wireless signal that is picked up by the hearing aid when it is set to 'T' (Telecoil) setting. The loop consists of a microphone to pick up the spoken word; an amplifier which processes the signal which is then sent through the final piece; the loop cable, a wire placed around the perimeter of a specific area (e.g., a meeting room, a church, a service counter etc.) to act as an antenna that radiates the magnetic signal to the hearing aid.

INFRARED (IR) SYSTEM: Infrared is a means of using light to transmit a signal over distance. The light frequency used in Infrared is above the range of visible light in the red end of the light spectrum. IR is used for transmitting a signal representing sound in many Assistive Listening Devices (ALDs) or Assistive Listening Systems (ALSs). There are many inexpensive IR systems designed for use with TVs, and many theaters use IR to broadcast to the IR equipped headsets that they will loan to patrons who want to hear the movie better. IR has some advantages for use in assistive listening. It doesn't go through walls and isn't affected by radio or electromagnetic interference.

INSISTENCE ON SAMENESS: Insistence on sameness refers to a rigid adherence to a routine or activity carried out in a specific way, which then become a ritual or non-functional routine. Children with ASD may insist on sameness and may react with distress or tantrums to even small changes or disruptions in routines. Sometimes such reactions are so big they are described as catastrophic. A child's response of insistence on sameness may reflect difficulty with change in activities or routines being able to predict what happens next and therefore, may be a coping mechanism. Young children with ASD may also show some repetitive movements with objects, such as lining things up, collecting objects, or clutching similar small toys.

INTELLECTUAL DISABILITIES: A diagnosis of intellectual disability should only be made when a student has significant limitations in both intellectual functioning and adaptive functioning. Students with intellectual disabilities have general intellectual functioning significantly below the *mean* (average), as well as significant limitations in adaptive functioning in at least two of the following skill areas, as appropriate to the student's age: *communication, self-care, home or school living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, as well as health and safety*. Students can experience intellectual disabilities across a range from mild to profound (*Special Education Services: A Manual of Policies, Procedures, and Guidelines*).

1) *Mild Intellectual Disabilities.* According to the B.C. Ministry of Education, a student with a mild intellectual disability has intellectual functioning that is 2 or more standard deviations below the mean (SS ≤ 70) on an individually administered Level C assessment instrument of intellectual functioning, and has limitations of a similar degree in adaptive functioning in at least two skill areas appropriate to the student's age (*Special Education Services: A Manual of Policies, Procedures, and Guidelines*).

2) *Moderate to Profound Intellectual Disabilities.* According to the B.C. Ministry of Education, a student with a moderate to profound intellectual disability has intellectual functioning that is 3 or more standard deviations below the mean (SS ≤ 55) on an individually administered Level C assessment instrument of intellectual functioning, and has limitations of similar degree in adaptive functioning in at least two skill areas appropriate to the student's age (*Special Education Services: A Manual of Policies, Procedures, and Guidelines*).

The **Diagnostic and Statistical Manual of Mental Disorders Text Revision, 5th Edition (DSM-5)**, published in 2013, defines an Intellectual Disability (Intellectual Developmental Disorder) as a significant deficit in both intellectual and adaptive functioning. The following criteria are required for diagnosis:

1. Significant deficits in intellectual functions confirmed by both clinical assessment and standardized intelligence testing.

2. Deficits in adaptive functioning that results in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, one or more activities of daily life such as communication, social participation, and independent living across multiple environments such as home, school, work and community.

3. Onset of deficits during developmental period (approximately 18 years).

According to the DSM-5 criteria, levels of severity (mild, moderate, severe or profound) are defined on the basis of adaptive functioning.

Diagnosis of Intellectual Disability is based on both clinical assessment and standardized testing of intellectual and adaptive functions. It includes careful consideration of a number of developmental, cultural, medical, neurodevelopmental, and psychological factors.

INTERPRETER - Deaf, Hard of Hearing, Deafblind: Interpreter is a specialist who provides interpreting, translation, and transliteration services in American Sign Language (ASL) and other visual and tactual communication forms used by individuals who are deaf, hard-of-hearing, and deafblind.

JOINT ATTENTION: Children seek to share attention with others spontaneously during the first year of life. Joint or shared attention is first accomplished by the caregiver looking at what the infant is looking at. Infants learn early to seek joint attention spontaneously by shifting gaze between an object of interest and another person and back to the object (also called 3-point gaze), following the gaze of others, and using gestures to draw others' attention to objects (e.g., holding out and showing an object or pointing to an object, either by pointing to it or by eye gaze). Impairment in joint attention is a core deficit of ASD.

JUNIOR BI (BEHAVIOUR INTERVENTIONIST): A Junior BI is a BI in training who works under the supervision of a BCBA.

JUNIOR BC (BEHAVIOUR CONSULTANT): A Junior BC is someone who is training to become a BCBA. A Junior BC works under the supervision of a BCBA.

KABC-II NU: *Kaufman Assessment Battery for Children, 2nd edition Normative Update*.

KTEA-3: *Kaufman Test of Educational Achievement, Third Edition*.

LEARNING DISABILITIES: According to the B.C. Ministry of Education, "learning disabilities refer to a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency" (*Special Education Services: A Manual of Policies, Procedures, and Guidelines*).

Students identified as having **learning disabilities** must have:

1) *Weakness in at least one area of cognitive processing*

Students with learning disabilities demonstrate a significant weakness in one or more cognitive processes (perception, memory, attention, receptive or expressive language abilities, processing speed,

visual-motor integration, and visual-spatial abilities) relative to overall intellectual functioning. Results from norm-referenced assessment indicate such weakness.

2) *Average to above average cognitive ability*

Results from either a cognitive assessment or a norm-referenced test of achievement (in reading comprehension, mathematics problem solving, or written expression) should indicate average to above average cognitive functioning.

3) *Persistent difficulty learning after intervention*

Students with learning disabilities often experience persistent difficulties in the acquisition of basic academic skills (e.g., decoding, comprehension, math computation, problem-solving, and written expression) and are characterized by unexpected academic under-achievement or achievement that is maintained only by unusually high levels of effort and support. Persistent difficulty refers to restricted progress that cannot be explained by inadequate attendance, cultural or linguistic differences, sensory deficits, social emotional factors, health issues and/or poor/insufficient instruction.

4) *Significant discrepancy in achievement*

Despite their average cognitive ability, students with learning disabilities may demonstrate a significant discrepancy between estimated learning potential and academic achievement. Targeted intervention and remediation can help students cope with their significant weaknesses and achieve their potential.

"Learning disabilities arise from **neurological** differences in brain structure and function and affect the brain's ability to store, process or communicate information." - *The State of Learning Disabilities 2009.*

LEARNING DISORDER - SPECIFIC: The Diagnostic and Statistical Manual of Mental Disorders - 5th Edition (DSM-5), published in 2013, provides a definition of Specific Learning Disorder. Like the Ministry definition, this refers to difficulties acquiring academic skills. The diagnostic criteria include substantial and persistent difficulties learning and using academic skills despite provision of interventions that target those difficulties. Except in rare cases, the learning difficulties must be confirmed by standardized assessment and comprehensive clinical assessment and must cause significant interference with academic or occupational performance or with daily living. Diagnosis includes clinical assessment and standardized testing as well as careful consideration of developmental, cultural, medical, neurodevelopmental, sensory, and psychological factors, which may account for or contribute to the disorder.

Some students with Specific Learning Disorders may not meet the Ministry of Education criteria for designation as a student with special needs in the category Q - Learning Disabilities. It is recommended that these students be discussed with the School Psychologist in order to determine whether a request for designation is appropriate.

LEVEL A ASSESSMENT: These measures can be administered, scored, and interpreted with the use of the manual and a basic knowledge of testing and measurement principles. Training for administering some Level A assessments would include advanced level coursework (senior undergraduate or graduate) in testing from a college or university, or similar training provided by a qualified supervisor.

LEVEL B ASSESSMENT: These measures require specific training for administration, scoring, and interpretation. Use of these measures requires a more thorough understanding of psychometric principles than Level A assessments. Training for administering Level B assessments would include advanced level (senior undergraduate or graduate) coursework in testing, or similar training provided by a qualified supervisor. At a minimal level, this training would include instruction in psychometric principles (reliability, validity, test construction) and supervised experience administering, scoring, and interpreting tests.

LEVEL C ASSESSMENT: These measures require advanced (graduate level) training for interpretation, and sometimes administration and scoring. Administration of these measures requires a thorough understanding of psychometric principles and a high level of "professional skill and judgement for their interpretation." A minimum of a master's degree in psychology or a related discipline, including academic and supervised clinical experience is required. Within the school district, Level C assessments are typically done by school psychologists.

LOW INCIDENCE: The term low incidence is used to describe student needs that are relatively uncommon (e.g., Physically Dependent, Deafblind, Moderate to Severe/Profound Intellectual Disability, Physical Disability/Chronic Health Impairment, Blind or Visually Impaired, Deaf or Hard of Hearing, Autism Spectrum Disorder, or Students Requiring Intensive Behaviour Intervention/Having Serious Mental Illness) relative to the general population.

MCFD: Ministry of Children and Family Development.

MD: Muscular Dystrophy.

MID: Mild Intellectual Disability.

MOD: Moderate to Severe/Profound Intellectual Disability.

NON-VERBAL BEHAVIOURS: Non-verbal behaviours are those things people do to convey or exchange information or express emotions without the use of words. These include eye gaze (looking at the face of others to check and see what they are looking at and to signal interest in interacting), facial expressions (movements of the face used to express emotion and to communicate with others non-verbally), body postures (movements and positioning of the body in relation to others), and gestures (hand and head movements to signal, such as a "give", "reach", "wave", "point", or "head shake").

NOS: Not Otherwise Specified.

NSS: Nursing Support Services.

O & M: Orientation and Mobility.

OCD: Obsessive Compulsive Disorder.

ODD: Oppositional Defiance Disorder.

ONE-TO-ONE COMMUNICATORS: These types of systems tend to require that the listener and sound source are close together because the transmitter and receiver are connected by a wire or cord that transmits the sound. The person using the system can adjust the volume as needed to hear conversation from another person, listen to TV, or while riding in the car.

OT: Occupational Therapist.

PARAPROFESSIONAL: A paraprofessional in special education is commonly known as an education assistant (EA), paraeducator, instructional assistant, teacher's aide, or classroom assistant.

PBS: Positive Behaviour Support.

PDD-NOS: Pervasive Developmental Disorder-Not Otherwise Specified.

PDD: Pervasive Developmental disorder.

PERSEVERATION: Perseveration refers to repeating or "getting stuck" carrying out a behaviour (e.g., putting in and taking out a puzzle piece).

PERSEVERATION SPEECH: Children with ASD who learn to talk usually have repetitive use of language. Perseverative speech refers to repeating the same phrase or word over and over or bringing up the same topic repeatedly with a sense of "getting stuck".

PERSONAL AMPLIFICATION: These devices are designed to provide an individual with increased access to sound across all environments. They are chosen based on an individual's preferences, degree and configuration of hearing loss, and special features. Devices in this category must be obtained and fitted through an audiologist. Although many sources do not consider personal amplification as assistive technology, assistive listening devices and other auditory-based devices (MP3, TV, computer) may be connected through these systems.

POPARD: Provincial Outreach Program for Autism and Related Developmental Disabilities. POPARD provides consultation, training and support services to all public and independent schools across the province of British Columbia with a primary focus on increasing the capacity of school district staff to support students with autism spectrum disorder (ASD). The POPARD team provides leadership in collaboration with educators who request support for children and youth with ASD.

PRAGMATICS: Pragmatics are social rules for using functional spoken language in a meaningful context or conversation. Challenges in pragmatics are a common feature of spoken language difficulties in children with ASD.

PRN: An abbreviation for the Latin term, "pro re nata" which loosely translates to "as needed". PRN is a term commonly used by healthcare employers and professionals to describe short-term, contract, part-time, or fill-in work by a nurse or allied health professional. In rare circumstances, psychiatrists or pediatricians develop a comprehensive plan whereby a teacher is responsible for administering a PRN.

PSYCHO-EDUCATIONAL ASSESSMENT: See School Psychology Services Handbook.

PT: Physiotherapist.

PTSD: Post-Traumatic Stress Disorder.

RBT: Registered Behaviour Technician.

RECEPTIVE LANGUAGE: A person's understanding of the language produced by others.

RESIDUAL HEARING: Useable hearing available to a person who is deaf or hard of hearing.

SCHOOL BASED TEAM (SBT): An on-going team of school-based personnel which has a formal role to play as a problem-solving unit in assisting classroom teachers to develop and implement instructional and/or management strategies and to coordinate support resources for students within the school.

SELF-INJURIOUS BEHAVIOUR (SIB) AND STUDENTS WITH AUTISM: 10-15% of individuals with ASD engage in some form of self-injurious behaviour causing self-inflicted bodily harm, such as bruises, redness, or cuts. The most common form of SIB include head banging, hitting the face, biting the hand or arm, and excessive scratching and rubbing. SIB can range from mild to severe, and can potentially be life threatening. A child who engages in SIB may be feeling overwhelmed and frustrated, seeking self-stimulation, may be in pain (headache, toothache, constipation), or may be hypersensitive to certain sounds. SIB may be biologically or neurologically based.

SELF-STIMULATING BEHAVIOURS (OR "STIMMING"): Self-stimulating behaviours are stereotyped or repetitive movements or posturing of the body. They include mannerisms of the hands (such as hand flapping, finger twisting or flicking, rubbing, or wringing hands), body (rocking, swaying, or pacing), and odd posturing. Sometimes they involve objects such as tossing string in the air or twisting pieces of lint. These mannerisms may appear not to have significance or function, although they may have significance for the child, such as providing sensory stimulation, communicating to avoid demands, or request a desired object or attention, or soothing when wary or anxious. These repetitive mannerisms are common in children with ASD.

SENSORY DEFENSIVENESS: Sensory defensiveness is an abnormal reaction to ordinary sensory input. Children who are over reactive may display strong negative emotions to stimuli.

SERVICES TO ADULTS WITH DEVELOPMENTAL DISABILITIES (STADD): STADD offers Navigator services for transitioning youth and their families. Navigators act as the primary point of contact for individuals in coordinating transition planning and access to supports and services through the transition period of 16-24 years old. Navigators help organize a youth's transition planning team and develop a person-centered transition plan. STADD encourages and supports information-sharing between government and community resources, and leads the coordination of all involved.

SIB: Self-Injurious Behaviour.

SLP: Speech and Language Pathologist.

SS: Scaled Score or Standard Score.

SOUNDFIELD SYSTEM: Loudspeakers are fitted around a classroom, and are linked to a microphone worn by the teacher. This allows the teachers voice to be heard over the general noise of a classroom by all the pupils.

SPEECH BANANA: A visual representation of the area on an audiogram that illustrates the loudness and pitch of most conversational speech.

SPEECH-LANGUAGE PATHOLOGIST (SLP): A professional who evaluates and provides treatment for
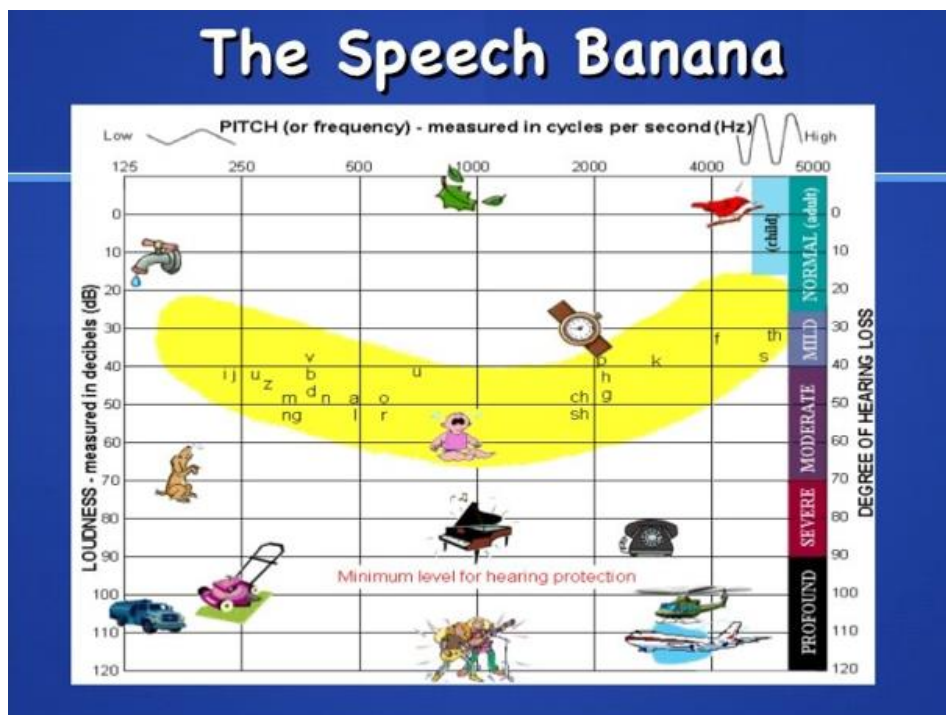
speech, language, cognitive-communication, and swallowing problems of children and adults. Speech and language delays are frequently seen in children with hearing loss. Minimum academic degree is a Master's degree.

STADD: Services to Adults with Developmental Disabilities.

STEREOTYPICAL BEHAVIOURS: Stereotyped behaviours refer to excessive repetition of an action carried out in the same way over time. This may include repetitive movements of posturing of the body or repetitive movements with objects.

STEREOTYPED LANGUAGE: Stereotyped or stereotypy refers to an abnormal or excessive repetition of an action or phrase over time.

STIMMING: See *Self-Stimulating Behaviours*.

T1D: Diabetes Mellitus Type 1 is also known as **Type 1 diabetes.**

T2D: Diabetes Mellitus Type 2 is also known as **Type 2 diabetes.**

TBI: Traumatic Brain Injury.

TOWL-4: Test of Written Language, 4th edition.

VINELAND: *Vineland Adaptive Behaviour Scales, 2nd edition.*

VLI: Visual Language Interpreter.

WAIS IV: *Weschler Adult Intelligence Scale, 4th edition.*

WIAT III: *Weschler Individual Achievement Test, 3rd edition.*

WISC-V: *Weschler Intelligence Scale for Children 5th edition.*

WRAML II: *Wide Range Assessment of Memory and Learning, 2nd edition.*

W-J-IV: *Woodcock-Johnson test, 4th edition.*

HISTORICAL CONTEXT - NORTH AMERICA

The information regarding historical context, law and policy provides a context for all that we do to support inclusive practices in Surrey Schools.

1960s -- Civil Rights Movement

- Characterization of Special Education population as a minority group
- Rise of parent/other advocacy groups

The Educational Continuum
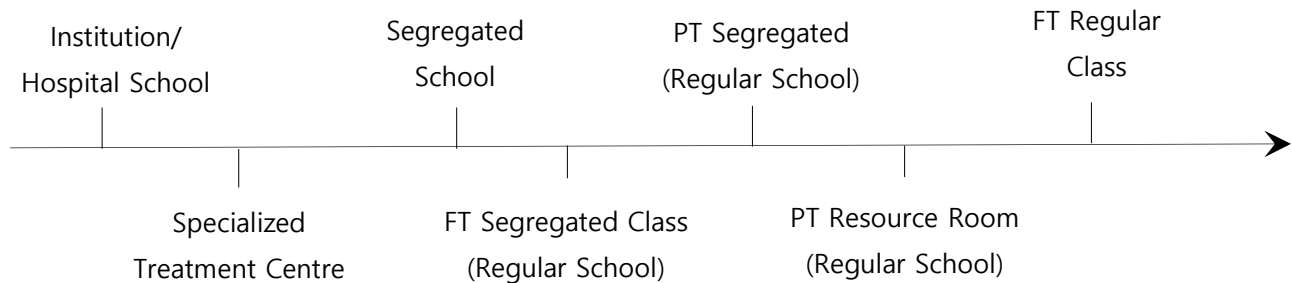
1975 -- *Education for All Handicapped Children Act Public Law 94-142 ([PL94-142](#))*

- Free, appropriate, public education
- Least Restrictive Environment ([LRE](#))

1960s - 1980s -- *Efficacy Studies*

- Segregated Special Education
- Conclusions:
  - No significant differences between teaching methodology
  - Few children ever made it back into the "mainstream"

1985 -- *Regular Education Initiative ([REI](#))*

1986 -- *Madeleine Will ([US Department of Education](#)) called for one unified education system.*

1997 -- *Individuals with Disabilities Education Act ([IDEA](#))*

- Free, appropriate, public education ([FAPE](#))
- Individualized Education Program/Plan (IEP)
- Due Process Safeguards (i.e., Rights & Hearing)
- Non-discriminatory Identification & Evaluation
- Related Services (Occupational Therapy/Physio Therapy/Transportation)

LAWS AND POLICIES

UNITED NATIONS

UN Convention on the Rights of Persons with Disabilities (CRPD) to Promote Inclusion

The Convention on the Rights of Persons with Disabilities (CRPD) to Promote Inclusion is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

Article 9: Accessibility

Article 21: Freedom of Expression and Opinion, and Access to Information

UN Declaration on the Rights of Indigenous Peoples

The Declaration on the Rights of Indigenous Peoples is the most comprehensive international instrument on the rights of indigenous peoples. It establishes a universal framework of minimum standards for the survival, dignity and well-being of the indigenous peoples of the world and it elaborates on existing human rights standards and fundamental freedoms as they apply to the specific situation of indigenous peoples.

APPLICABLE CANADIAN LEGISLATION

Since signing the Universal Declaration of Human Rights in 1948, the Canadian government has worked diligently to incorporate universal human rights into Canadian law. In Canada, there are currently five systems to protect human rights: the Canadian Charter of Rights and Freedoms, the Canadian Human Rights Act, the Canadian Human Rights Commission, and An Act to Ensure a Barrier-Free Canada.

APPLICABLE BRITISH COLUMBIA LEGISLATION

In addition to Canadian human rights legislation, there are also provincial human rights laws and commissions to protect human rights (e.g., the BC Human Rights Code enacted in 1973, and the Ombudsperson Act, which was established in 1970).

The School Act

The *School Act* was created to ensure that all members of society receive an education that enables them to "become literate, personally fulfilled and publicly useful, thereby increasing the strength and contributions to the health and stability of that society", with the context of a school system that enables all learners to "become literate, to develop their individual potential and to acquire the knowledge, skills and attitudes needed to contribute to a healthy, democratic and pluralistic society and a prosperous and sustainable economy." The *School Act* addresses a number of areas that are particularly relevant here:

Access to Educational program

Appeals

> 11 (2) If a decision of an employee of a board significantly affects the education, health or safety of a student, the parent of the student or the student may, within a reasonable time from the date that the parent or student was informed of the decision, appeal that decision to the board. See Section 11 for additional information on appeals.

Special Needs Students Order M150/89 (PDF) defines students with special needs, describes the obligation of boards of education to consult with parents in the placement of students with special needs and describes policy regarding inclusion.

Individual Education Plan Order M638/95 (PDF) sets out the requirements for Boards of Education to design and implement individual education plans for students with special needs.

Student Progress Report Order M191/94 (PDF) describes progress reporting requirements for students with special needs.

Support Services for Schools Order M149/89 (PDF) sets out the requirements for auditory systems, speech and language services, medical assessments and specialized health services.

Inter-Ministry Protocols for the Provision of Support Services to Schools (PDF) guide the coordination and delivery of support services to school-aged children across British Columbia and describe the roles and responsibilities of ministries and their partner boards of education, independent school authorities, health authorities, regional offices or agencies.

British Columbia promotes an inclusive education system in which students with special needs are fully participating members of a community of learners. Inclusion describes the principle that all students are entitled to equitable access to learning, achievement and the pursuit of excellence in all aspects of their educational programs. The practice of inclusion is not necessarily synonymous with full integration in regular classrooms, and goes beyond placement to include meaningful participation and the promotion of interaction with others.

British Columbia Ministry of Education Special Education Policy

The province of British Columbia Ministry of Education affirms that "all students with special needs should have equitable access to learning opportunities for achievement, and the pursuit of excellence in all aspects of their educational programs", and provides guidelines in *Special Education Services a Manual of Policies, Procedures, and Guidelines*. Inclusion is a feeling - while it encompasses what we do or do not do, it is much more than the physical environment.

Meaningful consultation with parents/guardians and students (as appropriate) is critical to developing effective educational programs.

School Completion Certificate ("Evergreen")

All students of school age are entitled to an education program, whether or not that program leads to graduation. Some students may be unable to meet graduation requirements due to their special needs. The School Completion ("Evergreen") Certificate is intended to recognize the accomplishments of students with special needs and to celebrate success in learning that is not recognized in a Certificate of Graduation (Dogwood Diploma).

For students pursuing an Evergreen Certificate, their education program should enable them to meet their individual learning goals. Accordingly, they should have an Individual Education Plan (IEP) that indicates their personal education goals, how the goals have been met and an Evergreen Certificate should be issued. Parents and, wherever possible, the student are to be provided an opportunity to be consulted about the preparation of the IEP.

The decision to put a student in an Evergreen Program should not be made prior to Grade 10 and should include the informed consent of the student's parent(s)/guardian(s). It should also be noted that not all student with special needs should be in an Evergreen Certificate program and it is important that students and their parents clearly understand that the Evergreen represents the completion of personal learning goals and does not represent graduation.

For more detailed information, please refer to Policy 8100 - School Completion Certificate and Regulation 8100.1 - School Completion Certificate.

Note: it is up to Boards of Education to request a transcript for an Evergreen Certificate student. If it is not in the best interest of the student to receive a transcript, schools may apply for the Evergreen Certificate only. For additional information, please refer to:
https://www2.gov.bc.ca/gov/content/education-training/k-12/support/school-completion-certificate-program.

Adult Dogwood

An adult high school diploma is the British Columbia Adult Graduation Diploma (BCAGD), also known as the "Adult Dogwood". It is for adult learners (18 and older) who want to take courses in order to complete high school and obtain their adult high schools diploma. It should be noted that an Adult Dogwood does not carry the same status as the Certificate of Graduation (Dogwood Diploma). For additional information, please refer to these Ministry of Education webpages: https://www2.gov.bc.ca/gov/content/education-training/adult-education/graduate-high-school/bc-adult-graduation-diploma-program, https://www2.gov.bc.ca/gov/content/education-training/administration/legislation-policy/public-schools/student-credentials, and/or Handbook of Procedures for the Graduation Program.

SCHOOL DISTRICT NO. 36 SURREY

➢ Consistent with provincial and Canadian law, Surrey has created Policy 10900 Anti-discrimination & Human Rights and Regulation 10900.1 Anti-discrimination & Human Rights.

➢ **Registration and Placement of Students:** All students are expected to attend their neighbourhood school. For more information, please refer to Policy 9320 - Registration and Placement of Students, Regulation 9320.1 Registration and Placement of Students, Appendix 9320.1-1 Parent's/Guardian's or Adult Student's Agreement in Regard to Enrolment of Adult Student, Appendix 9320.1-2 Out of Catchment Enrollment Application, Policy 9325 - Registration of International Students, and Regulation 9325.1 - Registration of International Students.

➢ **Critical Incident:** Schools/sites are often affected by critical incidents that occur both within the school/site and also the community at large. For more detailed information, please refer to Policy 5208 - Critical Incident and Regulation 5208.1 - Critical Incident; Regulation 5208.2 - Emergency Social Services, and Regulation 5208.3 - Critical Incidents - Loss of Life.

➢ **Transportation:** Surrey Board of Education has established a system of transportation as permitted under the School Act. For more detailed information, please refer to Policy 5400 - Student Transportation; Regulation 5400.1 - Student Transportation; and Regulation 5400.2 - School Buses and Conveyance of Students.

➢ **Student Records, Records Management and Freedom of Information and Protection of Privacy (FOIPA):** All student records and administrative records are governed by the following policies and regulations: Policy 5700 - Freedom of Information and Protection of Privacy; Regulation 5700.1 - Access to Records; Regulation 5700.2 - Collection, Protection and Access to Personal Information; Policy 5701 - Records and Information Management; Regulation 5701.1 - Records and Information Management; Regulation 5701.2 - Destruction of District Records; Policy 9705 - Student Records; and Regulation 9705.1 - Student Records. For more detailed information about student records and records management, please contact Records Management Services at 604-596-7733.

➢ **Assistance Dogs:** An assistance dog may be key in the development of an environment that is conducive to equal access to services, programs and activities offered within the school district for both students and staff. For more detailed information, please refer to Policy 9612 - Assistance Dogs and Regulation 9612.1 - Assistance Dogs.

HIGH PROFILE CASE LAW

British Columbia's inclusive education system ensures the protection of human rights, and several high-profile cases have reinforced the need for school districts to provide appropriate support and intervention, and to engage in meaningful consultation with parents.

1) [Auton (Guardian ad litem of) v. British Columbia (Attorney General), Auton (Guardian ad litem of) v. British Columbia (Attorney General), [2004] 3 S.C.R. 657, 2004 SCC 78](#)

   Auton versus BC pertained to the provision of "medically required" treatment and therapy—specifically, Applied Behaviour Analysis (ABA) Therapy. This ruling has led to the provision of ABA therapy in many school districts across the province, including Surrey.

2) [Hewko v. BC (Education), 2012 SCC 61, [2012] 3 S.C.R. 360](#)

   Hewko versus BC focused on the need for school districts to engage in meaningful consultation with parents and to offer to consult with a parent of a student with special needs regarding the placement of that student in an educational program. Practically speaking, this means that all students have equitable access to learning, opportunities for achievement, and pursuit of educational excellence in all aspects of their educational program.   Students attend and are welcomed by their neighbourhood schools and attend age-appropriate classes where they receive the support that they require to learn, and become contributing members of the school community.

3) [Moore v. British Columbia (Education), 2012 SCC 61, [2012] 3 S.C.R. 360](#)

   Moore versus BC found that the school district discriminated against Jeffrey Moore based on the insufficiently intensive remediation provided by the District for Jeffrey's learning disability, which meant he did not have access to the education he was entitled to. This ruling reinforces our obligation to provide individualized programs based on appropriate assessment, and that a range of services is necessary.

MINISTRY FUNDING CATEGORIES

SPECIAL NEEDS DESIGNATIONS & SUPPLEMENT FOR UNIQUE STUDENT NEEDS

Adapted from the Special Education Services - A Manual of Policies, Procedures and Guidelines

OPERATING GRANTS

The Ministry of Education provides all school districts with a Basic Allocation based on student headcount. The Basic Allocation is intended to cover costs with meeting the needs of most students, including those with high incidence special needs. The Basic Allocation also includes funds to support boards of education in providing learning assistance, speech-language pathology services and physiotherapy services, hospital homebound services, and assessment services.

In addition to the Basic Allocation, the Ministry of Education provides boards with Unique Student Funding to meet the needs of students with low incidence special needs.

LEVEL I FUNDING

A - Physically Dependent

Students reported to the Ministry as Physically Dependent are completely dependent on others for meeting all major daily living needs and require assistance at all times for feeding, dressing, toileting, mobility and personal hygiene.

The *A Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"A" Audit Checklist.* These two documents, in addition to the *Accommodations for Physically Dependent/Multiple Needs,* are to be completed by the Case Manager annually, in collaboration with the integration support teacher, parents, and community partners, and filed in the student's red file.

B - Deafblind

Students reported to the Ministry as Deafblind must have a visual impairment (partial sighted to total blindness) and a hearing impairment (moderate to profound hearing loss). The degree of impairment results in significant communicative, educational, vocational, and social difficulties.

The *B Designation - Documentation Checklist for Individual Student* form must be stapled behind the behind the Ministry's *"B" Audit Checklist*, and are completed by the Case Manager annually, and filed in the student's red file.

Please refer to the brochure, *Deafblind Students*.

LEVEL II FUNDING

G - Autism Spectrum Disorder

The term autism spectrum disorder (ASD) is used to describe a group of neurodevelopmental disabilities characterized by the manifestation of behavioural characteristics across multiple areas of functioning, (e.g., socialization, communication, sensory responsiveness). Behavioural characteristics exist in varying degrees. To be reported as having an autism spectrum disorder, a student must have documentation of a diagnosis made by appropriately qualified professionals:

- BC Autism Assessment Network (BCAAN); or
- a paediatrician, psychiatrist or registered psychologist whose assessment meets Standards and Guidelines and adopted BCAAN policy changes (September 2006).

The *G Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"G" Audit Checklist*, These two documents, in addition to the *Autistic Spectrum Disorder Instructional Support Planning Process* tool, are to be completed by the Case Manager annually and filed in the student's red file.

F - Deaf or Hard of Hearing

A student may be reported as Deaf or Hard of Hearing if he/she has a medically diagnosed hearing loss, which results in such substantial educational difficulty that requires direct services on a regular, frequent, and ongoing basis, by a teacher of the deaf or hard of hearing.

The *F Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"F" Audit Checklist* and are to be completed by the Case Manager annually, and filed in the student's red file.

C - Moderate to Profound Intellectual Disabilities

A student with a moderate to profound intellectual disability has intellectual functioning that is 3 or more standard deviations below the mean on an individually administered Level C assessment instrument of intellectual functioning, and has limitations of similar degree in adaptive functioning in at least two skill areas appropriate to the student's age.

The *C Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"C" Audit Checklist,* These two documents, in addition to the *Intellectual Disabilities Instructional Support Planning Process* tool, are to be completed by the Case Manager annually, and filed in the student's red file.

D - Physical Disabilities or Chronic Health Impairments

Students are reported as having a physical disability or chronic health impairment when their education is adversely affected by one or more of the following:

- Nervous system impairment that impacts movement or mobility;
- Musculoskeletal condition; and/or
- Chronic health impairment that seriously impacts the student's education and achievement.

The *D Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"D" Audit Checklist,* These two documents, in addition to the *Physical Disabilities/Chronic Health Impairments Instructional Support Planning Process* tool, are to be completed by the Case Manager annually, and filed in the student's red file.

E - Visual Impairments

The generic term Visual impairment includes individuals who are legally blind, partially sighted, have low vision, or are cortically visually impaired. For educational purposes, a student reported as having a visual impairment is one whose visual acuity is insufficient for the student to participate with ease in everyday activities. The impairment interferes with optimal learning and achievement and can result in a substantial educational disadvantage, unless adaptations are made with respect to the presentation of learning opportunities, the nature of the materials used, and/or the learning environment.

To be considered visually impaired, a student must have:

- a visual acuity of 6/21 (20/70) or less in the better eye *after correction*;
- a visual field of 20 degrees or less;

- any progressive eye disease with a prognosis of becoming one of the above in the next few years; or
- a visual problem or related visual stamina that is not correctable and that results in the student functioning as if his or her visual acuity is limited to 6/21 (20/70) or less.

The *E Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"E" Audit Checklist,* must completed by the Case Manager annually, and filed in the student's red file.

LEVEL III FUNDING

H - Intensive Behaviour Intervention or Serious Mental Illness

Students identified as requiring Intensive Behaviour Intervention or having Serious Mental Illness exhibit extremely disruptive behaviour in school and other environments or have severe mental health conditions that manifest themselves in profound withdrawal or other internalizing and externalizing behaviours. These students have needs that extend beyond the normal capacity of the school to manage. Accordingly, educators and community partners must collaborate (e.g., Child and Youth Mental Health, Maples Adolescent Treatment Centre) to develop and implement educational programs.

Students Requiring Intensive Behaviour Intervention are eligible to be claimed in this special education funding category if they exhibit:

- antisocial, extremely disruptive behaviour in most environments (for example, classroom, school, family, and the community); and
- behaviours that are consistent/persistent over time.

Students with Serious Mental Illness eligible to be claimed in this special education funding category are those with:

- serious mental health conditions which have been diagnosed by a qualified mental health clinician (psychologist with appropriate training, psychiatrist, or physician); and
- serious mental illnesses which manifest themselves in profound withdrawal or other negative internalizing behaviours; and
- these students often have histories of profound problems, and present as very vulnerable, fragile students who are seriously 'at risk' in classroom and other environments without extensive support.

In addition to meeting one of the conditions above, to be eligible for special education funding, these behaviour disorders and or illnesses must be:

- serious enough to be known to school and school district personnel and other community agencies and to warrant intensive interventions by other community agencies/service providers beyond the school; and
- a serious risk to the student or others, and/or with behaviours or conditions that significantly interfere with the student's academic progress and that of other students; and
- beyond the normal capacity of the school to educate, provided "normal capacity" is seen to include the typical special education support/interventions such as school-based counselling, moderate behaviour supports, the use of alternate settings, and other means in the school environment.

Reduction in class size or placement in an alternate program or learning environment is not by itself a sufficient service to meet the criteria.

The Ministry requires that there be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.

The *H Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"H" Audit Checklist*. These two documents, in addition to the *Behaviour Intervention/Mental Illness Instructional Support Planning Process* tool, are all to be completed by the Case Manager annually, and filed in the student's red file.

Students with special needs may be enrolled in distributed learning programs. To qualify for funding, Boards of Education must adhere to program requirements and procedures as outlined in the Distributed Learning - Requirements and Guidelines for Students with Special Needs Policy.

OTHER MINISTRY CATEGORIES

Mild Intellectual Disabilities (K)

Students with a mild intellectual disability have intellectual functioning (Standard Score [SS] 55-73) as measured on a norm referenced Level C assessment and adaptive behaviour of a similar degree (SS≤70) in at least two domains on a norm referenced measure of adaptive behaviour. While individual needs differ, many will require specific instruction for the acquisition of gross and fine motor skills, academic skills, communication skills, assistance with development of social skills, including personal independence, social responsibility and life skills.

The *K Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"K" Audit Checklist*; both documents are to be completed by the Case Manager annually, and filed in the student's red file.

Gifted (P)

A student is considered gifted when she/he possesses demonstrated or potential abilities that give evidence of exceptionally high capability with respect to intellect, creativity, or the skills associated with specific disciplines. Students who are gifted often demonstrate outstanding abilities in more than one area. They may demonstrate extraordinary intensity of focus in their particular areas of talent or interest. However, they may also have accompanying disabilities and should not be expected to have strengths in all areas of intellectual functioning.

Identification and assessment should involve the use of multiple criteria and information from a variety of sources and include several of the following:

- teacher observations (e.g., anecdotal records, checklists, and inventories);
- records of student achievement (e.g., assignments, portfolios, grades, audio or video recordings, records of accomplishments);
- nominations by educators, parents, peers and/or self;
- interview of parents and students; and/or
- formal assessment results (e.g., Level C cognitive ability, academic achievement).

The *P Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"P" Audit Checklist;* are to be completed by the Case Manager annually, and filed in the student's red file.

Learning Disabilities (Q)

The term Learning Disabilities (LD) refers to a number of disorders that may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average cognitive abilities essential for thinking and/or reasoning.   Learning disabilities result from impairments in one or more processes related to perceiving, thinking, remembering or learning. These include, but are not limited to: language processing, phonological processing, visual spatial processing, processing speed, memory and attention, and executive functions (e.g., planning and decision-making).

Learning disabilities range in severity and may interfere with the acquisition and use of one or more of the following:

- Oral language (e.g., listening, speaking, understanding)
- Reading (e.g., decoding, phonetic knowledge, word recognition, comprehension)
- Written language (e.g., spelling and written expression)
- Mathematics (e.g., computation, problem solving)

The *Q Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"Q" Audit Checklist*; both documents are to be completed by the Case Manager annually, and filed in the student's red file.

Students Requiring Moderate Behaviour Supports or Students with Mental Illness (R)

Students who require Moderate Behaviour Support demonstrate one or more of the following:

- behaviours such as aggression (of a physical, emotional or sexual nature) and/or hyperactivity;

- behaviours related to social problems such as delinquency, substance abuse, child abuse or neglect.

Students with Mental Illness are students who have been diagnosed by a qualified mental health clinician as having a mental health disorder. Students with mental illness demonstrate one or more of the following:

- negative or undesirable internalized psychological states such as anxiety, stress-related disorders, and depression;

- behaviours related to disabling conditions, such as thought disorders or neurological or physiological conditions.

To be identified in the category *Moderate Behaviour Support or Mental Illness*, students must also meet the following criteria:

- the frequency or severity of the behaviours or negative internalized states have a very disruptive effect on the classroom learning environment, social relations or personal adjustment; and

- they demonstrate the above behaviour(s) or conditions over an extended period of time, in more than one setting and with more than one person (teachers, peers); and

- they have not responded to support provided through normal school discipline and classroom management strategies.

The *R Designation - Documentation Checklist for Individual Student* form must be stapled behind the *"R" Audit Checklist*; are to be completed by the Case Manager annually, and filed in the student's red file.

AUDIT PREPARATION

"Records maintained for students with special education needs will typically include information related to identification and assessment, an Individual Education Plan and relevant follow-up and review data and information related to monitoring of progress or placement."

- Special Education Services: A Manual of Policies, Procedures and Guidelines

The School District Financial Reporting Branch (SDFRB) of the Sector Resourcing & Service Delivery Division supports the ministry's efforts to provide accurate funding to boards of education and independent school authorities. With that in mind, the SDFRB regularly conducts Compliance Enrollment review audits of K-12 Regular Enrollment (including Aboriginal Education and English Language Learning), Continuing Education Enrollment, Distributed Learning Enrollment, Summer Learning, and Special Education. The findings from the audits may result in funding adjustments to school districts.

Schools are responsible for ensuring that all documentation supporting a Ministry designation is kept up to date in the student's permanent record file. This responsibility requires vigilance as Ministry audits take place on an ongoing basis throughout the province.

Please refer to the *Special Education Audit Preparation Guidebook for Surrey Schools* when audit proofing your student files:

STUDENT ATTENDANCE

Full day attendance is expected for all students. If this is not possible (e.g., due to a medical condition), a gradual entry plan must be developed (i.e., with timelines, rationale, etc.). Contact District Principal, Student Support and your Area Assistant Superintendent if students are not attending school full time.

There are significant limitations on when we can exclude any student from school. These are largely limited to:

a) reportable diseases;

b) actively vomiting students;

c) unexplained diarrhea; or

d) fever that is not controlled without the use of medication for at least 24 hours.

Generally, the Fraser Health Authority has recommended that vomit and diarrhea cases be excluded for at least 24 hours, but if the symptoms are of a noro-like virus they recommend 72 hours. Noro-like viruses involve sudden and VERY severe vomiting in combination with diarrhea.

As with any other student, parents should be asked to provide emergency contact information in the event of emergency or illness requiring the student to go home (these same guidelines on when to stay home are also applicable for staff).

EA/ABA SW Allocation Planning Tool for Principals

The *EA/ABA SW Support Model and Allocation Planning Tool for Principals* is a tool for allocating education assistant support in accordance with district priorities, and variable student needs in relation to learning activities. For additional information, please see the *EA/ABA SW Support Model and Allocation Planning Tool for Principals*.

EA/ABA SW Absence & Student Attendance

As a general rule, students should not be sent home when the EA/ABA SW normally assigned to that student is absent.   Prior to an EA/ABA SW absence, the principal (in consultation with the educational team) should rearrange EA/ABA SW schedules to ensure the presence of a backup person who is familiar with the student's needs. If the student in question requires specialized EA/ABA SW intervention, the reassigned EA/ABA SW should have the necessary training. When an EA/ABA SW is absent, and for health and/or safety reasons an EA/ABA SW is necessary, follow the steps below:

- If you/the EA/ABA SW has not already done so, call Human Resources to arrange spareboard coverage.

- If there is no available EA/ABA SW, Human Resources will redirect EA/ABA SW when not required elsewhere due to student absences.

- Provide temporary coverage until the reassigned EA/ABA SW arrives at the school.

A student may be sent home if an EA/ABA SW is absent only when the following conditions are met:

- There is a clear process and reason for sending the student home as outlined in the student's IEP, safety, healthcare plan, and supported by the parents. The reason will detail how the health and/or safety of the student is compromised if the assigned EA/ABA SW is absent (normally the services required in the IEP, safety or healthcare plan will mean that an EA [Level II] has been assigned to the student). Every effort should be made to determine the length of EA/ABA SW absence so that alternate plans can be made to keep student absences to a minimum.

- If there are any extenuating circumstances to be considered (i.e., back-up for EA/ABA SW for GI feeding is also absent), the principal should contact their assistant superintendent prior to arranging to send a student home for the day.

KINDERGARTEN REGISTRATION FOR STUDENTS WITH SPECIAL NEEDS

Register all children with special needs as you would any child entering Kindergarten as per the information contained in this memo:
https://www.surreyschools.ca/departments/EDSC/About/Documents/STUDENT%20SUPPORT%20-%20MEMO's/Memo-K%20registration%20special%20needs-Principals-Jan%202019.pdf

CHILD ABUSE PREVENTION & REPORTING

The Child, Family and Community Service Act requires every person who has a reason to believe that a child has been or is likely to be abused or neglected, or may need protection, to promptly report the matter to a child protection social worker. Please refer to the following documents for detailed information:

- ➢ Surrey School District Policy 9611 Child Abuse Prevention
- ➢ Surrey School District Policy 9611.1 Child Abuse Prevention
- ➢ Responding to Child Welfare Concerns Your Role in knowing When and What to Report
- ➢ The BC Handbook for Child Abuse and Neglect for Service Providers

TRANSPORTATION

Whenever possible, children should travel to and from school independently. In consultation with the parent and school principal, the school submits the request for transportation services (or a request for a change to existing services such as change of address) to Student Support. Following District approval, the bus company will contact the parents to confirm the transportation arrangements. For a copy of the Transportation Request for Ministry Designated Students form, please refer to the Education Services webpage on the Hub.

Door-to-door Service

It is recognized that some children who have special needs will require door-to-door service. Approval for the provision of door-to-door service will be based on demonstrated need and assessment by school district staff on a case-by-case basis. Door-to-door service will typically be provided by school bus.

Maximum Travel and Waiting Time

Travel time and waiting time at school for students who have special needs should not exceed 60 minutes (including a maximum of 15 minutes waiting time at school).

Annual Review

Transportation decisions concerning every student with special needs are subject to annual review. For addition information, see School District 36 REGULATION No. 5400.1 STUDENT TRANSPORTATION.

SCHOOL & DISTRICT ROLES AND RESPONSIBILITIES

INFORMATION FOR SCHOOLS WORKING WITH ITINERANT STAFF

Signing In

In an effort to ensure staff safety, please encourage itinerant staff to sign in and out as a "visitor". When itinerant staff attend your school on a regular basis it may be beneficial for them to have a signature line alongside the regular staff sign in book, and a letter/mail box.

Preparation Time

Itinerant staff members are entitled to the same amount of preparation time as other teachers. However, due to the nature of the job, much of the preparation time for most itinerants is flexibly imbedded within the work day. Preparation time may thus be considered a scheduled period of time where the employee is not interrupted by phone calls or drop-in appointments (Article 25).

Considerations for Assigning Supervision

Itinerant staff generally use their time before and after school, or during recess breaks to communicate with parents and colleagues. With that in mind, it is not always possible for them to perform student supervision duties. If you believe that it is imperative for an itinerant staff member to conduct supervision, please discuss this with them directly.

Conflict of Interest

Employees must avoid engaging in any activity or situation in which there may be a perception that a direct or indirect conflict of interest exists in connection with the performance of that employee's duties or responsibilities to the district. For detailed information, please refer to Policy 7213 - Conflict of Interest - Employees and Regulation 7213.1 - Conflict of Interest - Employees.

District Meetings

Itinerant teachers, Integration Support Teachers in particular, frequently attend in-service sessions at the Resource or District Education Centre. It is not necessary for ISTs to complete a Detached Duty form at such times.

IEP Release Time

The restored Teacher Collective Agreement language, states that teachers will be granted release time to develop an individual education plan (IEP) for students with special needs in following categories:

- Low Incidence (e.g., A through G), and
- Severe Behaviour (H).

At your discretion, release time may also be granted to develop an individual education plan for students identified as having a Learning Disability or Mild Intellectual Disability.

In consultation with the school principal, Student Support may grant release time to teachers of students with special needs, when the release time is required to facilitate transitions, consult with other staff or resource personnel, or receive in-service.

Calculation of IEP Release Time funds will be based on the number of students with low incidence special needs reported on the September Ministry of Education – 1701 Verification report.

Principals work collaboratively with their Integration Support Teachers, and itinerant district staff (e.g., Teachers of the Deaf or Hard of Hearing or Visually Impaired, Speech and Language Pathologists) to create an IEP release time schedule that ensures that all stakeholders (parents, teachers, education assistants, community partners and students as appropriate) are provided meaningful opportunities to participate in the IEP development process.

Should you have any questions about the purpose for these funds or around establishing processes, please contact a member of the Student Support Team.

Paraprofessional Self-Directed Pro-D

Student Support works with itinerant teachers and CUPE executive to create pro-d opportunities for EAs, ABA SWs, CYCWs, etc. When paraprofessionals are planning to engage in self-directed pro-d, they should access the form here:
https://www.surreyschools.ca/departments/HRES/SupportStaff/Documents/Paraprofessional%20Self-Direected%20Pro-D%20form.pdf#search=self%2Ddirected%20pro%2Dd

Local Travel Expense Claim - Kilometrage Reimbursement

Itinerant staff may claim kilometrage driven. They may not, however, claim for mileage to or from work. For example, a teacher who resides in Langley and works at Latimer Road Elementary, is not permitted to claim mileage between home and school/work location. If the teacher arrived at Latimer Road Elementary and worked there for 30 minutes, then drove to the District Education Centre, he/she would be permitted to claim kilometrage between Latimer Rd and DEC. If that same teacher was to leave home in Langley, and drive to a meeting at DEC, he/she would not be able to claim mileage, as DEC would be considered the first place of work that day. Claims submitted after 90 days will not be paid as per district policy. The *Local Travel Expense Claim - Kilometrage Reimbursement* form is located on the Hub.

Business Use - Vehicle Insurance Reimbursement

- An employee who anticipates utilizing a private vehicle for MORE than 1600 km. of business travel a year is REQUIRED by ICBC to have the vehicle's insurance rated for "business use" and pay an additional premium.

- When a staff member anticipates utilizing their vehicle to perform work-related tasks more than 6 times per month (excluding driving to and from work), they should complete the Business Use - Vehicle Insurance Reimbursement form.

The *Business Use - Vehicle Insurance Reimbursement* form is located on the Hub.

Owner's Permission to Use a Vehicle
Where a student's educational plan extends to the community during school hours, and a modified vehicle is required for transport, parents may offer the use of the vehicle to the EA or Teacher.

In such instances, it is important for the parents and driver to be aware of the expectations and vehicle coverage, so as to be able to make an informed decision. For additional information, see HERE.

IST First Year Evaluations

The school-based principal is responsible for completing an ISTs first-year evaluation. The evaluation is an essential and valuable process to complete as it allows us to determine if, at this moment in time, these teachers' practice meets established standards. It provides valuable feedback to teachers, affirming the strengths that many beginning ISTs possess and identifies areas in need of focused development. For those who are not meeting the standard, the results of the evaluation become a starting place for initiating supports to help them develop their practice so it can meet the standard during a probationary period.

Detailed information and forms required to conduct an IST First Year Evaluation can be located on the Hub in STUDENT SUPPORT - MEMOs webpage.

Parents Scheduling Activities During School Hours - EA/ABA SW Expectations

When parents establish private OT/PT, SLP, or other support for their children, this should be scheduled outside of the regular school day. Parents are responsible for transportation when they have scheduled OT/SLP/Other appointments for their child during the school day; EA/ABA SWs should not to be providing transportation for students for these activities/appointments.

Contracting Out - Cooperative Service Provision Agreement

The *Cooperative Service Provision Agreement form* is intended for parents/guardians to acknowledge agreement that two qualified specialists will be working with a child, with the shared responsibility of service provision. Cooperative service provision offers an expanded delivery of services along a continuum that may range from direct therapy to periodic consultation and includes several specialists working with a student.

When appointments occur during the school day, or where district-based OT/PT/SLP/Other service provider is involved, a Cooperative Service Provision Agreement must be completed in accordance with the service provider's regulatory body.

As per the *Surrey Teachers Association Contract,*

- Service of the type and kind normally and regularly provided by Surrey Teachers' Association members shall continue to be provided only by members of the bargaining unit and will not be contracted out (as per Article A.22)

- Contracted services will be limited to services of a specialized nature other than the type and kind regularly provided to students by members of the bargaining unit or services that members of the bargaining unit who last the necessary expertise to provide (A.22.2)

- Contracts will not exceed duration of one (1) year (A.22.3).

- The Board shall provide reasonable notice to the Surrey Teachers' Association of its intention to contract for such services (A.22.4).

- The Surrey Teachers Association agrees that these provisions will not be raised as a barrier to technological change that is consistent with the provisions of this Article (A.22.5).

- Private tutoring services will not be permitted on school premises during normal instructional hours (A.22.6).

Building Academic, Social and Employment Skills (BASES) Teacher

BASES teachers work in consultation with classroom teachers, school principals and vice principals, Education Assistants (EAs), Applied Behaviour Analysis Support Workers (ABA SWs), and other school, district, and community staff to coordinate their efforts, skills, and expertise in assessing, identifying, planning and providing instruction for students who have diverse low incidence special needs (e.g., autism, cerebral palsy) co-occurring with a mild to moderate/severe/profound intellectual disability. BASES teachers also work with students who have mild intellectual disabilities.

BASES Department Head Meetings are held on a regular basis, and it is vital that all schools are represented. If at the beginning of a school year the department head is unable to attend a meeting, another teacher or administrator should do so. If the department head anticipates being unable to attend all meetings, an alternate department head should be considered.

For additional information about the BASES Teacher role, please refer to The Integration Support Teacher (IST)/Building Academic, Social and Employment Skills (BASES) Handbook of Guidelines and Procedures and the teachers Job Description Handbook. Teachers interested in becoming a BASES teacher should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience for BASES Teacher (Secondary).

Child/Youth Care Worker (C/YCW)

Child/youth care workers provide short and long-term interventions to students who are experiencing difficulty adjusting to school:

- *Aboriginal Child and Youth Care Workers* provide school-based support services to students with Aboriginal Ancestry who have identified needs. Aboriginal C/YCWs work collaboratively with other members of the student's support team to provide 'wrap-around' services.

- *Connections Youth Care Workers* provide school-based, long-term, strategic support to students attending Connections programs. In addition, transitional support is provided to Connections students who are transitioning into regular classes.

- *School-Based Child/Youth Care Workers* provide support for students who exhibit social/emotional/behavioural challenges with the goal of assisting them to successfully participate and learn within the regular school setting.

- *Social Development Child Care Workers* provide long-term intervention for students attending social development classes and transitioning into regular classrooms.

For additional information about the C/YCW role, please refer to the Child & Youth Care Worker Handbook, and the CUPE class specifications.

Classroom Teacher

The classroom teacher is central to every student's educational program and collaborates with the other members of the educational team to support the inclusion of a student with special needs. The classroom teacher is responsible for the planning, implementation, assessment, and reporting of the student's educational program (School Act, Section 17(1)(2) and Regulation 4).

Education Assistant (EA) / Applied Behaviour Analysis Support Worker (ABA SW)

EAs and ABA SWs play a key role in supporting the educational and social/emotional needs of students with special needs. As part of the school team, EA/ABA SWs may assist in the collection of data for tracking student progress and may be required to provide personal care assistance with dressing, toileting, feeding and/or mobility. EAs and ABA SWs play an important role in fostering independence by facilitating social interactions and supporting adaptations or modifications that help to ensure that the student is working at a meaningful instructional level.

For additional information about the EA/ABA SW role, please refer to the Guidebook for Education Assistants and ABA Support Workers and the CUPE class specifications.

Integration Support Teacher (IST)

ISTs facilitate a proactive planning process where the classroom teacher, parents/guardians, home personnel and support staff (e.g., EA/ABA SWs) work together to design an effective educational program for elementary students who have low-incidence special needs. ISTs act as case managers, facilitate the development of the Individual Education Plan (IEP), model effective teaching practices, and provide resources/materials to facilitate access to the curriculum. ISTs also provide information or in-service to students or staff, help develop strategies and resources to support inclusion, assist in developing behavioural or safety plans, and communicate with community personnel who also work with a particular child on their caseload. Some ISTs carry caseloads that have a particular focus (e.g., deafblindness, medical needs that interfere with a student's ability to attend school).

For additional information about the Integration Support Teacher role, please refer to Integration Support Teacher (IST)/Building Academic, Social and Employment Skills (BASES) Handbook of Guidelines and Procedures and the teachers Job Description Handbook. Teachers interested in becoming an IST should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Learner Support Team (LST) Teacher - Elementary

The LST teacher plays an active role in the assessment, identification and instruction of students requiring targeted and intensive supports for academic needs. The LST role involves both indirect and direct service through planning and support, evaluation, reporting and case management for students who have a Learning Disability (1701 Category Q); Mild Intellectual Disability (MID - 1701 Category K); and English Language Learners (1701 Category 17), as well as students who do not have a formal special education designation yet are experiencing academic challenges at school.

For additional information, please refer to The Learner Support Team Handbook of Guidelines and Procedures and the teachers Job Description Handbook. Teachers interested in becoming an LST should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience for Learner Support Team Teacher.

Learner Support Team (LST) Teacher - Secondary

The LST teacher plays an active role in the assessment, identification and instruction for students requiring targeted and intensive supports for academic needs. The LST role involves both direct and indirect service to students through planning and support, reporting, evaluation and case management for students who have Learning Disabilities (1701 Category Q), English Language Learners (1701 Category 17), as well as students who do not have a formal special education designation, yet are experiencing academic challenges at school. They also support students who have low incidence designations (1701 Category A, B, D, E, F and G) without an intellectual disability.

Learner Support Team Department Head Meetings are held on a regular basis, and it is vital that all schools are represented. If the department head is unable to attend a meeting, another teacher or administrator should attend. If, at the beginning of the year, the department head anticipates being unable to attend all meetings, an alternate department head should be considered.

For additional information, please refer to The Learner Support Team Handbook of Guidelines and Procedures and the teachers Job Description Handbook. Teachers interested in becoming an LST should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience for Learner Support Team Teacher.

Principal/Vice-Principal

The school Principal/Vice-Principal is responsible for the implementation of education programs (School Act Regulation 5[7][a]). Accordingly, the Principal/Vice-Principal ensures that every student who has special needs is assigned a case manager; that individualized education plans are developed and implemented; and that parent/guardians are regularly provided with reports concerning their child's educational progress. The Principal/Vice-Principal also oversees the placement of all students, and is available to consult with students, as well as parent/guardians concerning their child's education program.

School Counsellor

The School Counsellor can be a significant resource for the student with special needs. Counselling services focus on enhancing the student's development, as well as assisting with the development of an inclusive school culture. In addition, counsellors consult and collaborate with students, other educators, parents, and community personnel, to develop effective educational programs and provide case management for students requiring moderate or intensive behaviour support or intervention. At the elementary level, ISTs act as case managers for students identified as requiring Intensive Behaviour Intervention or as a student with Serious Mental Illness. At the secondary level, school counsellors act as case managers for students who are identified as requiring Intensive Behaviour Intervention or as a student who has Serious Mental Illness.

Request for an Evaluation for Positions Requiring Special Training or Specific Experience

For additional information regarding teaching positions, please refer to the Job Description Handbook. For additional information regarding paraprofessional positions, please refer to the CUPE class specifications.

DISTRICT BASED SUPPORT PERSONNEL

Student Support Structure & Portfolios may change from year to year, and are outlined here:
https://www.surreyschools.ca/departments/EDSC/About/Documents/Student%20Support%20Honeycomb.pdf

Student Support - Zonal School Contacts (DRCs, DBSs, School Psychologists, etc.) may change from year to year, and are outlined here:
https://www.surreyschools.ca/departments/EDSC/StudentSupport/Pages/default.aspx

Child/Youth Care Worker - Connect© Parent Group

The Child & Youth Care Worker: Connect© Parent Group coordinates and co-facilitates Connect© Parent Group sessions. Connect© is a 10 week attachment-based program for parents and caregivers of pre-teens and teens who are struggling to understand and respond to behaviour. Parents meet in small groups with two trained group leaders for one hour each week. Each session provides parents with new information about parent-teen relationship and adolescent development. Parents watch role-plays and participate in exercises that offer new choices for responding to their teen's behaviour. Parents receive handouts following each session.

Deafblind Intervenor (DBI)

The Deafblind Intervenor (DBI) is a member of the Deafblind Team. The DBI provides assistance to peers working in elementary or secondary schools, to support learners who are deafblind. The DBI also leads in-service and workshop activities. For more information about the DBI role; please refer to the brochure, *Deafblind Students*.

District Behaviour Specialist (DBS)

District Behaviour Specialists have responsibilities related to supporting students requiring Intensive Behavioural Intervention who attend their neighbourhood school. DBSs also support students who have been referred for special placement and/or intensive support and intervention. Responsibilities may include direct involvement with a student placed in Social Development or Connections classes, who is transitioning to a regular educational setting. DBSs may also provide support to students who exhibit challenging behaviour when placement in a regular school setting is not possible. DBSs provide leadership to interagency programs, conduct threat assessments, and provide training with respect to non-violent crisis intervention and the development of Employee Safety Plans.

For additional information about the DBS role, please refer to the teachers' Job Description Handbook. Teachers interested in becoming a DBS should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience

District Resource Counsellor (DRC)

DRCs consult with school and district personnel regarding students at risk of not completing school, resolve level two suspensions, and support school-based Crisis Response interventions. In addition, DRCs train staff in Violence Threat Risk Assessment, and are members of interdisciplinary teams focused on student safety and emotional well-being. DRCs network with elementary/secondary counsellors, provide leadership to district programs, and participate on district and community committees.

For additional information about the DRC role, please refer to the teachers' Job Description Handbook. Teachers interested in becoming a DRC should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Education Assistant (EA) - AAC

The EA-AAC working on the Augmentative and Alternative Communication (AAC) team works under the direction and supervision of the AAC Speech-Language Pathologists (SLP). The EA-AAC assists in supporting both the students on the AAC caseload and the EAs who support these students. The EA-AAC responsibilities involve obtaining resources and strategies and tools (e.g., low and mid technology communication solutions) to support the student's progress towards their communication goals and objectives. The EA-AAC also supports implementation of high technology communication systems.

Education Assistant (EA) - Braillist

The Braillist provides braille embossed materials as determined by the teacher of the blind or visually impaired and the classroom teacher. Specifically, Braillists transcribe print materials including classroom work (e.g., books, testing material, tactile maps and other graphics, music, etc.). Braillists also order and maintain an inventory of supplies needed for the performance of their duties and a resource file for locating alternative sources of braille materials.

Education Assistant (EA) Peer Support Facilitator

EA Peer Support Facilitators provide strategies, guidance, and one-on-one support to peers working in either the elementary or secondary school levels. The EA Peer Support Facilitator can assist with all aspects of special needs support as outlined in the student's IEP, and also models the facilitation of positive and respectful interactions between special needs students and their peers.

Education Assistant (EA) - Visual Supports

The EA-Visual Supports provides EAs with materials and peer support to facilitate the implementation of visuals in accordance with student needs. The EA-Visual Supports is accessed through a District Principal or the Director of Instruction, Student Support. The EA-Visual Supports also leads in-service and workshop activities.

Gifted Helping Teacher

The Gifted Helping Teacher provides instructional support and guidance for the Multi-Age Cluster Classes (MACCs), challenge programs, and gifted facilitators. The Gifted Helping Teacher organizes and facilitates a number of events and opportunities for gifted students, and works closely with the LST Helping Teacher in providing professional development opportunities (e.g., differentiated instruction).

For additional information about the Gifted Helping Teacher role, please refer to the teachers' Job Description Handbook. Teachers interested in becoming a Gifted Helping Teacher should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Hospital Homebound Teacher

Hospital Homebound Teachers provide direct instruction to students in Grades 1 through 12 who are unable to attend school for medical reasons. Hospital Homebound Teachers collaborate with classroom teacher(s) and medical personnel to determine appropriate curriculum pacing, and to provide direction instruction. The hospital homebound teacher also assists students with the transition back to school. In addition, there is a Focus IST who works with students who have special needs that are concomitant with complex medical needs that interfere with their ability to attend school.

For additional information about the Hospital Homebound Teacher role or the IST teacher role, please refer to the teachers' Job Description Handbook. Teachers interested in becoming either a Hospital Homebound or Integration Support Teacher should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Low Incidence (LI) Medically Homebound Teacher

A Focus IST collaborates with classroom teacher(s), medical personnel, and community partners to determine appropriate pacing and to support instruction often in partnership with a student's Education Assistant/ABA Support Worker.

LST Helping Teacher (LST HT)

LST HTs provide support to individual LST teachers and teams through capacity building activities. These include professional development opportunities focused on effective and evidence-based practices in assessment and instruction for diverse learners, as well as support for IEP, Annual Individual Plan (AIP), SBT and LST team development in schools. LST HTs also source and share recommended resources as part of a comprehensive approach to intervention and respond to specific situations as they arise in schools to support teachers, principals, and vice principals.

For additional information, please refer to [The Learner Support Team Handbook of Guidelines and Procedures](#) *and the teachers* [Job Description Handbook](#). *Teachers interested in becoming an LST HT should complete and submit the following to Human Resources (HR):* [Request for an Evaluation for Positions Requiring Special Training or Specific Experience for Learner Support Team Teacher.](#)

School Psychologist

School psychologists support children through their specialized training in child development, learning, motivation, behaviour, and mental health. They use their training and skills to work collaboratively, and provide consultation to school-based and district-based personnel, parents/guardians, and outside agency personnel. School psychologists understand school systems and are an integral part of the school team that establishes evidence-based support strategies for students with special needs.

For additional information, please refer to the teachers' [Job Description Handbook](#). *Teachers interested in becoming a School Psychologist should complete and submit the following to Human Resources (HR):* [Request for an Evaluation for Positions Requiring Special Training or Specific Experience.](#) *For more information on School Psychologist Services in Surrey School District, please refer to the* [School Psychology Services Handbook](#).

Special Education Helping Teacher (SPED HT)

Special Education Helping Teachers provide district leadership in the provision of services for elementary and secondary students with low-incidence special needs. In addition, SPED HTs provide in-service and workshops on a wide variety of topics related to supporting students with special needs. There are SPED HTs with a focus on social-emotional learning, autism, rare genetic/complex medical needs, intensive literacy for students who have a developmental delay, and transitioning to kindergarten, elementary to secondary school, and secondary school to adulthood.

For additional information, please refer to the teachers' [Job Description Handbook](#). *Teachers interested in becoming a SPED HT should complete and submit the following to Human Resources (HR):* [Request for an Evaluation for Positions Requiring Special Training or Specific Experience](#)

Speech-Language Pathologist (SLP)

Speech-Language Pathologists (SLPs) provide services that are designed to support students whose educational and/or social progress is adversely affected by communication difficulties. Speech-language pathology services may include screening, assessment, direct instruction, consultation, and collaboration with other educators, as well as in-service training and information sharing with families and other service providers.

For additional information, please refer to the teachers' Job Description Handbook. Teachers interested in becoming an SLP should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Speech-Language Pathologist - Augmentative Communication Specialist (AAC)

Augmentative Communication Specialists are speech-language pathologists who specialize in working with students who have severe difficulties in producing or understanding oral communication. AACs provide consultation and training in the use of augmentative or alternative communication systems that may include visual supports, communication boards and books, and voice output communication systems. AACs collaborate with the school-based speech and language pathologists, teachers, EAs, ISTs, BASES teachers, parents/guardians and other team members to develop and implement personalized communication systems.

For additional information, please refer to the teachers' Job Description Handbook. Teachers interested in becoming a SLP-AAC should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience

Teacher of the Deaf or Hard of Hearing (TDHH)

Teachers of the Deaf or Hard of Hearing provide itinerant services to students who are deaf or hard of hearing. The form and level of support is dictated by the intensity of need as outlined in the student's Individual Education Plan (IEP). Goals pertain to audiology, academic achievement, social/emotional development, American Sign Language (ASL), listening, communication, speech reading, self-advocacy, appreciation of Deaf culture, etc. In addition, TDHHs facilitate networking between students and their families and community based personnel, and also create (e.g., captioned movies, bowling, WE Day, etc.) opportunities through which students can interact with peers who are deaf or hard of hearing.

For additional information, please refer to the teachers' Job Description Handbook. Teachers interested in becoming a TDHH should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Teacher of the Deafblind

The Teacher of the Deafblind acts as case manager for all students in kindergarten through grade 12, who are designated Deafblind. The teacher of the Deafblind provides itinerant services to students who are deaf or hard of hearing and have visual and auditory needs, that when compounded, result in significant difficulties in developing communicative, educational, vocational, avocational, and social skills. The form and level of support is dictated by the intensity of need as outlined in the students Individual Education Plan (IEP). Goals pertain to audiology, academic achievement, social/emotional development, ASL, listening, communication, speech reading, Braille, self-advocacy, appreciation of Deaf culture, etc. In addition, the Teacher of the Deafblind facilitates networking between students and their families and community based personnel, and also creates opportunities through which students can interact with peers who are deafblind. As case manager, the Teacher of the Deafblind communicates and collaborates with the Teacher of the Deaf or Hard of Hearing, Teachers of the Blind or Visually Impaired, Deafblind Intervenor, Augmentative Communication Specialist, Occupational Therapist, Physiotherapist, Provincial Outreach Program Deafblind partner, and Nursing Support Services as applicable. Please refer to the Deafblind Students brochure for additional information.

Teachers interested in becoming a Teacher of the Deafblind should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Teacher of the Blind or Visually Impaired

Teachers of the Blind or Visually Impaired provide itinerant services to students who are blind or visually impaired. The form and level of support is dictated by the intensity of need as outlined in the students Individual Education Plan (IEP). Goals pertain to academic achievement, social/emotional development, communication, technology, advocacy, mobility, orientation, etc. In addition, the Teacher of the Blind or Visually Impaired facilitates networking between students and their families, and community-based personnel.

For additional information, please refer to the teachers' Job Description Handbook. Teachers interested in becoming a Teacher of the Blind or Visually Impaired should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.

Visiting Teacher (VT)

Visiting Teachers (VTs) provide instruction to students in Kindergarten through Grade 12, whose social/emotional/behaviour needs are such that they cannot experience success in a regular educational setting. Often, these students are waiting for placement in a specialized program (e.g., Connections, Social Development).   VTs typically meet with students in their homes or at another location in the community (e.g., public library) twice a week. District Resource Counsellors make Visiting Teacher referrals.

For additional information, please refer to the teachers' Job Description Handbook. Teachers interested in becoming a Visiting Teacher should complete and submit the following to Human Resources (HR): Request for an Evaluation for Positions Requiring Special Training or Specific Experience.
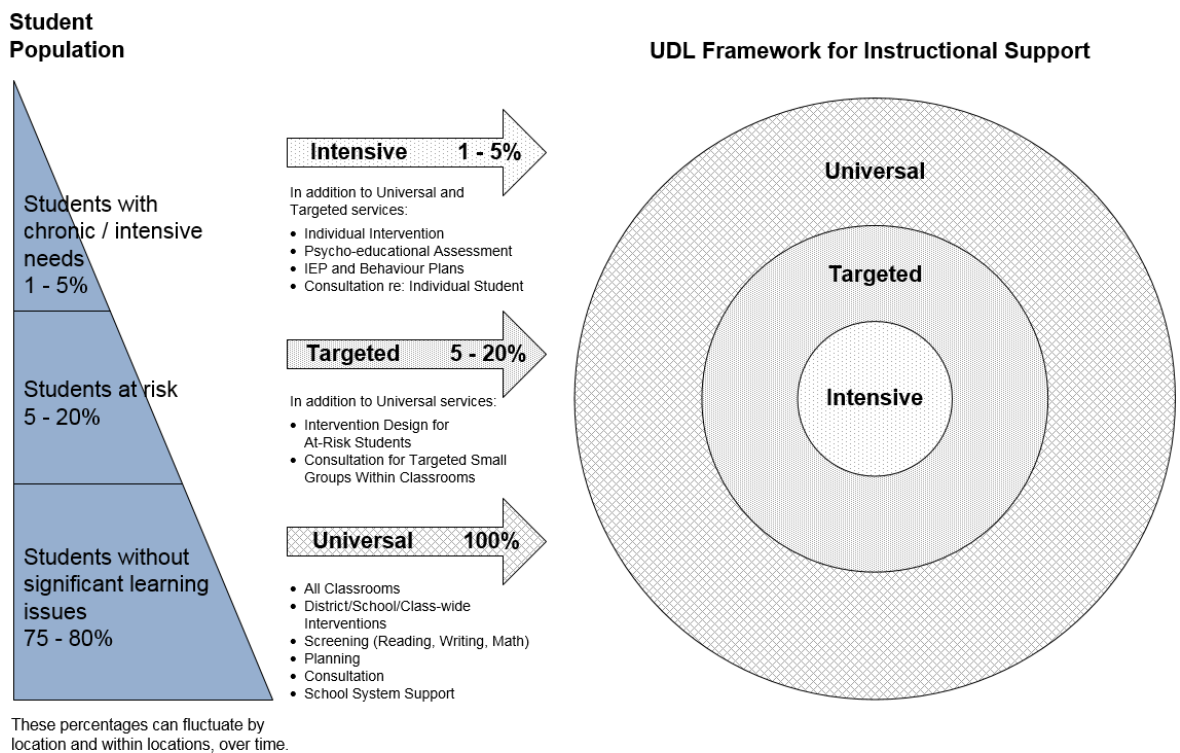
DISTRICT PROCESSES

UNIVERSAL DESIGN FOR LEARNING: ORGANIZING FOR DIVERSITY

Schools in the Surrey School District, because of size, socio-economic conditions and diversity of learners, have learning needs that are school specific and which vary from year to year. Diversity in our schools poses both challenges and opportunities for students, parents and teachers. It demands that we examine what we do and how we do it, in a way that serves the best interest of all students in our schools. The Surrey School District is committed to providing instructional support that is learner focused, flexible, and responsive.

Guiding Beliefs

- All school district actions must support the primacy of the classroom environment as being central to the child's experience.

- There is broad based need for the organization of public schooling to evolve in ways that are both responsive to student needs and are sustainable.

- Capacity building is critical in order to embrace diversity in public schooling.

- Embracing diversity (e.g., special education, diverse learner needs, aboriginal education, multiculturalism, etc.) is a fundamental value that must be supported throughout public schooling.

- Diversity is the norm. Planning for diversity is a collective responsibility and requires a collaborative approach. Student learning is maximized when instruction is differentiated for diverse learning needs.

- Instructional support is focused on early and least intrusive interventions, which are guided by Surrey's framework for Universal Design (universal, targeted, intensive).

Student Population

UDL Framework for Instructional Support

Intensive   1 - 5%

In addition to Universal and Targeted services:
- Individual Intervention
- Psycho-educational Assessment
- IEP and Behaviour Plans
- Consultation re: Individual Student

Targeted   5 - 20%

In addition to Universal services:
- Intervention Design for At-Risk Students
- Consultation for Targeted Small Groups Within Classrooms

Universal   100%

- All Classrooms
- District/School/Class-wide Interventions
- Screening (Reading, Writing, Math)
- Planning
- Consultation
- School System Support

Students with chronic / intensive needs
1 - 5%

Students at risk
5 - 20%

Students without significant learning issues
75 - 80%

Universal

Targeted

Intensive

These percentages can fluctuate by location and within locations, over time.

All Students in Schools

Research shows most students (75% to 80%) will not require support beyond the classroom teacher to be successful. Some students (5% to 20%) will require targeted instructional support at some point in

their school career. A few students (1% to 5%) will require intensive intervention throughout their school career.

SPECIAL EDUCATION SERVICE DELIVERY MODELS

Classroom Support (Universal)

School District #36 (Surrey) is guided by the belief that students with special needs are generally best served in a regular classroom setting. Teachers of students with special needs receive a range of support services with regard program implementation strategies, paraprofessional support, etc.

Learner Support Team (Targeted)

(see Learner Support Team Handbook of Guidelines and Procedures)

Learner Support Teams at the *elementary* level provide support to:

a) students with mild to moderate learning difficulties and/or learners at-risk of not completing school;
b) students with learning disabilities or mild intellectual disabilities, and other students as determined by the school-based team;
c) students who require English Language Learner support.

Learner Support Teams at the *secondary* level provide support to:

a) students with mild to moderate learning difficulties and/or learners at-risk of not completing school;
b) students with learning disabilities, and other students as determined by the school-based team;
c) students who require English Language Learner support.

Elementary / Secondary Special Programs (Intensive)

In certain circumstances, a student with special needs will require specialized support beyond that which can be provided in a regular classroom. In such instances, students may be considered for intensive intervention and support including placement in a specialized program. Such considerations will be based on need, and made in collaboration with educational teams, families, and students (as appropriate).

SUPPORT PLANNING PROCESS

MONITOR AND DOCUMENT

Problem Clarification: Teacher-Parent Communication
- Teacher identifies concerns about student's achievement and/or social/emotional development.
- Teacher reviews student file/assessments if available/discusses concerns with parents/caregivers.
- Teacher inquires about student health: vision, hearing, diet, sleep patterns, community supports.
- Teacher may suggest updated physical exam with family doctor/paediatrician referral.
- **Not resolved with classroom level strategies.**

Consultation with School Staff
- Teacher meets with administration, learner support team teacher, counsellor, school-based CCW, and other school/community professionals/conducts collaborative file review.
- Teacher clarifies concerns; target one or two areas of concern and implement specific strategies.

| Yes Continue to Intervene & Monitor | ← | Interventions effective | → | No |

Phase 1
School Planning

School-Based Team (SBT) Referral
- Teacher presents student at SBT; discusses parent's/caregiver's contact/file review information, areas of strength/concern, and current intervention strategies and progress.
- Teacher and SBT brainstorm action plan; develop additional goals and strategies; utilize school-based supports (CCW, counsellor, EA, School Psychologist etc.) / Case Manager assigned, small group intervention, PBS plan, ICM, FBA

| Yes Continue to Intervene & Monitor | ← | Interventions effective | → | No |

Return to School-Based Team
- Review interventions/strategies and student's response to intervention.
- Obtain additional information as required: Observations, Assessment, LST screening data.
- Create/revise IEP.
- Consider community supports/referrals (e.g., ICM).

| Yes Continue to Intervene & Monitor | ← | Interventions effective | → | No |

Phase 2
Pre-Referral
*Students who enter or transfer into the school with documentation may bypass Phase 1 and move to Phase 2.

Pre-Referral Process
- Review educational support plan; generate and submit a Student Support District Teams Collaboration Request as required (e.g., FBA, Helping Teacher, visual supports, Early Team, Autism Team, etc.).
- Consult with district staff regarding appropriate designations, alternate programming, or referral to other agencies/district programs.
- SBT/case manager begins the referral process, collects documentation and data. Referral to outside agency as required (e.g., ICM).
- Provide ongoing support for student as per education support plan; review/update plan as required.

| Yes Continue to Intervene & Monitor | ← | Interventions effective | → | No |

Referral Process
- Student Support Referral (e.g., psycho-educational assessment, SLP, etc.) is generated and submitted.
- Student Support administration will review referral and determine if the student meets the criteria for designation and/or special program placement/service.

Phase 3
Referral

Programming and Ongoing Intervention
- School provides ongoing support for student as per behaviour/education support plan. Modify behaviour plan as required.
- Create/revise IEP.
- **Continue to document** interventions and student's response to interventions and progress.

Phase 4
Programming & Ongoing Intervention

| Yes Continue to Monitor | ← | Interventions effective | → | No |

Alternate Programming
- Consultation with District staff regarding alternate programming or referral to outside agencies or possible special program placement in one of the district behaviour programs (e.g., ICM).

Phase 5
Alternate Programming

COLLABORATIVE PRACTICE

In reaching out to community partners, it is apparent that many children and youth who have complex learning behaviour needs require ongoing medical support, mental health support, and/or involvement from the Ministry of Children and Family Development. Collaboration between educators, medical professionals, social workers, and other community partners is central to providing an effective framework for supporting children and youth.

The Surrey School District is committed to working in partnership with parents and guardians. The frequency of consultation/collaboration ranges from telephone calls/email messages to more formal team meetings etc.

➢ *Prior to* preparation of the IEP, parents will be consulted before any decision is made to refer their child for consideration of placement in a specialized educational program.

➢ Parents and the school district have a mutual obligation to provide timely information and to make whatever accommodations are necessary to affect an educational program that is in the best interests of the child.

➢ The depth of consultation and the concomitant obligations for parents and the school district to accommodate the requirements of the other will vary depending on the intensity of the child's needs - the greater the needs, the greater the degree of consultation and collaboration required.

➢ Meaningful consultation does not require that parents and school personnel reach agreement. Meaningful consultation does require that school district personnel maintain the right to make decisions following parental input. At the centre of decision-making is the need to demonstrate that the proposal can most effectively support the child's learning. In the absence of complete agreement, school personnel and parents should continue working toward agreement so that every student may achieve his or her true potential.

<div align="center">Collaboration is a process, not an event</div>

Please Note:
The BC Ministry of Education IEP Ministerial Order mandates that the parent of the student, and where appropriate, the student, must be offered the opportunity to be consulted (have input) with regard to IEP preparation.

MEANINGFUL CONSULTATION - PARENT INVOLVEMENT

The school district's responsibility to consult and collaborate with parents is clearly defined. The extent of parent collaboration will be determined by the student's level of need as well as the degree to which the IEP drives the student's overall education.

Key considerations for **meaningful consultation**:

1. Parents must be consulted before any decision is made regarding the referral (e.g., psycho-educational or speech and language assessment) or placement (e.g., Connections, Social Development) of their child within the school system.

2. Parents must be involved in the preparation of the IEP, PBS, Plan of Supervision, or Employee Safety Plan, etc.

3. Parents and the school district have a mutual obligation to provide timely information and to make whatever accommodations are necessary to affect an educational program that is in the best interests of the child.

4.   The parents of a child who has special needs do not have a veto over placement or the IEP. Meaningful consultation does not require agreement by either side - it does require that the school district maintain the right to decide after meaningful consultation; the above noted, an educational programme or placement has the best chance of success if both school and parents are in agreement.

For comprehensive information regarding meaningful consultation, please refer to *Supporting Meaningful Consultation with Parents (2008, BC Case)*.

Note: The IEP Ministerial Order[1] mandates that the parent of the student, and where appropriate, the student, must be offered the opportunity to be consulted (have input) with respect to IEP preparation.

CASE MANAGEMENT - ROLES & RESPONSIBILITIES

According to the BC Ministry of Education, "[c]ase management is characterized by advocacy, communication and resource management." In order to help ensure a collaborative process among members of the educational team, the school principal is responsible for appointing a case manager. A case manager is the person assigned to coordinate the collaborative process involved in developing, writing, introducing and evaluating an [Individual Education Plan]. Case managers coordinate services and liaise with other staff members (e.g., Speech-Language Pathologist, Nursing Support Staff, Occupational Therapists, Education Assistants) who work with a particular student, as well as members of involved agencies and ministries (e.g., Royal Canadian Mounted Police, Ministry of Children and Family Development, Child & Youth Mental Health Services). A case manager promotes quality and effective interventions and outcomes.

Overview

All students designated as having special needs, should be assigned a case manager. Students who have complex needs, yet are not designated as having special needs, should also be assigned a case manager.

"The principal of the school is responsible for the implementation of educational programs (School Act Regulation 5(7)(a)). Though planning occurs collaboratively, the principal of the school should ensure that for each such student a case manager is appointed to co-ordinate development, documentation and implementation of the student's IEP."
Special Education Services:
A Manual of Policies, Procedures and Guidelines (2016)

It is recommended where possible, that students have the same case manager over extended periods (e.g., K through Grade 7, or Grade 8 through 12) in order to support relationship building and a coherent education plan. The role of the Case Manager includes the following:

1.   File Review

       Conduct file reviews to assist in planning for students; for example, for Individual Education Plan (IEP) meetings, School-Based Team (SBT) meetings, referrals to Student Support, Transition meetings, and Integrated Case Management (ICM) meetings (for example).

2.   Education Assistants (EAs), Applied Behaviour Analysis Support Workers (ABA SWs), Child and Youth Care Workers (CYCWs)

       The principal is ultimately responsible for school-based resource allocation (e.g., EA and CYCW time), however, the case manager may be involved in this process (see Special Education Services: A Manual of Policies, Procedures and Guidelines S*ection B: Roles & Responsibilities*; Guidebook for EA/ABA SWs, Child and Youth Care Worker Handbook; and the BCTF/CUPE document - *Roles and Responsibilities of Teachers and Teacher Assistants*).

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[1] http://www2.gov.bc.ca/gov/DownloadAsset?assetId=49BA60C7E9714703A186EACEFA235371

3. **Assessment**

The case manager must periodically evaluate a student's progress as specified in the student's IEP. This may be through informal methods such as observations, feedback from the student's teachers, a review of grades, the student's own self-evaluations, feedback from a student's parent's, and through assessment procedures. The case manager may also conduct informal (e.g., Level A instruments and writing standards) or formal assessments (e.g., Level B instruments provided they have appropriate training), which may assist in determining whether a student warrants a referral on to Student Support (e.g., for psychology services) or to support adjudication applications. Please refer to the LST Handbook of Guidelines and Procedures and the Integration Support Teacher (IST)/Building Academic, Social and Employment Skills (BASES) Handbook of Guidelines and Procedures for additional information.

4. **IEP**

The case manager is expected to coordinate the development, documentation, and implementation of the student's IEP. This will involve many activities including meeting/planning with the student, parents, the student's teachers, and the EA/ABA SW to develop the IEP, then sharing the final IEP with all involved including the Education Assistant (EA), Applied Behaviour Analysis Support Worker (ABA SW) and/or Child & Youth Care Worker (CYCW). Activities also include monitoring the student's progress, incorporating universal design for learning strategies, reviewing/updating the IEP, planning/administering adapted or modified assessment measures, and facilitating accommodations/assistive technology during assessments; and for subject teachers, organizing year-end review meetings and planning the student's IEP for the next school year.

The case manager should consult the following resources:

(a) Integration Support Teacher (IST)/Building Academic, Social and Employment Skills (BASES) Handbook of Guidelines and Procedures;

(c) LST Handbook of Guidelines & Procedures;

(d) Section C: *Special Education Services: A Manual of Policies, Procedures and Guidelines* (http://www.bced.gov.bc.ca/specialed/special_ed_policy_manual.pdf);

(e) Ministry resource booklet: *Individual Education Planning for Students with Special Needs* (https://www.bced.gov.bc.ca/specialed/iepssn.htm);

5. **School-Based Team (SBT)**

The case manager is responsible for gathering information about a student and presenting this information at SBT meetings as required (e.g., for additional problem-solving, for considering program/courses/supports required and for accessing district and community supports).

The School-Based Team (SBT) is a collaborative problem-solving team that works with classroom teachers to develop educational programs for students who may or may not have special education designations. The actions recommended through SBT may be academic or social-emotional, and are made through a Universal Design for Learning lens. SBT minutes are taken, and actions are assigned to various school personnel; School-based team meeting minutes should be filed for each individual student in the student's school file. The SBT also works together to make decisions regarding case managers, referrals (e.g., Speech-Language Pathologists, School Psychologists), resource allocation, requests for collaboration with district support personnel, etc.

The School-Based Team (SBT) may identify additional responsibilities for students' case managers. The Ministry has defined the SBT as "…an ongoing team of school-based personnel which has a formal role to play as a problem-solving unit in assisting classroom teachers to develop and implement instructional and/or management strategies and to coordinate support services for students with special needs within the school" *(MPPG). For additional information regarding School Based Team please refer to the MPPG.*

For School Based Team Referral and Related Planning see *"Sample - Referral to School Based Team"* in the *Learner Support Team Handbook of Guidelines and Procedures*. Please also see *Student Educational Review and Plan for Promoting Future Success.*

6. **Referrals to District Staff**

The case manager is responsible for:

(a)   preparing referral forms, referrals, and required documentation for submission to Student Support (e.g., School Psychology, Speech-Language Pathology, ABA SW requests, etc.); and

(b)   consultation with parents with respect to referrals.

7. **Liaise**

The case manager is responsible for:

(a)   liaising with school staff, district staff, as well as community involved agencies and ministries (e.g., RCMP, MCFD, Child & Youth Mental Health Services), and support personnel (Speech-Language Pathologists, Nursing Support Staff, Education Assistants);

(b)   obtaining informed written parental consent for exchanging information with outside agencies; and

(c)   planning for and facilitating transitions (e.g., Grade 7 to 8 and Grade 12 to post-secondary education and/or employment).

8. **Facilitation of Transitions:**   from preschool to kindergarten, elementary to secondary school, secondary school to post-secondary/employment;

9. **Designation as a Student with Special Needs**

For students who have a documented special education designation, the case manager needs to ensure that documentation is kept current (especially for *D – Physical Disabilities/Chronic Health Impairment* and *H – Students requiring Intensive Behaviour Intervention or Students with Serious Mental Illness).*

For students who do not have a documented special education designation, the case manager needs to ensure that referrals to Student Support for designation are made in a timely manner - the Ministry's current deadlines for supplemental funding are generally the last school day in September and the last school day in January.

When a student no longer meets Ministry criteria to be considered a student who has special needs, the case manager is responsible for submission of the *Request for Removal of Designation* form to Student Support accompanied by the School Based Team meeting minutes that describe the reason for the request to remove the designation.

10. **Adjudication (Secondary)**

The case manager should:

- consider whether the student qualifies for adjudication of provincial examinations please access the *Handbook of Procedures for the Graduation Program* on the Ministry website: https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/graduation/handbook_of_procedures.pdf.

- facilitate approved accommodations for exams.

- be involved with a student's educational program as long as possible (as appropriate).

Assessment Updates: The case manager should ensure that a timely referral is made to the school psychologist if an updated psycho-educational assessment is required for education planning or to support transition from school (e.g., to access community supports for adults such as Community Living BC, Persons with Disabilities, or to access accommodations for post-secondary education).

11. **Records/Documentation**

The case manager is responsible for:

(a) Recording and filing support program information including the IEP, *Student Support Referral*, School-Based Team Meeting; and

(b) Ensuring that any new confidential reports (e.g., psycho-educational reports, BC Children's Hospital reports, Maples Care Plans, letters from physicians, etc.) are filed appropriately in the student's *Permanent Record File*.

(c) Follow-up of provisionally assigned designations to ensure missing information is submitted to Student Support.

(d) Coordination of the on-going collection of evidence required to demonstrate Ministry of Education compliance.

For additional information regarding student records/documentation, please consult the following policies/regulations:

- 9701/9701.1 Student Records;

- 5700/5700.1 Freedom of Information and Protection of Privacy/Access to Records/Collection, Protection, and Access to Personal Information;

- 5701/5701.1/5701.2 Records and Information Management/Destruction of District Records.

If further clarification is required, contact Records Management Services at 604-596-7733.

12. **Integrated Case Management (ICM)**

The case manager is responsible for coordinating and chairing Integrated Case Management (ICM) meetings. ICM meetings should be held when students are transitioning to Kindergarten, to another school, to Grade 8, or to adulthood. ICM meetings should also be held for students who have complex needs and multiple service providers, to examine the student's strengths/what is going well and the factors interfering with a student's ability to experience success at school, in order to develop an effective integrated plan. Ministry of Education guidelines require documentation of at least one ICM per year, for students designated as requiring Intensive Behaviour Intervention. It may be necessary to have two or more ICMs per year for students who have extremely complex (e.g., medical, mental health, behavioural) needs.

The student and his/her family are central to the ICM process. ICM participants typically include the Classroom Teacher, Education Assistant, Applied Behaviour Analysis Support Worker, Principal or Vice Principal, as well as Social Workers, Key Workers, STADD Navigators, Advocates, Behaviour Consultants, Child & Youth Mental Health Clinicians, Medical Practitioners (e.g., Pediatricians, Psychiatrists), district or community personnel (e.g., Speech-Language Pathologists, Augmentative Communication Specialists, Special Education Helping Teachers, District Behaviour Specialists, District Resource Counsellors, Occupational or Physical Therapists, and School Psychologists).

Please see the *Integrated Case Management Agreement* form, *Integrated Case Management (ICM) Meeting Minutes* form, *Authorization for Release of Information* form, and the *Interagency Contact Log* for additional information.

INTEGRATED CASE MANAGEMENT (ICM) PROCESS

Integrated Case Management (ICM) is characterized by advocacy, communication and resource management. The BC Ministry of Education sets forth a clear path through which to understand and address student needs when children and youth are experiencing social/emotional and/or learning challenges at school despite receiving Target Group interventions. During the early stages, school and district-staff connect with parents, focus on student strengths, make inquiries, explore, problem solve, assess, and intervene. When children and youth continue to experience challenges in spite of various interventions, educators reach out to community partners (e.g., pediatricians, psychiatrists, social workers, psychologists).

ICM Representation

ICM puts the child and his or her family first. The Ministries of Education, Children and Family Development, Health, and members of the community work together to ensure a comprehensive, wrap-around approach to program development and care. Please see the *Integrated Case Management Meeting: Representation Venn diagram* for more information.

For the past several years, our school district, the Ministry of Children and Family Development, and the Ministry of Health, have been making efforts to provide integrated wrap-around supports. Multi-disciplinary collaboration is complex, with many players. How then do representatives of multiple ministries and community partners collaborate so as to ensure that they are all working toward a common goal - especially when we may not even know who the players are within each system? The flowchart, *Working Together to More Effectively Meet the Needs of Children and Youth with Complex Needs: A Road Map for the Ministries of Education, Health, and Child & Family Development, and Community Practitioners*, and the *Integrated Case Management Meeting: Representation Venn diagram* provide useful starting places.

ICM is more than collaboration (which involves a group of service providers maintaining contact and sharing information while providing separate services); ICM refers to a team approach taken to coordinate various services for a specific child and/or family through development of a cohesive plan. All members of the team work together to provide assessment, planning, monitoring, and evaluation. The team should include all service providers (including EA/ABA SWs) who have a role in implementing the plan, and the child (when appropriate) and his/ her family.

Who needs an ICM?

ICM meetings should occur when professionals representing various agencies (e.g., Ministry of Children & Family Development, Ministry of Health, Ministry of Education) are involved with a particular student, and an integrated approach to programming is in the student's best interests.

ICM benefits to students and families

➢ Helps ensure that people work toward a common goal: the well-being of the child.

➢ Helps ensure that students receive required services and information.

➢ Results in improved social and academic performance.

➢ Results in students learning new skills.

➢ Results in students feeling respected.

➢ Helps enhance students' self-esteem in that they are full participants in the planning process.

➢ Results in students feeling supported and that people care.

➢ Helps promote understanding of students' cultural context and way of doing things.

➢ Leads to parents' involvement in decision making regarding their children.

ICM benefits to practitioners

➢ Promotes a sense of shared responsibility, accountability and decision making.

➢ Builds a sense of community – of people working together.

➢ Reduces practitioners' sense of isolation.

➢ Provides opportunities for reflective practice.

➢ Provides opportunities for mentoring and a collective increase in professionals' knowledge and skills.

➢ Enhances practitioners' appreciation of students' strengths and capacities.

➢ Decreases practitioners' workload.

ICM Principles		
➢ Student centred service	➢ Recognizing diversity	➢ Participation
➢ Building on strengths	➢ Collaboration	➢ Accountability
➢ Advocacy (self)	➢ Mutual respect	➢ Holistic approach
➢ Continuity	➢ Transition planning	➢ Least intrusive and intense intervention

Enablers to ICM	
➢ Honest, trusting relationships with the other participants.	➢ Rationalization of the documentation required on each file.
➢ Having several strong 'champions' of ICM.	➢ Having the ICM case conference chair possess strong group facilitation/conflict resolution skills.

Barriers to ICM	
➢ Different disciplines may have different language, perspectives, experiences, and philosophies, as well as limited understanding of each other's role and responsibilities.	➢ Differing beliefs and comfort regarding student/family involvement.
➢ Key people missing.	➢ Lack of resolution and agreement on information sharing policy and protocols.
➢ Amount and rate of change within MCFD.	➢ Staffing and workload issues.
➢ Existing systems of documentation.	➢ Lack of resources.

Who initiates the ICM?

The designated Case Manager (e.g., IST, LST, Classroom Teacher, etc.) generally initiates the request for an ICM, although any member of the team may do so.

Who to invite to an ICM:

➢ Student/Parent/guardian/foster parent(s) (as appropriate)

➢ Members of the educational team (CT, IST, EA/ABA SW, Principal/Vice Principal, CYCW and Counsellor if applicable)

➢ Aboriginal Support Worker

➢ Settlement (SWIS) Worker

➢ Interpreter/Multicultural Worker (MCW)

➢ Nursing Support Staff (NSS)

➢ Centre for Child Development (CCD) staff (e.g., OT/PT)

➢ Key Worker

➢ CYSN (or other) Social Worker

➢ CYMH clinician

➢ Psychologist (if not in person, via conference call)

➢ Psychiatrist (if not in person, via conference call)

➢ Pediatrician (if not in person, via conference call)

➢ Behaviour Consultant (ABA or other)

➢ STADD Worker/Navigator (secondary)

➢ Maples Outreach Worker (if applicable, for students aged 12 and over, who have a Maples care plan)

➢ Other

Consistent ICM Documentation

It is important to document the process of ICM, and to use a consistent format to do so. The use of a consistent format will assist team members in:

➢ Remembering to focus on strengths.

➢ Demonstrating effective practice.

➢ Considering all aspects of a child or youth's life.

➢ Allowing for portability to plans from one community to another.

➢ Allowing for record services and outcomes.

Check List for Effective Collaboration with Children, Youth, and Families

Beliefs and Values

➢ Have I put myself in the person's place and mentally reversed roles to consider how I would feel as the child, youth or family members?

➢ Do I see the student in more than one dimension, looking beyond his or her challenges?

➢ Do I really believe that youth/families are equal to me as a professional and in fact, are experts on their own situation?

➢ Do I consistently value the comments and insights of family members and make use of their reservoir of knowledge about their total needs and activities?

Logistics and Communication

➢ Do youth/families understand my role?

➢ Do I offer language/interpretation services as required?

➢ Do I offer cultural support as required?

➢ Does the youth/family understand what is being said/written about them and their family?

➢ Do I listen to youth/families and communicate in various ways that I respect and value their insights?

➢ Do I ask questions of the individual, listen to her or his answers, and respond?

➢ Have I provided the family with the opportunity to create the agenda or list the people whom they would like to participate?

➢ Do I work to create an environment in which the person is comfortable enough to speak and interact?

➢ Do I treat each person that I come into contact with as a person capable of understanding, learning, growing, and achieving?

➢ Do I speak plainly and avoid jargon?

➢ Do I schedule ICMs at times and places that are convenient to youth/families?

➢ Do I suggest/encourage youth/family members to bring a support person or advocate to the meetings?

➢ Do I suggest or encourage the youth/family members to develop a list of questions and their own set of goals for ICMs?

ICM Practice Tips

➢ The case manager is responsible for contacting potential ICM participants and determining the date, time, and location of meeting(s).

➢ At the first ICM, set regular dates for subsequent ICMs (the more complex the student needs, the more frequent the need for an ICM).

➢ Practitioners who may need to be able to make decisions regarding resource allocation must be in attendance.

➢ Encourage students to bring an advocate and/or support person.

- ➢ Determine participants' comfort in openly sharing relevant information early in the agenda.
- ➢ Ensure that the student (when appropriate), youth and family receive copies of all ICM service/action plans.
- ➢ Identify any barriers to implementation as part of the ICM service plan.
- ➢ Celebrate and acknowledge positive change and/or periods during which there are no challenges, during the meeting and through documentation.
- ➢ Formal meeting minutes must be taken and shared with the meeting participants, and then kept in the student's permanent record file.

<u>ICM Meeting</u> *(Sample format)*

1. **Introductions.** As the case manager, introduce yourself. Ask members of the team to sign in, introduce themselves and explain their role.

2. **Review successes.** Ask members of the team to share general successes of the past month, taking time to celebrate progress made.

3. **Discussion.** Go through the following areas, reflecting on the student's strengths first, then "stretches" since the last meeting:

   - Health
   - Self-care Skills
   - Educational goals
   - Identity

   - Family & Social Relationships
   - Social Presentation

   - Emotional & Behavioural Development
   - Other

4. **Identify strengths/stretches.** Review identified strengths and "stretches" and use them as a jumping off point for developing goals for the upcoming month(s). For example:

   - *Can we build on existing skill sets to support identified challenges?*
   - *Are there some challenges that overlap? Can we combine them into one goal?*

5. **Goal setting.** Identify with the team *a few key* goals for the upcoming month. For example:

   - *What is the goal (& how can we measure it)?*
   - *What strategies should we try in supporting this student in attaining their goal?*
   - *What strength(s) could be capitalized on to achieve the goal?*
   - *Who is responsible for implementing the instruction and/or documentation?*

6. **Review & wrap-up.**

   a. Thank everyone for meeting together today.

   b. Review the successes since the last meeting.

   c. Briefly review the goals that have been set.

   d. Review what the members of the team will be doing to support the implementation of these goals (e.g., "I will create a visual schedule to support the morning transition. *The EA* will monitor how the student responds to the visual reminder and let me know if changes need to be made").

   e. Set (a) subsequent meeting date(s).

Ensure participants receive a copy of the meeting minutes.

DISTRICT TEAMS COLLABORATION REQUESTS

The _District Teams Collaboration Request_ process guides us in aligning district support with school needs. It also assists us in the following ways:

- By providing us with information about the student, we are able to connect you with the appropriate district contact;

- Illustrating emerging needs across the district, which enables us to develop workshops, and provide in-service in relation;

- Providing continuity (e.g., school, district, community) with respect to membership on educational teams; and

- Maintaining efficiency (e.g., by ensuring there is a primary district contact).

STUDENT REFERRAL PROCESS: KINDERGARTEN THROUGH GRADE 12

The student referral process is a procedural step that a school can take following classroom teacher concern about a student's performance or behaviour. When these concerns are not resolved following the implementation of in-class strategies, nor after parent contact, the teacher brings the concern to the School-Based Team. The specific issue is identified, a goal is determined and the school team suggests strategies. The results of this first phase of school planning are monitored and documented. The IST is not generally involved during the initial phase.

In the second phase, school based staff consults with relevant district specialists (e.g., District Behaviour Specialist, District Resource Counsellor, School Psychologist, Special Education Helping Teacher, Learning Support Helping Teacher, Settlement Worker, Multicultural Worker). They may also obtain more information such as student file information or screening data (with the assistance of their Learning Support Teacher), or explore/access community services. Through this process of consultation and evaluation it may be determined that further comprehensive assessment is warranted. A request for psycho-educational assessment might be put forth, or the parent might be encouraged to request (from their physician) a referral for a comprehensive assessment (e.g., BC Children's Hospital, Sunny Hill Hospital).

When the school has documentation in support of the relevant Ministry category the school-based team submits a _Student Support Referral_ form, with appropriate documentation, to Student Support.

ABA REFERRAL PROCESS

When students with autism begin Kindergarten, or at any point during their education, parents who have their children involved with a home intervention program, may request an ABA Support Worker. For additional information regarding the process of requesting an ABA Support Worker, please see the _ABA Home to School Collaboration_ document.

Today, we design our schools to be truly inclusive. When education extends to the community, we need to remember to ensure that the environment is conducive to access for all. All children, especially those who have special needs, must have full access to curriculum, to the greatest extent that they are able. Prior to planning field trips and other outings, it is important to ask, "Is this accessible for all of my students? If not, then we do not do it…"

Examples of student friendly field trip/community outings *(please note that while these are student friendly, some of these activities are classified as 'high risk')*:

- Steveston Cannery
- Dance Festival
- Science World
- Beaches
- Bear Creek Water Park
- Terry Fox Run
- Pumpkin patch
- Farms
- Surrey Nature Centre
- Bowling

- Stanley Park
- Fish Hatchery
- Burns Bog
- Delta Water Shed
- Victoria
- Movie theatres
- Cultus Lake Water Slides
- Burnaby Village Museum
- Fort Langley
- Swimming

- Skating
- Climbing wall
- Skiing: Grouse / Seymour Mountains
- Britannia Beach Mines
- Kayaking
- Horseback riding
- Leisure Fair, Vancouver Community Centre

Considerations for programs/organizations/activities that may occur at school:

- Gym Sense
- Taiko Drummers
- Zumba

- Bhangra, Bollywood or other dancing
- Indigenous presentation

- Rocks & Rings
- Jump Rope for Heart
- Roller skating

It is not acceptable to withdraw curricular opportunities (e.g., Physical Education, Art) as a consequence for behaviour. For all field trips, complete required forms as per Policy 8901- Student Field Studies, Regulation 8901.1 - Student Field Studies - General.   For students who have special needs, please also complete the *Inclusive Education Field Trip Checklist*.

High Risk Activities

High-risk activities such as swimming, gymnastics, and horseback riding require informed consent; please complete the *Informed Consent and Release of Liability to be Completed For High Risk Activities* form, and if necessary, contact Internal Audit and Risk Management Department for additional information: 604-596-7733.

Parent Permission for IEP Related Activities

For regular activities that are not high risk (e.g., walks to a park or library, shopping excursions, etc.), please review *Staff Guide for IEP Development Related to Off-Site Activities / Parent Permission for IEP Related Activities*.

Student Outings - Who Pays?

Please remember that according to School Act, Section 82, "the board must provide free of charge to every school age student enrolled in BC instruction sufficient to meet general requirements for graduation and the resource materials necessary to participate". Activities noted in the IEP are curricular/required to achieve learning outcomes, and therefore must be offered free of charge to parents. If you require additional information, please refer to: Policy 9802 School Fees and Regulation 9802.1, section 6.3.

ASSESSMENTS - Effective Practices and Recommendations

Context of Assessment

- Curriculum-based (Level A) assessment is a part of good classroom and LST instruction and is necessary to inform intervention (formative assessment) and the SBT problem solving process.

- Norm-referenced (Level B) assessment should be initiated in the context of the School Based Team (SBT) problem-solving process, in consultation with the SBT and the School Psychologist in order to answer a specific question or achieve a specific purpose.

- Detailed information and resources about assessment is provided in the Learner Support Team (LST) Handbook of Guidelines and Procedures.

Test Selection

- Testers should only use tools with which they have had sufficient knowledge, practice, and supervision to administer and interpret competently. Knowledge and practice must include sufficient technical and statistical understanding (e.g., "Level B Assessment" training) as well as sufficient knowledge and background related to the assessment area (e.g., academic achievement vs. language vs. behaviour vs. cognitive abilities).

- The Learner Support Team recommends the assessment tools listed in the LST Handbook (Appendix B-3).

- Tests of cognitive abilities (e.g., Naglieri Non-verbal Ability Test [NNAT], Kaufman—Brief Intelligence Test [K-BIT], Test of Nonverbal Intelligence [TONI]) should only be used by individuals with psychological training in cognitive abilities and are not recommended tools for LST. If schools have tests of this kind, it is recommended that they be sent to Student Support for use by qualified individuals.

- Professionals (e.g., School Psychologists and Speech-Language Pathologists) should be consulted about the assessment measures that are being used, so as to avoid repeated administration of tests, which may impact the validity of future assessments.

For further information, please see Psychoeducational Research and Training Centre (PRTC), Faculty of Education, University of British Columbia, Qualifications for the Ethical Use of Tests.

Consent

The purpose of norm-referenced (Level B) assessment should be discussed with parents and informed written consent should be received from parents before norm-referenced (Level B) assessments are initiated. A sample letter for this purpose is provided in the LST Handbook Appendix C-4.

Communicating and Protecting Results

- Documentation pertaining to assessment results (including personal notes) should be stored and shared in a way that shows respect for student privacy.

- Norm-referenced (Level B) assessment results should be discussed by the School Based Team and also with parents.

- A written report should summarize the results. Examples of report formats are available in the LST Handbook (Appendix B-5) and a fillable report form is available on the HUB: (https://www.surreyschools.ca/sites/VHKGGJB2O11/Documents/Learning%20Assessment%20Report%20-%20LST.pdf). A copy of the report may be provided to parents, and a copy should be stored in the student's Permanent Record file.

- Protocols from norm-referenced (Level B) assessments should be stored in a secure (locked) location within the school that is separate from the PR file. Please refer to the district's Records Management Services department for information regarding retention of school district records and information.

Replacing and Destroying Old Tests

- When an updated version of a test is published, it should replace dated versions within approximately one year. Obsolete tests and protocols should be destroyed (shredded). Obsolete tests include KTEA-II Brief, PPVT-III, Canada Quiet, Woodcock-Johnson-Revised (WJ-R), and the Woodcock-Johnson-III (WJ-III), for example.

If you have questions about the current utility of tests, please consult with your School Psychologist.

STUDENT SUPPORT

DISTRICT

EDUCATIONAL

PROGRAMS

DISTRICT SPECIAL PROGRAMS
- ELEMENTARY -

Challenge Program

Program Description:

The Challenge Program, grades 3 through 7, engages groups of similarly able students in intense academic, intellectual and creative challenges. Each Challenge Centre operates four sessions. Each session is organized by grade level and has four half-day modules that last eight to nine weeks.

Entrance Criteria (student profile):

- Highly able and gifted students, grade 3-7
- Interested in challenging learning opportunities as related to program topic
- Capable of intense focus of attention for blocks of time
- Curious about ideas and the world around us
- Demonstrates original thinking and ability to tinker with ideas and resources
- Demonstrates analytic, organizational and reflective skills

Referral Process:

Screening decisions are made by the School Based Team based on information from referral form, school, teacher, and student. Student placement is matched with program goals, and equity factors including size of school and gender of students.

Deaf or Hard of Hearing Cohorts - Elementary

Program Description:

The elementary Deaf or Hard of Hearing cohort classes provide students with the opportunity to enter school in Kindergarten and transition through the grades, with peers who are Deaf or Hard of Hearing. Students are fully integrated and receive a range of supports based on individual needs.

Entrance Criteria:

- Must have a diagnosed hearing loss supported by a recent audiometric assessment and report;
- Primary need must be hearing loss (students who appear to have secondary needs will be evaluated on an individual basis); and/or
- Hearing level must be at least moderate, bilateral, permanent and amplification must be recommended by an audiologist.

Referral Process:

- Students register at their catchment school.
- School personnel / preschool staff (for students transitioning to kindergarten) and the itinerant teacher of the deaf and hard of hearing consult with respect to the referral.
- School personnel / preschool staff (for students transitioning to kindergarten) submit the referral (with supporting documentation) to Student Support.
- Student Support makes a decision regarding the referral.
- Visitations and observations occur.

Intensive Intervention Programs - Elementary *(formerly Lifeskills)*

Program Description:

Intensive Intervention classes provide services to students with multiple disabilities and extremely complex medical /health needs. Students considered for placement in an Intensive Intervention class have demonstrated that they require a more structured setting and more intensive support than can be provided at their neighborhood school. Individual Education Plans (IEPs) are developed to meet each student's individual functional academic and life skills goals.

Referral Process:

Catchment school personnel submit the referral with supporting documentation (e.g., psycho-educational assessment report, medical reports, etc.) to Student Support when the educational team (including parents) feel that the students' needs would be best met in this setting. Such placements will be considered in consultation with the parents/guardians and educational teams. A review committee meets annually in May/June to determine the class composition for the following school year.

Intensive Literacy Program (Elementary)

Program Description:

The Intensive Literacy Program provides Tier 3 literacy support to students in grades 4-6 who have a learning disability in the area of reading. Each of the self-contained classrooms enrolls a maximum of 12 students. Teachers provide direct, systematic, explicit instruction, along with multi-sensory techniques. Students receive instruction in phonemic awareness, the alphabetic principle, word study, fluency, vocabulary and comprehension. Each student is supported by way of an Individual Education Plan (IEP) that reflects his/her instructional needs. Placement in the program is for one year.

Entrance Criteria (student profile):

- Must have a documented learning disability in the area of reading; and
- Must receive approval for program entry from the review committee.

Referral Process:

- School personnel must submit a completed *Student Support Referral* for already designated student, along with supporting documentation (e.g., psycho-educational assessment report, signed consent for referral, current IEP, current scored reading assessment, unedited writing sample, current SBT meeting minutes, etc.) for consideration.
- Student observations/consultations may occur.
- A review committee meets in late spring to determine the class composition for the following school year.

Multi-Age Cluster Class (MACC)

Program Description:

The Multi-Age Cluster Class, grades 5 through 7, provides academic challenge and social-emotional support to students who are highly gifted. Students participate in an interdisciplinary program designed to challenge and develop the depth and breadth of their critical and creative thinking abilities. Reflection on individual learning styles, the nature of excellence and group dynamics are integral curriculum elements. Defining personal interests, individual goals and demonstrating a personal work ethic are important aspects of the classroom experience. Individual Education Plans (IEPs) are developed to meet each student's individual academic and life skills goals

Entrance Criteria (student profile):

- Literacy or numeracy skills that are 2 to 3 years above grade level;

  or

- Gifted designation in relation to cognitive ability, creativity, emotional maturity, intellectual interest, or skill development;
- Demonstrated ability to stay on task;
- Highly motivated to accelerate learning and study advanced materials; and
- Has participated in the district Challenge Program

Referral Process:

Catchment school personnel submit the referral with supporting documentation (e.g., psycho-educational assessment report, etc.) to Student Support when the educational team (including parents) feels that the students' needs would be best met in this setting. Such placements will be considered in consultation with the parent/guardians and educational teams. A review committee meets every year in May/June to determine the class composition for the following school year.

Social Development Program (SD)

Program Description:

The Social Development (SD) Program provides services to children between the ages of 6-13 (grades 1-7) who, are designated as requiring Intensive Behavioural Intervention or having Serious Mental Illness (in accordance with the Ministry of Education criteria). A social development teacher and a child or youth care worker support each program, and District Behaviour Specialists serve as consultants to the SD program staff.   Students are included in regular classes and have access to additional support in an alternate setting when required. The program is designed as a two-year intervention with a return to their catchment school being the long-term goal.

Referral Process:

Catchment school personnel submit a *Student Support District Teams Collaboration Request Form* with supporting documentation (e.g., behaviour support plan, TAAPP, etc.) to Student Support when the educational team feels that the behavioural support needs are beyond the schools' capacity to provide. If warranted, a DBS will be assigned to the file and will begin to work directly with the school on advanced behaviour planning. DBS staff with school psychologists and the District Principal, Student Support, discuss students regularly to determine if Social Development is a necessary and beneficial option and make placement decisions when program space becomes available.

DISTRICT SPECIAL PROGRAMS
- SECONDARY -

Building Academic, Social and Employment Skills (BASES)

Program Description:

Building Academic, Social and Employment Skills (BASES) classes provide services to students with a mild intellectual disability, moderate to severe intellectual disability, or physical or sensory disabilities or an autism spectrum disorder (ASD) in conjunction with a mild to moderate/severe intellectual disability. BASES classes provide students with the opportunity to experience success while attending their neighbourhood school and taking regular classes. An Individual Education Plan (IEP) is developed for each student that is strength-based and addresses functional academics, social/life/community skills and vocational/volunteer options.

Referral Process:

No referral is necessary. Designated students are transitioned into their neighborhood BASES class as a transition to secondary school.

Minimum guidelines for BASES class placement:

- Mild Intellectual Disability - Intellectual functioning (SS<70) as measured on a norm referenced Level C assessment and delayed adaptive behaviour of a similar degree (SS<70) on a norm-referenced measure of adaptive behaviour.

Connections Program

Program Description:

The Connections Program is intended for students who have not responded to past interventions and who are believed to benefit in placement in a non-traditional secondary school setting. The Connections Program provides educational support with an emphasis on remediating core academic subjects with students in grades 8 -10 whose social, emotional, and/or behavioural needs are such that they have experienced difficulty functioning in a regular program. Students are taught a variety of strategies through which to develop coping skills (e.g., self-calming techniques, aggression replacement, etc.). The goal of the Connections Program is re-integration into a regular school setting or transition to another educational program.

Entrance Criteria (student profile):

- Chronic non-attendance;
- Difficulty with social interactions in a variety of settings over time;
- Problem substance abuse;
- Involvement with legal authorities; and/or
- At-risk of harming themselves or others.

Referral Process:

Catchment school personnel submit a *Student Support District Teams Collaboration Request* form with supporting documentation (e.g., behaviour support plan, TAAPP, etc.) to Student Support when the educational team feels that the behavioural support needs are beyond the schools' capacity to provide. If warranted, a DBS will be assigned to the file and will begin to work directly with the school on advanced behaviour planning. DBS staff with school psychologists and the District Principal, Student Support, discuss students regularly to determine if Connections is a necessary and beneficial option and make placement decisions when program space becomes available.

Deaf and Hard of Hearing Resource - Secondary

Program Description:

The secondary DHH resource is designed to offer in-class support and tutorial support in a resource room setting to students with a diagnosed hearing loss. The primary purpose of this program is to enable students who are deaf or hard of hearing to successfully integrate into a mainstream setting and to reach their academic potential. Students learn to monitor and manage their hearing equipment on a daily basis and receive social/emotional support as necessary. Individual Education Plans (IEPs) are developed to meet each student's individual functional academic and life skills goals.

Entrance Criteria (student profile):

- Must have a diagnosed hearing loss supported by a recent audiometric assessment and report;
- The primary need must be hearing loss; and
- Hearing loss must be at least moderate, bilateral, and permanent; and amplification must be recommended by an audiologist.

Referral Process:

- Catchment School personnel and the itinerant teacher of the deaf and hard of hearing consult with respect to the referral.
- School personnel submit the referral (with supporting documentation) to Student Support.
- Student Support makes a decision regarding the referral.
- Visitations and observations occur.

Intensive Intervention Programs (Secondary) (formerly Life Skills)

Program Description:

Intensive Intervention classes provide services to students with significant behaviour concerns that are concomitant with multiple disabilities, moderate to severe intellectual disabilities and/or severe autism spectrum disorders. Students considered for placement in an Intensive Intervention Class have demonstrated that they require a more structured setting and more intensive support than can be provided at their neighbourhood school. Individual Education Plans (IEP) are developed to meet each student's individual functional academic and life skills goals.

Referral Process:

Catchment school personnel submit the referral with supporting documentation (e.g., psycho-education assessment report etc.) to Student Support when the educational team (including parents) feels that the students' needs would be best met in this setting.   A review committee meets annually in May/June to determine the class composition for the following school year.

EDUCATION SERVICES SCHOOL

(Specialized Student Support Programming)

REFERRALS TO DISTRICT INTENSIVE INTERVENTION PROGRAM AND EDUCATION SERVICES SCHOOLS

The needs of some students exceed what neighbourhood schools can provide.

Intensive intervention programs have a lower teacher to student ratio, and exist for students who have extremely high behavioural needs. Intensive Intervention Program requests are considered when comprehensive intervention to improve and stabilize the student in the regular school setting has been unsuccessful. Placement may occur following ongoing collaboration with the District Principal, Student Support.

Adolescent Day Treatment Program (ADTP)

Program Description:

The Adolescent Day Treatment Program (ADTP) is a year round (morning only) inter-ministerial program that provides a full range of mental health services and educational programming.

The ADTP provides services to 16 youth 13-18 years of age who are experiencing psychiatric difficulties such as psychosis, schizophrenia, major affective disorders, severe anxiety disorders, or other mental health difficulties which interfere with the youth's ability to function socially, emotionally, and academically.

Students generally attend ADTP for four months, and upon discharge the educational team meets with program staff to review recommendations to facilitate a smooth transition to the student's home school.

Follow-up consultation is available, and the program also provides 'alumni' groups for youth who have graduated.

Referral Process:

Referrals to ADTP *must* involve a mental health professional (ACRP, Mental Health, psychiatrist, physician), and will also include a school component (student profile questionnaire). A Clinical Intake Team from Fraser Health and Child Youth Mental Health (MCFD) will make all decisions regarding entry into the program. Student Support assigns a District Resource Counsellor and/or a District Behaviour Specialist to act as liaisons to the ADTP program.

School Schedule:

- Monday - Thursday

Adolescent Psychiatry Unit (APU)

Program Description:

[The Adolescent Psychiatry Unit (APU)](#) serves 10 students aged 12-18 who live in the Fraser Health Region. Youth who are admitted to the unit are experiencing an acute episode of psychiatric illness and require short-term assessment, stabilization, and treatment. These youth must not be solely diagnosed with substance abuse, severe conduct disorder, or eating disorder and must be medically stable. The length of stay ranges from 7-21 days. A part-day school component to the program will liaise with the youth's school on intake and again on discharge. The teaching staff, in consultation with the school, will attempt to maintain continuity of educational programming to the level the student is capable of achieving while on the unit. At discharge, the unit's teacher, along with the unit team and a representative from Student Support will provide recommendations for transitioning the student back into school. APU is a provincial resource program.

Referral Process:

Referrals to APU *must* come via mental health professionals (B.C. Children's Hospital, Mental Health, psychiatrists, physicians, regional adolescent programs such as ACRP and the Adolescent Day Treatment Program) or emergency rooms. An assessment (within 72 hours of referral) by a psychiatrist or ACRP is required. Student Support assigns a District Resource Counsellor and/or a District Behaviour Specialist to act as liaisons to the APU program.

School Schedule:

- Monday, Wednesday, Thursday and Friday
- ½ day (morning)

A'mut

Program Description:

A'mut is a 5-bed program for female self-identified Aboriginal youth. The program focusses on addressing co-occurring presentations of trauma, substance use and poor mental health. A'mut is a culturally responsive program that utilizes a cognitive behavioural approach that emphasizes Aboriginal knowledge and spirituality, within a structured, evidence-based curricula that is gender and culturally sensitive. It emphasizes harm reduction and decreasing problem substance use. Youth develop personal plans related to their personal goals, positive peer interactions, life skills, self-care and overall betterment of their physical, emotional and psychological health. Youth learn about Aboriginal perspectives of culture, spirituality, and are provided opportunities for learning, developing new skills and improving unhealthy behaviours. A'mut is centered on psycho-social healing that is rooted in Aboriginal teachings and culture. Program activities also include workshops, equine therapy, volunteer work, clinical counselling, recreational activities, and outings such as attending the Stó:lō Resource Centre.

Referral Process:

Through Youth Justice BC in collaboration with the Elizabeth Fry Society.

School Schedule:

- Monday to Thursday
- ½ Day School
- ½ Day counselling program from Elizabeth Fry Society

Centre for Children - Childhood Neurodevelopment, Education and Family Wellbeing (The Centre for Children)

Program Description:

The Centre for Children will serve children aged 6 through 12 and their caregivers, living in Surrey. The Centre will provide a range of services for children who have complex neurodevelopmental and behavioural conditions that are not effectively managed at home, school or in the community. Children may be attending school part-time or not at all, may have multiple diagnoses (e.g., mild developmental delays comorbid with autism spectrum disorder), and a history of trauma and disrupted attachment. The children and their families will receive high levels of wrap around support. Students will typically attend the program for 1 school year, prior to transitioning back to their mainstream school.

Referral Process:

An advisory consisting of:

- District Principals, Student Support;
- District Principal, Education Services School;
- Program Coordinator;
- District Resource Counsellor;
- Program Head Teacher;
- Program Therapist/Counsellor;
- Representative of the Ministry of Children and Families;
- Representative from Child Youth Mental Health; and
- Representative from the Children's Foundation.

Meets annually to discuss cases and to confirm placement.

School Schedule:

- Monday to Thursday – Full Schedule
- Fridays – Community Based Programming

Children's Day Treatment Outreach Program (CDTOP)

Program Description:

The Children's Day Treatment Outreach Program provides multi-disciplinary support to a limited number of students and families. The school district and Surrey Mental Health work collaboratively to support elementary aged students who are experiencing significant mental health concerns. Students who are accepted into the program are maintained at their catchment school. Personnel from the program provide support to the child while at school. The student should be receiving support from a Child and Youth Mental Health clinician. To be considered as a candidate for CDTOP, a student must also have family members who are willing to participate in the therapeutic process.

Referral Process:

Referrals to CDTOP originate with Surrey Mental Health or school district personnel. Student Support assigns a District Resource Counsellor and/or a District Behaviour Specialist to act as liaisons to the CDTOP program and Surrey Mental Health, and a joint committee reviews each application and determines program suitability.

Daughters and Sisters Program - Pacific Legal Education Association (PLEA)

Program Description:

PLEA's "Daughters and Sisters" program serves 7 students and is designed for young women from 12-18 years of age who engage in problem substance use. Program participants reside with PLEA's foster families that are trained in detox, stabilization, and support recovery and receive day, evening, and weekend treatment at a separate facility. The Daughters and Sisters program is 6 months in duration and the treatment program consists of individual and group counselling, parent/teen mediation, on-going assessment, education, and social/recreational activities. Program goals include the development of self-esteem, decreased substance use and criminal activity, and a reduction in high-risk behaviours. PLEA offers a program that is tailored to meet each young woman's unique social, emotional, physical, academic, and recreational needs. PLEA is a provincial resource program.

Referral Process:

Referrals are accepted from probation officers or addiction counsellors within the province of British Columbia on an on-going basis. A PLEA/Student Support review committee works in partnership to determine eligibility and placement priority. A Student Support District Resource Counsellor and/or District Behaviour Specialist act as liaisons to this program.

School Schedule:

- Monday to Thursday
- ½ day (morning)
- ½ day (afternoon) - PLEA Counselling

Educational Transition Centre (ETC)

Program Description:

In partnership with the Children's Foundation, ETC is a bridging program focused on elementary or younger high school kids as they transition from school to either an alternate program or back to regular school.

Referral Process:

Referrals to ETC are made to the ETC Coordinator at Education Services School.

FASTrack Program (Secondary)

Program Description:

The secondary [FASTrack Program](#) is designed for students in grades 8-12 who have fetal alcohol exposure or behavioural needs consistent with executive functioning challenges, who are experiencing difficulty in the regular classroom environment. The programs are housed in non-traditional settings and provide a relatively low student to teacher ratio, as well as instructional support staffing. Although students with alcohol related disorders present with a variety of strengths and needs, there are distinct strategies and practices that appear to be effective in providing an optimal learning environment. The program staff addresses the common needs in a classroom setting, and develop individual strategies based upon student assessment data, observation and evidence based research recommendations. Student Support assigns a Special Education Helping Teacher, a District Behaviour Specialist, and a District Resource Counsellor to act as liaisons to this program.

Referral Process:

- Catchment School personnel and the Special Education Helping Teacher assigned to the program consult with respect to the referral.
- School personnel submit the referral (with supporting documentation) to Student Support.
- Student Support makes a decision regarding the referral.
- Visitations and observations occur.

FocusTREK Outdoor Education and Individualized Learning

Program Description:

The FocusTREK Program is an outdoor education program that supports students 12-17 years of age (grades 8-12) who have not experienced recent success in a regular or alternate school program. These youth are highly disengaged from the education system. Often these students are involved in behaviours that place them at high-risk. The FocusTREK Outdoor Education Program consists of individual and group counselling, life skills training, parent/teen mediation, on-going assessment, education, job readiness and social/recreational activities.

For students who need a more individualized education plan with one on one attention, there is a stream of FocusTREK that provides this service. Program goals include increased self-esteem, team building and a reduction in high-risk behaviours. FocusTREK offers a program that is tailored to meet each young person's unique social, emotional, physical, academic, and recreational needs.

Entrance Criteria (student profile):

- Possible prior placement in the Social Development Program;
- Chronic non-attendance and under-achievement;
- Difficulty with peer/adult social interactions;
- May have involvement with drugs/alcohol;
- May have involvement with legal authorities;
- May be at-risk to self or others;
- Prior interventions have proved unsuccessful; and/or
- Disengaged from the education system.

Referral Process:

The referral process is generally completed by the school and entrance is determined by the Student Support Programs Team. Students, families and concerned professionals can refer by contacting Student Support.

School Schedule:

- Monday to Thursday - Full Schedule

Foundations Program

Program Description:

The Foundations Program is designed to support students in grades 9-12 who have not experienced success in mainstream programming due to a combination of cognitive and social/emotional/behaviour challenges. Often the students are involved in activities that place them at high-risk of school leaving. At intake, a transition plan is developed for each student to ensure a successful return to an appropriate educational setting or other community program. An individual education plan (IEP) is developed for each student and addresses functional academics, behaviour, social/life/community skills and career path options.

The Foundations Program consists of two elements:

1) *Work Preparation* - social skills instruction, life skills training, functional skill development, individualized modified academics with ongoing assessment, social/recreational activities and job readiness training; and

2) *Work Experience* - job training and work placement.

Referral Process:

- Catchment school personnel and the Special Education Helping Teacher assigned to the program consult with respect to the referral.
- School personnel submit the referral (with supporting documentation) to Student Support.
- Student Support makes a decision regarding the referral.
- Visitations and observations occur.

School Schedule:

- Monday to Thursday - Full Schedule

Young Parent Program

Program Description:

The Young Parent Program is program is for pregnant and parenting teens. Options provides daycare for the children, while their mothers attend school. Schools, ministry partners or the students themselves, may submit referrals, which are reviewed by Options and Guildford Park Secondary, in collaboration with Student Support.

Referral Process:

Students are referred either via Options Community Services or via the school district. The school district decides final placement.

School Schedule:

- 8:30 am – 3 pm when we have students, and Friday 8:30 am – 12:30 pm
- The Daycare is open Monday – Friday until 3:00 pm.

HOPE Program

Program Description:

The HOPE Program provides a safe and supportive classroom for students in grades 8 through 12 who may have experienced a lack of success in school, have often disengaged from school and/or struggle with various mental health concerns (e.g., anxiety, depression, grief/loss, etc.). Program staff, district staff and Surrey Mental Health work collaboratively to support the students in this program. The program staff work with students on an individual basis to focus on their emotional, social and/or academic needs. The program offers students the ability to be full participants within the school community.   Individual Education Plans (IEPs) are developed to meet each student's individual functional academic and life skills goals. The program goal is to develop support networks that facilitate the student's transition back into a mainstream program.

Referral Process:

- Catchment school personnel and the Special Education Helping Teacher assigned to the program consult with respect to the referral.
- School personnel submit the referral (with supporting documentation) to Student Support.
- Visitations and observations occur.

School Schedule

- Monday to Friday
- Flexible timetable based on student needs

Hospital Homebound Program

Program Description:

Hospital Homebound is a direct teaching program that provides a learning situation for students in the Surrey public school system who are absent from school for temporary medical reasons (medical reasons include accidents, surgery, mononucleosis, infections, diseases, cancer treatments, pregnancy, and mental health problems), so that they return to classes with as little educational interruption as possible. It is offered as part of the district service to elementary and secondary students with non-contagious illnesses, or any other medical reasons. Instruction is available at the student's home, at Surrey Memorial Hospital, at Peace Arch Hospital and at a public setting (e.g., public library).

The student will work on assignments that he/she would do if attending regular classes in school, using texts, worksheets, workbooks, exercises, etc. assigned by the classroom teacher(s). If it is necessary to modify course content, this would be done in consultation with the classroom teacher.

Referral Process:

- A parent, social worker, nurse, or doctor may contact the student's school to ask that a referral be made. Surrey school district staff may refer students by completing an *online referral form* found on the Surrey Schools Hospital Homebound webpage.
- The Hospital Homebound teacher will contact the student's teacher(s) to arrange for assignments. Contact is made with the home to arrange appointments to visit the student.

Service Schedule

- Each appointment lasts about an hour. There are usually two appointments per week.

The Hospital Homebound Program Roles and Responsibilities, Hospital Homebound Physician Note, Hospital Homebound Mental Health Referral Protocol, and the Hospital Homebound Referral (for schools to complete) are found HERE on the Hub.

HUB Program (Secondary)

Program Description:

The Hub Program evaluates the needs of chronic non-attenders in our Student Support programs and address the barriers to school attendance and engagement in collaboration with family and community partners/ supports. Staff provide access and bridging support for students so they can re-engage with the system to the degree that they are able. They also build individualized programming for students who do not fall under the purview of available specialized programming, being responsive to the unique and complex needs of students.

Referral Process:

- Coordinators for the respective programs refer students who have multiple unexcused absences in Interagency and Student Support Programs.
- Referrals are made to the programs Principal.
- Goal of the program is to try and engage the student back into the program that made the referral.

Lee School

Program Description:

Lee School derives its name from the Lee family who provided years of dedicated foster care service in the Surrey region. Lee School originated in a classroom built adjacent to the Lee House group home. This program provides a safe, supportive and nurturing educational environment to students who have social/emotional difficulties and are between the ages of 12-17 (grades 8-12). Individual Education Plans (IEPs) are developed to meet each student's individual functional academic and life skills goals. Upon completion of the Lee School program, students are encouraged to continue their education in a setting most suited to their individual needs.

Referral Process:

- Catchment school personnel and the Special Education Helping Teacher assigned to the program consult with respect to the referral.
- School personnel submit the referral (with supporting documentation) to Student Support.
- Student Support makes a decision regarding the referral, and if the placement is granted assigns a District Resource Counsellor and/or District Behaviour Specialist to act as liaison to this program.
- Visitations and observations occur.

School Schedule:

- Monday to Thursday

Surrey Transition and Education Program (STEP)

Program Description:

The STEP Program is a collaboration with our Safe Schools Department and referrals come from the WRAP team - overseen by Safe Schools and the Student Support Programs Team.

Referral Process:

Students referred to this education program are part of the Safe Schools WRAP Program and referred by the WRAP Program Coordinator.

School Schedule:

- Student Specific

Teen Recreation and Educational Enhancement Services (TREES)

Program Description:

TREES is a non-traditional, self-contained alternate school in Surrey which serves secondary students 12-17 years of age. Students must reside within Surrey and have an active file with the Ministry of Children and Family Development. Students referred to TREES have demonstrated an inability to succeed in a regular or alternate school setting for a variety of reasons. They may have been absent from school for some time, considered at-risk, have considerable family difficulties, and present serious behaviour and/or learning difficulties. TREES is funded jointly by the Ministry of Children and Family Development and the Ministry of Education. Supervision for this school is undertaken by the Surrey School District and Pacific Community Resources Society. TREES combines academic programming and recreational activities with individual and group counselling and family consultation. Peer mentoring is used as an avenue to clarify student values, perceptions, and effective decision-making.

Referral Process:

All TREES referrals *must* be submitted in writing by a social worker to the Ministry of Children and Family Development TREES liaison (e.g., Team Leader – Youth Services Team). A review committee consisting of representatives from MCFD, TREES and Student Support Programs Team determine the appropriateness of all referrals.

School Schedule:

- Monday to Thursday - Full Schedule

Visiting Teachers Program

Program Description:

Visiting Teachers (VTs) provide instruction to students K-12 whose social/emotional/behaviour needs are such that they cannot experience success in a regular educational setting. Often, these students are waiting for placement in a specialized program (e.g., Connections, Social Development).

Referral Process:

- District Resource Counsellors make Visiting Teacher referrals.

Service Schedule

- VTs typically meet with students in their homes or at another location in the community (e.g., public library) twice a week.

WAYPOINT - Pacific Legal Education Association (PLEA)

Program Description:

PLEA's WAYPOINT Program serves 7 students and is designed for young men from 12-18 years of age who engage in problem substance use. Program participants reside with PLEA foster families that trained in detox, stabilization, and support recovery, and receive day, evening, and weekend treatment at a separate facility. This program is for 4 months duration and the treatment component consists of individual and group counselling, parent/teen mediation, on-going assessment, education, and social/recreational activities. Program goals include the development of self-esteem, decreased substance abuse and criminal activity, and a reduction in high-risk behaviours. PLEA offers a program that is tailored to meet each young man's unique social, emotional, physical, academic, and recreational needs. PLEA is a provincial resource program.

Referral Process:

Referrals are accepted from probation officers or addiction counsellors within the province of British Columbia on an ongoing basis. A PLEA/Student Support review committee works in partnership to determine eligibility and placement priority. A Student Support District Resource Counsellor and/or District Behaviour Specialist act as liaisons to this program.

School Schedule:

- Monday to Thursday
- ½ day (morning)
- ½ day (afternoon) - PLEA Counselling

DISTRICT BASED SUPPORT TEAMS / PROJECTS

Check and Connect

The Check and Connect program is a targeted Tier 2 intervention designed to enhance student engagement with school. This is a structured, evidence-based program that promotes problem solving and capacity building through a mentor relationship with the student and ongoing collection and discussion regarding the student's attendance data. Program efficacy relies on the support of student and parent engagement activities, the development of positive school climates, and the establishment of community connections (e.g., medical and mental health supports).

Circle of Security®

The Circle of Security® Parenting Series is an 8 week program for parents and caregivers of children aged newborn to 7 years. Parents meet in small groups with two trained group leaders for one hour each week. Each session provides parents with new information about parent-teen relationship and adolescent development. Parents watch role-plays and participate in exercises that offer new choices for responding to their teen's behaviour. Parents receive handouts following each session.

For more information, please refer to the *Circle of Security flyer*.

Connect© Parent Group

Connect© is a 10 week attachment-based program for parents and caregivers of pre-teens and teens who are struggling to understand and respond to behaviour. Parents meet in small groups with two trained group leaders for one hour each week. Each session provides parents with new information about parent-teen relationship and adolescent development. Parents watch role-plays and participate in exercises that offer new choices for responding to their teen's behaviour. Parents receive handouts following each session.

For more information, please refer to the *Connect Parent Group brochure*.

Deafblind Team

The Deafblind Team consists of an Integration Support Teacher, a Teacher of the Deaf or Hard of Hearing, a Teacher of the Visually Impaired, an SLP-Augmentative Communication Specialist, a Deafblind Intervenor, an Occupational Therapist, a representative from the Provincial Outreach Program for Students who are Deafblind (POPDB), and a representative of Nursing Support Services (NSS) where appropriate. The Deafblind team collaborates with each other and school teams to develop educational programs for, and support students who are Deafblind.

District Action Team for Autism (DATA)

The District Action Team for Autism works alongside school teams to support learners diagnosed with autism spectrum disorders. It is comprised of Board Certified Behaviour Analyst, District Behaviour Specialists, a Special Education Helping Teacher (SPED HT), and an Education Assistant who has Behaviour Technician (EA-BT) training. Team members consult and collaborate with school-based teams, school personnel, and outside agencies in providing effective programming and intervention. The team also works to provide professional workshops and training sessions for district staff, facilitates the Surrey EA-BT training program, works intensively with ABA Support Workers and Education Assistants (EAs), and liaises with the Provincial Outreach Program for Autism Related Disorders (POPARD).

For more information, please refer to the *District Action Team for Autism (DATA) Handbook*.

Reclaiming Connections

Reclaiming Connections is a 10 week program for caregivers of Aboriginal youth (ages 8-18) and is rooted in the concepts of relationships, adolescence, parenting and Indigenous values, traditions and knowledge. Honouring the diversity of the makeup of Aboriginal families and caregivers, Reclaiming Connections promotes the belief that relationships, connections, and communication are the foundations of caregiving. The group meets together each week for 1.5 hours with two trained leaders.

For more information, please refer to the *Reclaiming Connections flyer*.

Early Team (ET)

The Early Team works alongside school teams to support classroom teachers and EAs who are working with Kindergarten-aged students who are struggling in a regular classroom setting, yet do not have a special education designation. The team is comprised of two District Behaviour Specialists and two Learner Support Team Helping Teachers. For more information, please contact Student Support.

COMMUNITY PARTNERS / SUPPORTS / RESOURCES

In reaching out to community partners, it is apparent that many children and youth who have complex learning and behaviour needs require ongoing medical support, mental health support, and/or involvement from the Ministry of Children and Family Development. Collaboration between educators, medical professionals, social workers, and other community partners is central to providing an effective framework for supporting children and youth.

GOVERNMENT

➢ **Ministry of Child & Family Development (MCFD)**

The Ministry of Child and Family Development (MCFD) works together with Delegated Aboriginal Agencies, Aboriginal service partners and many contracted community social service agencies and foster homes, cross-government and social sector partners to deliver inclusive, culturally respectful, responsive and accessible services that support the well-being of children, youth and families.

- Children and Youth with Special Needs Social Worker (CYSN SW). Some children and teens who have special needs may be eligible for a Child and Youth with Special Needs Social Worker as well as associated services. For additional information, contact your local Child and Family Services office.

- Children and Youth with Special Needs

- Children and Youth in Care. In order to strengthen accountability for the academic achievement of students in government care, the Ministry of Education explicitly states that Boards of Education must have detailed implementation plans that extend to children and youth in care on the basis of Voluntary or Continuing Care Orders, or those on Youth Agreements. In coordination with the MCFD the *CIC Student Monitoring Plan* is to be completed at least two times per school year.

➢ **Ministry of Health**

- At Home Program. The At Home Program is designed to support children and teens with a severe disability or complex health care needs.

- Autism Spectrum Disorder

- Children and Youth Mental Health (CYMH). CYMH services are community-based, specialized mental health services to support children with mental health challenges and their families.

- Complex Health Needs. Specialized support is available to assist families with children who have unique and complex health care needs – to help them live at home and participate in regular daily activities.

- Fetal Alcohol Spectrum Disorder

- Deaf and Hard of Hearing

- Hearing or Vision Loss

- Intellectual Disabilities. An intellectual disability can present opportunities and challenges for children, youth and their families. There are supports available to help children with intellectual disabilities become active members of their communities.

- School-Aged Therapies Program (SAT). The School-Aged Therapy (SAT) program is a foundational program that provides occupational therapy (OT) and physiotherapy (PT) services to school-aged children. It supports children and youth within the school and other settings.

➢ Affordable Child Care Benefit

Helps families with the cost of child care.

➢ Youth and Family Services

Various government services available to support youth and their families.

➢ Services to Adults with Developmental Disabilities (STADD)

If your child is eligible for CLBC, they are eligible for a **Navigator**. Their role is to support the transition from high school to adulthood as early as age 16. The Navigator is a single point of contact for you to start planning.

For more information on the Services to Adults with Developmental Disabilities program, contact: 604-575-7486 (toll free: 1-855-356-5609)

This service is self-referral and contact should be made as soon as you have CLBC eligibility.

➢ BC Services Card - Photo ID

The BC Services Card provides access to government services. It replaces the Care Card for access to health care services.

➢ BC Bus Pass program

Low-income seniors and Persons with Disabilities (PWDs) have access to the BC Bus Pass Program.

➢ Social Insurance Number

➢ Persons with Disabilities (PWD) application through MSDI

Individuals may be eligible for PWD benefits if they meet the following criteria:

- 18 years of age;
- Severe physical or mental impairment (the application collects information to allow the adjudicator to make the determination whether the criterion of 'severe' impairment is met);
- Impairment duration of at least 2 years (unless palliative);
- Impairment directly and significantly restricts applicant's ability to perform Daily Living Activities; and
- Applicant requires help with Daily Living Activities. The application collects information and the adjudicator makes the determination of whether the help required meets the requirement in the *Act*: http://www.eia.gov.bc.ca/pwd/adj_guidelines.htm

HEALTH PARTNERS

➢ Child and Adolescent Psychiatric Stabilization Unit (CAPSU)

The Child and Adolescent Psychiatric Stabilization Unit (CAPSU) is fulfilling its promise as a place where young people and their families can receive urgent hospital care during a mental health crisis. Families come from across Fraser Health, mostly through referrals from emergency departments. The youngest child helped with 7, and the average age 14. Many need CAPSU because of serious mood disorders, such as severe depression or anxiety. Others may have a sudden onset or relapse of psychosis. CAPSU stays are short, on average about five days, reflecting the unit's role as an immediate resource.

➢ **Nursing Support Services Coordinator - Fraser Health**

Nursing Support Services Coordinators develop, in consultation with a support team, a health care plan for students who require health care procedures such as tube feeding, catheterization etc. The Nursing Support Services Coordinators train, certify and monitor Education Assistants who carry out specific dedicated health care procedures, and who work under the direction of the classroom teacher. For more information please see the *Nursing Support Services Overview* and *NSS Delivery Expectations* documents on the Hub.

➢ **Nursing Support - Private**

Private nurses support students at school when delegated care is not possible due to the complexity of the student's needs (e.g., tracheotomy care, ventilator care, intravenous therapy).

➢ **Paediatricians**

Pediatricians are valuable members of educational teams. A recent survey showed that 73% of pediatricians work with schools and/or care for students who are experiencing school problems and/or learning difficulties. With adequate notice, pediatricians will attend ICMs by telephone if not able to attend in person.

The *School Physician Communication form: What Educators and Physicians Need to Know* and the *School Physician Communication form* may be helpful for pediatricians and family physicians on assessing students with learning difficulties. Both documents can be accessed here: http://www.bcpeds.ca/physicians/programs-resources/school-physician-communication-form/

➢ **Psychiatrists**

Psychiatrists are vital members of education teams. With adequate notice, psychiatrists or hospital-based social workers, will participate in ICMs via conference call.

COMMUNITY PARTNERS

➢ **Aboriginal Infant Development Program**

Aboriginal Infant Development Programs offer support to families of infants who are at risk for or have been diagnosed with developmental delays. Programs are voluntary, family centered, and primarily focused on children ages 0-3 (in some communities 0 – 6). Aboriginal Infant Development consultants support families by providing home visits, activity planning, and developmental and family needs assessments in culturally sensitive and meaningful ways. Consultants also assist families in accessing other health, social, and community services.

➢ **BC Centre for Ability - Supported Child Development (SCD)**

The SCD assists families of children who require additional support to access inclusive child care. SCD provides support for child care staff, families and their children, up to 12 years of age, in licensed daycare, preschool or out-of-school care programs. Youth, 13 to 19 years of age, are considered on an individual basis

➢ **Blind Beginnings**

Blind Beginnings' mission is to help children and youth who are blind or partially sighted achieve their full potential.

➢ **The Centre for Child Development (CCD)**

The CCD works with community leaders to help solve issues facing children and families. They provide therapeutic services to children in areas such as paediatric psychologists, family service and key workers, occupational therapists, speech-language pathologists, physiotherapists, early childhood educators, supported child development specialists, recreation specialists, dietician, doctor, victims services workers, social workers and police.

- **Key Workers:** Key Workers provide family-centered support services for families of children and youth with complex developmental behaviour conditions including Fetal Alcohol Spectrum Disorder (FASD). This may include working alongside school and community agencies. For additional information, please refer to: https://the-centre.org/key-workers/

- **Occupational Therapist (OT):** Occupational Therapists work to promote, maintain, and develop the functional skills students require to be successful in an educational setting. OTs conduct assessments, and consult and assist with educational teams with respect to program planning, equipment selection and environmental or other adaptations.

  The Surrey School District is under contract with The Centre for Child Development (CCD) who provide our district with Occupational and Physiotherapy assessments, recommendations, and in-service. For information on referral process for OT, please see When to Refer Students to Occupational Therapy or Physiotherapy.

- **Occupational Therapist (OT) - Sensory:** Occupational Therapists (Sensory) conduct assessments and develop educational plans that enable educational teams to address sensory needs (e.g., auditory, visual, tactile) so as to enable students to function in an educational setting.

  The Surrey School District is under contract with The Centre for Child Development (CCD) who provide our district with Occupational and Physiotherapy assessments, recommendations, and in-service. For information on referral process for OT - Sensory, please see When to Refer Students to Occupational Therapy or Physiotherapy.

- **Physiotherapist (PT):** Physiotherapists provide services to children with orthopedic, neurological, muscular, spinal, joint or sensory dysfunction. PTs conduct assessments, and work as members of a collaborative team to assist with the development of interventions, equipment selection/adaptation, and program planning. PTs also assist students with physical positioning that promotes optimal physical access, provide assistance in maximizing independence for students who have limited mobility, and offer suggestions to facilitate functional movement.

  The Surrey School District is under contract with The Centre for Child Development (CCD) who provide our district with Occupational and Physiotherapy assessments, recommendations, and in-service. For information on referral process for PT, please see When to Refer Students to Occupational Therapy or Physiotherapy.

➢ **Community Living BC (CLBC)**

CLBC funds supports and services to adults with developmental disabilities, as well as individuals who have a diagnosis of autism spectrum disorder (ASD) or Fetal Alcohol Spectrum Disorder and who also have significant difficulty doing things on their own.

- Family Support: A series of information sheets for individuals and families in this section answer common questions, and provide important information about key CLBC supports and processes.

- Eligibility: CLBC provides supports and services to eligible adults and their families. CLBC has an eligibility policy to help people understand the eligibility criteria, and to help staff make consistent and fair decisions.

- Personal Supports Initiative (PSI): The CLBC Personal Supports Initiative provides services to adults who are not eligible for the CLBC developmental disability services, yet have both significant limitations in adaptive functioning and either a diagnosis of Fetal Alcohol Spectrum Disorder (FASD) or autism spectrum disorder (ASD). Youth may apply at 16 years of age, to receive supports at 19 years of age.

- Adult Support: CLBC offers different types of support for youth and adults with special needs.

- Surrey Office

➢ **Community Options for Children and Families - Respite Care**

Children's Respite provides families with a much needed break and gives their child the opportunity to become more independent and develop meaningful relationships in their community.

➢ **Registered Disability Savings Plan**

The Registered Disability Savings Plan (RDSP) is a Canada-wide registered matched savings plan specific for people with disabilities. It is designed as a long-term savings plan to help the holder be better financially prepared for their future.

➢ **Inclusion BC**

Inclusion BC is a non-profit federation working with partners to build community and to enhance the lives of children and youth with special needs, adults with intellectual disabilities and their families by supporting abilities, promoting action and advancing rights, responsibilities and social justice.

ONLINE RESOURCES

➢ **BC MINISTRY OF EDUCATION:** http://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/education

- ❖ Special Education Services, Ministry of Education

- ❖ Special Education Resource Documents

- ❖ Special Education Services: A Manual of Policies, Procedures and Guidelines

- ❖ Handbook of Procedures for the Graduation Program

- ❖ Work Experience or Community Service Requirement for Graduation

- ❖ School Completion (Evergreen) Certificate Program

- ❖ **Teacher Guides:**
  - ♣ A Guide to Adaptations and Modifications
  - ♣ Awareness of Chronic Health Conditions: What the Teacher Needs to Know (Vol. 1 & 2)
  - ♣ Career/Life Transitions for Students with Diverse Needs - A Resource Guide for Schools
  - ♣ Gifted Education - A Resource Guide for Teachers
  - ♣ Hard of Hearing and Deaf Students - A Resource Guide to support Classroom Teachers
  - ♣ Students with Visual Impairments - A Learning Resource Guide for Teachers

- [Supporting Students with Learning Disabilities - A Guide for Teachers](#)
- [Teaching Students with Attention Deficit/Hyperactivity Disorder - A Learning Resource for Teachers](#)
- [Teaching Students with Autism - A Resource Guide for Schools](#)
- [Teaching Students with Fetal Alcohol Syndrome/Effects - A Resource Guide for Teachers](#)
- [Teaching Students with Mental Health Disorders Volume 1 (Eating Disorders) - Resources for Teachers](#)
- [Teaching Students with Mental Health Disorders Volume 2 (Depression) - Resources for Teachers](#)

➢ SCHOOL DISTRICT NO. 36 (SURREY):
https://www.surreyschools.ca/Pages/default.aspx

- [A & B Memos](#)
- [Finance](#)
- [Health and Safety](#)
- [Human Resources](#)
- [Payroll](#)
- [Policies & Regulations](#)
- [Records Management Services](#)
- [Safe Schools](#)
- [Student Information Systems](#)
- [Student Records](#)
- [Student Support](#)
- [Superintendents](#)
- [Weekly Memo](#)

➢ HOSPITALS, HEALTH CENTRES, ETC.:

- [BC Children's Hospital](#)
- [Fraser Health Authority](#)
- [Maples Adolescent Treatment Centre](#)
- [Sunny Hill Health Centre](#)
- [Surrey Memorial Hospital](#)

➢ HEALTH SPECIFIC RESOURCES:

- Asthma
  - [Awareness of Student with Diverse Learning Needs](#)
  - [Childhealth BC—Asthma](#)
  - [Asthma Canada](#)

- Autism Spectrum Disorder
  - [Autism Spectrum Disorder Ministry Planning Tool](#)
  - [Awareness of Students with Diverse Learning Needs—Autism](#)
  - [Autism Outreach](#)
  - [Autism Speaks](#)
  - [Screening for Autism](#)
  - [Autism BC](#)
  - [Autism Community Training (ACT)](#)
  - [Pacific Autism Family Network](#)
  - [Canucks Autism Network](#)

- ❖ Cerebral Palsy
  - ↓ [Awareness of Students with Diverse Learning Needs—Cerebral Palsy](#)
  - ↓ [Cerebral Palsy Association of BC](#)

- ❖ Chromosomal Disorders & Syndromes *(e.g., Prader-Willi, William's, Angelman's, Cri-Du-Chat, Klinefelter's, Turner's, Down)*
  - ↓ [Awareness of Student with Diverse Learning Needs](#)
  - ↓ [Angelman Syndrome](#)
  - ↓ [Cri Du Chat](#)
  - ↓ [Canadian Down Syndrome Society](#)
  - ↓ [Lower Mainland Down Syndrome Society](#)
  - ↓ [Prader Willi Syndrome](#)
  - ↓ [Williams Syndrome](#)
  - ↓ [Wilson Turner Syndrome](#)
  - ↓ [Klinefelter Syndrome](#)
  - ↓ [Turner Syndrome](#)

- ❖ Crohn's Disease / Ulcerative Colitis
  - ↓ [Awareness of Students with Diverse Learning Needs—Crohn's & Ulcerative Colitis](#)

- ❖ Cystic Fibrosis
  - ↓ [Cystic Fibrosis Canada](#)
  - ↓ [Cystic Fibrosis HealthLinkBC](#)
  - ↓ [Cystic Fibrosis BCCH](#)

- ❖ Deafblind
  - ↓ [Provincial Outreach Program Deafblind](#)
  - ↓ [Deafblind International](#)
  - ↓ [National Centre on Deafblindness](#)
  - ↓ [American Association of the Deafblind](#)

- ❖ Deaf or Hard of Hearing
  - ↓ [Awareness of Student with Diverse Learning Needs](#)
  - ↓ [BC Family Hearing Resuource Society](#)
  - ↓ [BC Provincial School for the Deaf](#)
  - ↓ [DeafBC](#)
  - ↓ [Deaf Children's Society of BC](#)
  - ↓ [Family Network for Deaf Children & Deaf Youth Today](#)
  - ↓ [Deaf Well-being Vancouver Coastal Health](#)
  - ↓ [Wavefront Centre for Communication Accessibility (formerly Western Institute for the Deaf](#)
  - ↓ [British Columbia Family Hearing Resource Society](#)

- ❖ Diabetes
  - ↓ [Diabetes BCCH](#)
  - ↓ [Diabetes Canada](#)

- ❖ Fetal Alcohol Spectrum Disorder, Drug or Alcohol Related Disorders/Static Encephalopathy
  - ↓ [FASD Outreach](#)
  - ↓ [The Asante Centre](#)
  - ↓ [Sources BC](#)
  - ↓ [FASD Key Worker](#)

- ❖ Intensive Behaviour Intervention/Serious Mental Illness
  - ↓ Positive Behaviour Support Handbook (Surrey Schools)
  - ↓ Anxiety BC
  - ↓ Here to Help – Depression
  - ↓ Early Psychosis Intervention
  - ↓ The F.O.R.C.E. Society for Kids Mental Health
  - ↓ Kelty Mental Health
  - ↓ Kelty Mental Health Tool Kits
  - ↓ Mental Health (MCFD)
  - ↓ Mental Health (BCCH)
  - ↓ Maples Adolescent Treatment Centre

- ❖ Leukemia/Cancer
  - ↓ Leukemia & Lymphoma Society of Canada Childhood Blood Cancer
  - ↓ Childhood Cancer BC Cancer

- ❖ Developmental Disabilities
  - ↓ Community Living British Columbia (CLBC)
  - ↓ Developmental Disabilities Mental Health
  - ↓ Milieu Children & Family Services
  - ↓ Semiahmoo House Society
  - ↓ Services to Adults with Developmental Disability (STADD) Navigator
  - ↓ Special Olympics British Columbia

- ❖ Muscular Dystrophy
  - ↓ Muscular Dystrophy Canada
  - ↓ Muscular Dystrophy Association

- ❖ Physically Dependent *(at all times for feeding, dressing, toileting, mobility, personal hygiene)*
  - ↓ POPEI
  - ↓ SET-BC

- ❖ Seizure Disorder/Epilepsy
  - ↓ BC Epilepsy Society
  - ↓ Epilepsy HealthLink BC

- ❖ Anaphylaxis/Severe Allergies
  - ↓ Allergies & Anaphylaxis Fraser Health
  - ↓ Allergy/Asthma Information Association
  - ↓ Anaphylaxis Protection

- ❖ Spina Bifida & Hydrocephalus
  - ↓ Spina Bifida and Hydrocephalus Association of BC

- ❖ Visual Impairment/Blind
  - ↓ American Foundation for the Blind
  - ↓ Canadian National Institute for the Blind (CNIB)
  - ↓ National Federation for the Blind
  - ↓ Perkins School for the Blind

HEALTH SPECIFIC RESOURCES:

- Accessible Resource Centre BC (ARC-BC)
- Alan Cashmore Centre
- BC Council of Administrators for Special Education (BC CASE)
- BC Centre for Ability
- BC Teachers Federation
- The Centre for Child Development
- Children's Services Resource Team
- Developmental Disabilities Assoc.
- Do2Learn

- Family Support Institute of BC
- Friend 2 Friend Social Learning Society
- Individual Education Plans: A Guide for Parents (BCCPAC)
- Infant Development Program of BC
- Learning Assistance Teacher's Association of BC (LATA)
- Roles and Responsibilities of Teachers and Teacher Assistants/Education Assistants
- Special Education Technology - BC (SET-BC)

Student Support
Handbooks / Guidebooks / Manuals

(click on the appropriate handbook below for access)

- Alternatives to Suspension - Quick Guide

- Child/Youth Care Worker Handbook and CYCW Report

- Chronic Absenteeism - Quick Guide

- District Action Team for Autism (DATA) Handbook

- EA/ABA SW Allocation Planning Tool for Principals

- Grade Retention - Quick Guide

- Guidebook for Education Assistants (EAs) & Applied Behaviour Analysis Support Workers (ABA SWs)

- IST/BASES Handbook of Guidelines and Procedures

- Lifts and Slings

- LST Handbook of Guidelines and Procedures

- Parent Engagement - Quick Guide

- Positive Behaviour Support Handbook

- A Range of Educational Options for Students who are Deaf or Hard of Hearing

- School Completion Certification (Evergreen) Handbook

- School Psychology Services Handbook

- Special Education Audit Preparation Guidebook for Surrey Schools

- Student Engagement - Quick Guide

- Student Support Who to Call FAQs

Education Assistant (EA) / Applied Behaviour Analysis Support Worker (ABA SW)

SUPPORT MODEL AND ALLOCATION PLANNING TOOL FOR PRINCIPALS
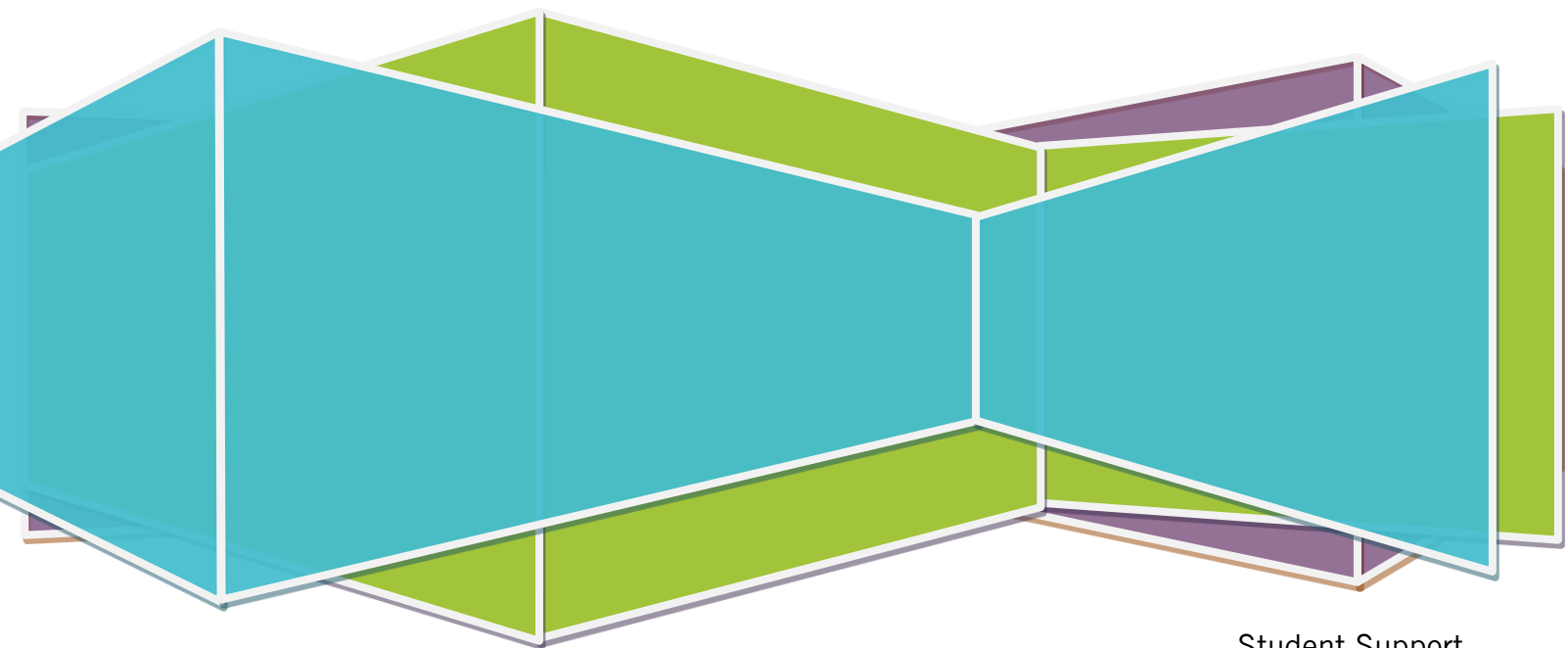
Preamble

Education Assistants (EAs) and Applied Behaviour Analysis Support Workers (ABA SWs) are part of numerous school staffs and are valuable members of student support teams. EA/ABA SW supports are of significant value to students with special needs and often play a considerable role in facilitating student learning.

EA/ABA SWs work under the direction of teachers and under the general supervision of a teacher or school principal. Teachers are responsible for designing programs for students with special needs while, under the teacher's direction, EA/ABA SWs contribute to student program planning and implementation, and participate in the process of collecting data for the purpose of evaluating student progress. Teachers evaluate student progress and report to parents.

While EA/ABA SWs often provide critical learning supports, EA/ABA SW resources should be approached cautiously given the potential for adult supports to result in several unintended negative consequences students with special needs. Paraprofessional supports can, at times, become invasive, resulting in limited and lower quality peer interactions for the student with special needs, hindering student access to the curriculum, meaningful participation in instructional activities and reduced opportunities to develop independence.

EA/ABA SWs are one of several school supports available to assist students with special needs. Aside from when specialized services are required (e.g., ABA, EA-BT, Level II, ASL, Braille), EA/ABA SW resources are not assigned to individual students. Their allocation is at the discretion of the school administrator and is in support of the goals included in the student's Individual Educational Plan. The allocation of EA/ABA SW supports is flexible across the school day and across various school environments usually varying within and across school years. Support must lead toward increasing student independence and interdependence, should be as non-intrusive as possible, and should fit into an overall learning plan for the student. Planning for growing independence involves an intentional progression towards reduced supports wherever possible. Legitimate reductions in needed supports equate to increased student independence.

The effective allocation of EA/ABA SW supports is complex and challenging. The EA/ABA SW Allocation Tool for Principals assists with the process of planning for the operative use of EA/ABA SW hours within the specific context of each school environment. To this end, the tool facilitates flexible, school-based management of EA/ABA SW supports. Decisions regarding EA/ABA SW resource allocation are based upon thorough assessments of individual student needs as they manifest within particular classroom environments and during specific school activities.

Framework

The EA/ABA SW Allocation Planning Tool for Principals

1. [Hierarchy of Student Needs](#)
2. [EA/ABA SW Proximities Charts](#)
3. [Student Support Plans](#)
4. EA/ABA SW Master Schedule Planning Charts (optional)

District EA/ABA SW Allocation Process

- Board provides EA/ABA SW hour allocations to Student Support (based upon projections for fall).

- Student Support allocates EA/ABA SW staffing quantities to schools in relation to the *Student Needs Assessment by Functional Domain* documents completed by schools, while ensuring that the allocations are within the budget provided by the Board.

- Schools receive EA/ABA SW hour allocations.

School EA/ABA SW Allocation Process

Step 1 – Gathering Information

In planning for the fall, and throughout the following school year, school administration completes a thorough evaluation of the support requirements of each student with special needs as these requirements exist within each environment and through each activity in which the student participates.

Using this information, school administration uses the EA/ABA SW Allocation Planning Tool for Principals to allocate EA/ABA SW supports within the school.

Step 2 – Hierarchy of Student Needs
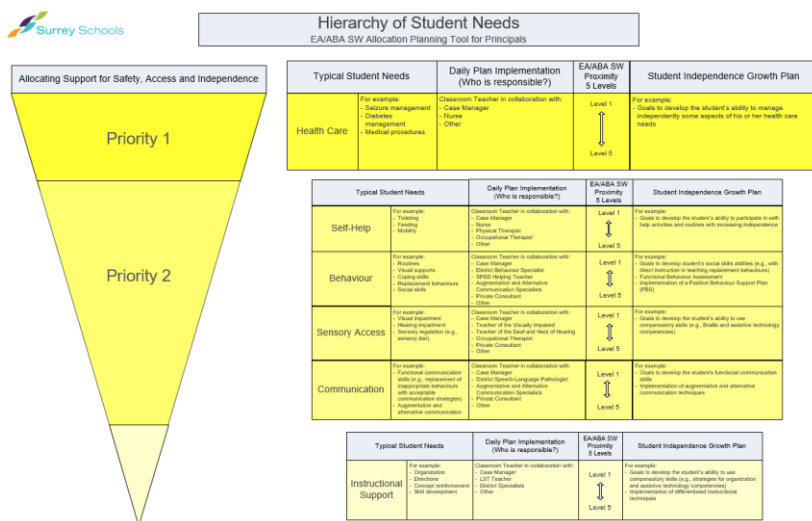
School administration uses the *Hierarchy of Student Needs* resource to allocate EA/ABA SW resources in support of Priority #1 needs first and then moving downwards to Priority #2 and #3 needs. This is to say, no students should receive any instructional support from EA/ABA SWs, unless all Priority 1 & 2 needs are met. Instructional support falls under the purview of the classroom teacher it may be supplemented by the Learner Support Team teacher.

EA/ABA SW Support Model and Allocation Planning Tool for Principals

Step 3 – EA/ABA SW Proximities Chart

Using the *EA/ABA SW Proximities Chart*, the school administration plans for how EA/ABA SW supports will be delivered in terms of the EA/ABA SWs proximity to the student and in terms of varying proximities across environments and across the school day and week. Opportunities for the students to function independently are built into the schedule using the student's existing skill levels, and consideration is given to incorporating additional opportunities for student independence as the school year progresses. Initial plans are formed for developing the staff and student skills and for generating the environmental adaptations required for increasing student independence.

Surrey Schools

EA/ABA SW Proximities
EA/ABA SW Allocation Planning Tool for Principals

EA/ABA SW Proximity Level 1	EA/ABA SW Proximity Level 2	EA/ABA SW Proximity Level 3	EA/ABA SW Proximity Level 4	EA/ABA SW Proximity Level 5
The EA/ABA SW is elsewhere in the school. The EA/ABA SW is called upon to support the student only as needed from time to time during the school day	The EA/ABA SW is in the classroom part of the day. The EA/ABA SW is available to support all of the students in the class.	The EA/ABA SW is in the classroom part of the day. The EA/ABA SW supports the student with specific activities such as with personal care needs and with transitions to new tasks.	The EA/ABA SW is in the classroom for most of the school day. The EA/ABA SW monitors and/or supervises the student and provides occasional, individual support (close, side-by-side proximity.)	The EA/ABA SW is in the classroom throughout school day. The EA/ABA SW provides ongoing support to the student (close, side-by-side proximity.)

Level 1 - Examples

Priority 1 – Examples Health Care	Priority 2 – Examples Self-Help	Priority 2 – Examples Behaviour	Priority 2 – Examples Sensory Access	Priority 2 – Examples Communication	Examples Instructional Support
- Grade 4 student who has diabetes and who is able to participate independently in most classroom activities - EA supports the student with glucose monitoring only during specific times of the school day	- Grade 3 student who travels in a wheelchair and who is able to participate independently in most classroom activities - EA/ABA SW supports the student with toileting periodically during the school day	- Grade 2 student who experiences difficulty with emotional regulation and who demonstrates challenges managing appropriately and effectively his frustration with other students while on the playground during recess and lunch - EA/ABA SW supports the student in using strategies fostering the student's development of positive behaviours, possibly including techniques for managing frustration and for interacting successfully with peers	- Grade 9 student who is blind, who is able to participate independently in most classroom activities, but who requires explicit instruction in learning to travel via mobility cane to new locations - EA/ABA SW supports the student in traveling to and from new classes at the beginning of the semester	- Grade 11 student who uses an electronic communication device and who is able to participate independently in most modified classroom activities - EA/ABA SW supports the student in making minor alterations to the device content to address specific events occurring during the school week and in addressing device repair requirements	- Grade 10 student who uses dictation software independently to complete most English 10 assignments and who requires support editing content containing recently introduced vocabulary - EA/ABA SW supports the student in editing written work only from time to time at the student's or the Classroom Teacher's request

Level 2 - Examples

Priority 1 – Examples Health Care	Priority 2 – Examples Self-Help	Priority 2 – Examples Behaviour	Priority 2 – Examples Sensory Access	Priority 2 – Examples Communication	Examples Instructional Support
- Grade 2 student who is able to participate independently in most classroom activities and who requires some monitoring of medical needs during part of the school day - EA/ABA SW monitors the student's medical status while assisting other students in the class	- Grade 8 student who experiences some left arm paralysis in combination with some cognitive challenges, who is able to participate independently in most subject area classes but who experiences some limitations participating meaningfully in a foods and nutrition class - EA/ABA SW is with the student during the foods and nutrition class providing the student with support as needed while also assisting other students	- Grade 1 student who is able to use calming strategies effectively most of the time to reduce anxiety during math lessons but who continues to require some prompting to use these strategies when new math concepts are introduced - EA/ABA SW monitors the student and provides prompts as needed while supporting other students in the class	- Grade 3 student with a bilateral moderate hearing loss who uses hearing aids and an FM system to access auditory information and who experiences speech and language delays. - EA/ABA SW supports the student's use of equipment and facilitates the student's access of auditory information. The EA/ABA SW provides support as needed while assisting other students in the class.	- Grade 6 student who is able to use an electronic communication device independently but who requires prompting to use it to communicate with his peers during cooperative work times - EA/ABA SW monitors the student's use of the device during specific class activities, prompting and assisting the student as needed while supporting other students in the class	- Grade 5 student who is able to complete most class activities independently but who experiences difficulty beginning assignments and prioritizing tasks - EA/ABA SW supports the student with breaking down longer assignments or projects into manageable chunks and with developing a prioritized personal work schedule

Level 3 - Examples

EA/ABA SW Proximities – Page 2

Priority 1 – Examples Health Care	Priority 2 – Examples Self-Help	Priority 2 – Examples Behaviour	Priority 2 – Examples Sensory Access	Priority 2 – Examples Communication	Examples Instructional Support
- Grade 2 student who is able to participate independently in most classroom activities and who requires some monitoring of medical needs during part of the school day - EA/ABA SW monitors the student's medical status while assisting other students in the class	- Grade 3 student who is able to participate in some classroom activities independently but who requires supervision and assistance to ensure his safety while eating his recess snack and his lunch - EA/ABA SW supervises the student during times in which the student is eating and provides assistance as needed	- Grade 8 student who is able to complete most academic tasks independently, who experiences significant difficulties with organization and who shuts down upon being presented with new assignments in his Science 8 class - EA/ABA SW supports the student in the use of coping strategies as needed during task start-up times	- Grade 5 student with significant cognitive delay in combination with a profound hearing loss and who uses a cochlear implant and FM equipment to access auditory information - EA/ABA SW supports the student's use of the equipment and fosters the development of the auditory verbal processing skills required for increased independent access of auditory information	- Grade 10 student who uses an electronic communication device in combination with visual supports for communication and who experiences significant anxiety when beginning new academic tasks - EA/ABA SW monitors and provides supports as needed to support the student's use of the communication device and to prompt the student in the use of calming strategies as needed	- Grade 9 student with brain injury who is able to participate in most classroom activities independently but who requires assistance reviewing key concepts before writing tests in his Science 9 and Math 9 classes - EA/ABA SW supports the student in reviewing key concepts before the student writes Science 9 and Math 9 tests

Level 4 - Examples

Priority 1 – Examples Health Care	Priority 2 – Examples Self-Help	Priority 2 – Examples Behaviour	Priority 2 – Examples Sensory Access	Priority 2 – Examples Communication	Examples Instructional Support
- Grade 2 student who experiences seizures from time to time - EA/ABA SW monitors the student's medical status throughout the day with occasional close, side by side proximity	- Grade 3 student who travels in a wheelchair and who requires assistance with some tasks as a result of limited hand and arm mobility - EA/ABA SW monitors the student and provides assistance with tasks such as accessing textbooks and putting on and taking off his coat as needed throughout the school day	- Grade 1 student who makes frequent and inappropriate comments while the Classroom Teacher instructs the class - EA/ABA SW monitors the student and provides support in the use of strategies fostering the development of positive behaviours	- Grade 2 student who experiences significant developmental delay and who requires targeted and intensive sensory input. - EA/ABA SW facilitates the student's participation in a specifically designed sensory diet. The EA/ABA SW monitors the student's participation in classroom activities providing occasional assistance as needed	- Grade 3 student who uses a picture based communication system with support - EA/ABA SW monitors the student and provides support as needed to encourage the student's effective use of the communication system and to facilitate interactions between the student and his peers	- Kindergarten student who demonstrates limited school readiness skills - EA/ABA SW monitors the student and provides support as needed with listening activities, turn-taking with other students, and organizing personal belongings.

Level 5 - Examples

Priority 1 – Examples Health Care	Priority 2 – Examples Self-Help	Priority 2 – Examples Behaviour	Priority 2 – Examples Sensory Access	Priority 2 – Examples Communication	Examples Instructional Support
- Grade 1 student who is medically fragile, who experiences developmental delay, who travels in a wheelchair and who requires assistance with most tasks - EA/ABA SW is within close proximity of the student providing support with procedures such as positioning to facilitate breathing or to alleviate pain	- Grade 1 student who is medically fragile, who experiences developmental delay, who travels in a wheelchair and who requires assistance with most tasks - EA/ABA SW is within close proximity of the student providing support with mobility, toileting and feeding via G-tube	- Kindergarten student who demonstrates minimal school readiness skills in combination with significant difficulty managing frustration appropriately - EA/ABA SW is within close proximity of the student providing support in the use of strategies fostering the development of positive coping behaviours	- Grade 2 student who experiences hearing and vision loss, who has developmental delay, who is nonverbal and who travels in a wheelchair. - EA/ABA SW is within close proximity of the student providing environmental information and facilitating the student's participation in functional routines	- Kindergarten student who experiences developmental delay, is nonverbal and travels in a wheelchair - EA/ABA SW is within close proximity of the student providing support in the student's use of an object-based calendar system and in facilitating interactions between the student and his peers	- Grade 2 student who experiences significant developmental delay, who is nonverbal and who travels in a wheelchair - EA/ABA SW is within close proximity of the student facilitating learning opportunities in basic concepts via the student's participation in functional routines

Step 4

- School administration allocates EA/ABA SW staffing within the school.
- Resources are assigned to classes and not to specific students, except where specialized services (e.g., Level II EA, ABA SW, EA-BT, Braille, Autism) are required.

Step 5

School administration generates an EA/ABA SW master schedule. The schedule is flexible and is adjusted throughout the school year as students' support needs change (e.g., students are able to function independently as a result of skill acquisition, students new to the school are in need of learning supports).

Step 6

School staff (in consultation with Student Support staff, outside agency supports, parents and - whenever possible - with students) complete *Student Support Plans*. Plans for developing student independence and interdependence are generated and documented.

Step 7

School teams plan for building school based capacities to meet current and future student support needs and to facilitate the on-going development of student independence.

Do:

➢ Develop an efficient system for the on-going gathering of accurate and timely information regarding the support requirements of students with special needs.

➢ Consult with school staff, district resource staff, outside agency supports, parents and, the student (whenever possible) to determine individual students' specific support requirements.

➢ Draw upon district and outside agency specialists to develop quality educational plans for students and to assist with relevant in-service for developing school-based capacity to meet students' needs.

Simplicity

Role and function of an Education Assistant/Applied Behaviour Analysis Support Worker:

1) To ensure that a child with unique needs is physically safe.

2) To support the Educational Plan for the student(s) under the direction of the teacher.

Complexity

- Growth Rate in Complex students requiring EA/ABA SW support

- Significant Individual Differences within Low Incidence Categories

- Legal Obligations: Special Education Policy, related Legislation, and Research

- District and School Educational Planning

- Narrative of 'More is Better'

District and School Planning

- Individual student support needs must be reflective of the Ministry's Special Education Criteria.

- Educational decision making made as "close" to the child as possible enables responsiveness, integrated resources, and flexibility of educational planning.

- A focused priority on the earliest and least intrusive intervention that is embedded in a systems approach to educational design.

- Key to educational planning for student with low incidence special needs is increased independence through the quality "fading" of supports, minimizing "learned helplessness", and providing quality "transition planning" (in school and beyond).

Narrative of 'More is Better'

- A student's educational plan determines the type of resource required to most appropriately support independence / interdependence. The allocation of EA/ABA SW should be secondary and as a result of quality educational planning.

- District actions must support the primacy and capacity building of the school and classroom environment.

- Resources can be used most effectively to enhance capacity when they are applied in response to a system analysis.

EA/ABA SW

Allocation Planning

Tool for

Principals

Guiding Principles

An important consideration to keep in mind when working with a student is that there is a possibility that the student will become overly dependent on the adult helper. A student who becomes dependent on the teacher assistant to perform skills is not ready to generalize the skill to the community. As much as possible, the teacher and assistant need to be aware of this and plan interventions which result in minimum dependency. Developing independence should be a priority along with each goal set for the student.

- Special Education Services, A Manual of Policies Procedures and Guidelines
Working with a Teacher Assistant www://bced.gov.bc.ca/specialed/sid/

EA / ABA SW / EA BT Hour Allocations

The EA/ABA SW allocations determined by Student Support are assigned in accordance with reported student needs, with the highest level of support assigned to students who have the greatest level or need (e.g., those who are physically dependent, Deafblind, or have complex medical needs), and when specialized services (e.g., Sign Language Interpreter, ABA Support Worker, EA-Behaviour Technician or Level II EA) are required.

With the exception of students receiving specialized support, EA/ABA SW hours are assigned to the school—not to individual students; this provides principals and vice-principals with the ongoing flexibility to assign EA/ABA SWs in accordance with student needs that may fluctuate week-to-week, and within a school year in accordance with Individual Education Plan goals.

The names of each student receiving specialized supports (e.g., ABA SW, EA-Behaviour Technician, ASL Interpreter (VLI), Braille, Level II EA support) and the respective number of hours of support assigned to that student are noted on the planning sheet.

Given the variable needs of students who are Deaf or Hard of Hearing or Visually Impaired (e.g., some require intensive communication support, whereas others do not), associated EA/ABA SW support is noted the planning sheets as "EA/ABA SW Designated". On occasion, students with other special considerations will also be noted as "EA/ABA SW Designated". For all other students, their name and the total number of hours assigned to the group of students receiving EA/ABA SW support (e.g., no specialized support) is school noted.

EA/ABA SW supports, that are implemented with a profound respect for the student's right to quality educational experiences involving meaningful access to instructional activities and including deliberately planned independence building opportunities, are based upon the following principles.

Helping Versus Hovering

The goal for all children is independence. Children who have special needs that require close proximity of EA/ABA SWs are vulnerable to the effects of adult interference - particularly when placed in inclusive classrooms. There is considerable research in this area, suggesting the following:

- Interference with ownership and responsibility by general educators (e.g., the Physical Education Teacher plans an activity for the class, and defers to the EA/ABA SW to determine the manner in which the child with special needs might participate);

- Separation from classmates (e.g., EA/ABA SWs take students shopping, or to participate in a parallel curriculum;

- Dependence on adults (e.g., students become accustomed to having an adult "do" for them)

- Impact on peer interactions (e.g., students spend the majority of their day interacting with adults rather than peers, and peers may be reluctant to approach the student who is with an EA/ABA SW);

- Limitations on receiving teacher instruction (e.g., teacher training differs from EA/ABA SW training and so task mastery will differ);

- Interference with instruction of other students (e.g., students without disabilities may be more focused on the work of the EA/ABA SW and the student with special needs, than the teacher).

Appropriate and Effective EA / ABA SW Supports

Appropriate and Effective EA/ABA SW supports:

- Play an essential role in supporting students with special needs.

- Are environmental adaptations that fade as student competencies grow.

- Are effective in facilitating student access to learning opportunities and in fostering the development of student independence when these supports are as non-intrusive as possible and when they are part of a comprehensive learning plan.

- Bridge the gaps between complete student dependence upon adult supports and partial and full student participation in activities of personal care, self-management and academic learning.

- Involve deliberate planning for the cultivation of student independence, for the development of interdependence between the student with special needs and other students and school staff and for the promotion of student reliance upon natural supports in circumstances in which on-going support is required. (In contrast to potentially intrusive EA/ABA SW supports, natural supports include assistance from the classroom teacher and from other students.)

- Are part of a global learning plan beginning in the primary grades and continuing throughout the student's school career through which the student is provided with opportunities to develop independence; thus facilitating the student's successful transition from secondary school to adulthood.

- That facilitate the development of independence or interdependence during the student's school years are part of the most successful plans to prepare students for life outside of school and after graduation.

- Implemented without thoughtful planning for nurturing student independence sometimes result in the development of excessive student dependence upon adult supports, limited and inferior student and peer interactions and restricted student access to the classroom teacher and to competent instruction.

- Are allocated within the school with administrative guidance and are based upon global understandings of specific student needs in given environments and through specific activities.

- Are allocated to the classroom only after the completion of a pragmatic analysis of the environment and of the student's needs. EA/ABA SW supports specifically target these needs and are reflective of the Ministry of Education Special Education criteria. (Additional information available at http://www.bced.gov.bc.ca/specialed/special_ed_policy_manual.pdf

- Are allocated after educational planning has occurred, are assigned to support student access needs and are one of several strategies put in place to facilitate the development of student independence or interdependence.

The quantity and quality of explicit, intentional planning for the cultivation of student independence in combination with the resulting long and short term reductions in required supports are legitimate measures of the quality of educational planning and of the delivery of support services.

References: *Support Networks for Inclusive Schooling,* Vandercook and York and SD36 *Education Services Newsletter*, Volume 3, Issue, Winter 2010/2011

EA/ABA SW Roles and Responsibilities

The BC Ministry of Education Special Education Services: A Manual of Policies, Procedures and Guidelines includes the following information describing the EA role (the complete document is available at: http://www.bced.gov.bc.ca/specialed/special_ed_policy_manual.pdf).

- A board may employ persons other than teachers to assist teachers in carrying out their responsibilities and duties;

- Teachers are responsible for designing programs for students with special needs;

- Under a teacher's direction, EA/ABA SWs carry out a key role in program planning and implementation for students with special needs (e.g., supporting personal care needs);

- EA/ABA SWs may assist in the collection of data for the purpose of evaluating student progress. Teachers are responsible for evaluating and reporting on student progress to parents; and

- EA/ABA SWs work under the direction of a teacher and under the general supervision of a teacher or school principal.

Additional and more detailed information about the EA/ABA SW role is available in the *Guidebook for EA/ABA SWs* as well as in *Roles and Responsibilities of Teachers and Teachers Assistants* document available on the BCTF site.

Suggestions for Teachers Working with EA/ABA SWs

The BC Ministry of Education: *Students with Intellectual Disabilities: A Resource Guide for Teachers* includes the following information suggestions for teachers working with EA/ABA SWs (the complete document is available at: http://www.bced.gov.bc.ca/specialed/sid/).

To the Teacher:

- Promote a culture of mutual respect and consideration, open communication and meaningful collaboration in which the EA/ABA SW is aware of the important role he or she plays as a valued member of the educational team supporting the student with special needs.

- Engage in on-going consultation and collaboration with the EA/ABA SW.

- Discover the EA/ABA SWs strengths and plan with the EA/ABA SW to use them effectively.

- Encourage the EA/ABA SW to demonstrate initiative in supporting students with specials needs.

- Ensure that the EA/ABA SW works under your (the Teacher's) guidance.

- Communicate that you (the Teacher) are primarily responsible for the student with special needs (e.g., have the EA/ABA SW work with other students while you provide direction instruction to the student with special needs).

- Provide the EA/ABA SW with clear and accurate information about the EA/ABA SWs role (e.g., be very specific about the information that the EA/ABA SW can communicate with parents).

- Be clear that the EA/ABA SW is not a teacher and is not required to fulfil teacher responsibilities (e.g., teaching the class, reporting student progress to parents).

- Plan in advance for the EA/ABA SWs role in the classroom and establish several regular routines and duties for the EA (e.g., include a column in your daybook for the EA/ABA SW).

- Intentionally plan with the EA/ABA SW various ways to provide the student with opportunities to develop independence and interdependence (e.g., model for the EA/ABA SW how to step back and allow the student to work through tasks independently while continuing to offer support as needed, assign the EA/ABA SW to various duties other than working with the student with special needs).

- Make constructive suggestions to the EA/ABA SW, provide examples how to best support students and model strategies and techniques.

- Use an encouraging and sensitive approach when redirecting the EA/ABA SW and when offering suggestions.

Fact Sheet

Provincial and local school district educational policies do not include the requirement to provide EA/ABA SW supports to students with special needs.

Some students require individual attention across the school day and throughout their school careers that will not be lessened as a result of early intervention or other forms of support.

Standardized processes for determining EA/ABA SW allocations to schools encourage appropriate and fair resource allocation across the district.

Effective use of EA/ABA SW supports involves school level flexibility, is site managed and is based upon a thorough exploration and evaluation of a student's needs within the local school context.

With the exception of ABA Support Workers and EAs providing specialized support, the allocation of EA supports at the school level is at the discretion of the school administrator.

EA/ABA SW supports are effective when they are part of an overall plan to develop student independence and when they are implemented in combination with explicitly planned strategies to avoid fostering student dependence upon intrusive adult supports.

Inappropriately implemented EA/ABA SW supports can unintentionally promote:
- limited and lower quality peer interactions for the student with special needs;

- excessive student dependence upon adult supports;

- the development of isolated EA/ABA SW-student relationships;

- limited student access to the curriculum;

- barriers to the student's meaningful participation in instructional activities;

- limited student access to competent instruction;

- interference in the student's participation in the creative learning process;

- the loss of personal control for the student;

- elicit inappropriate student behaviours; and

- limited teacher engagement with the student.

EA/ABA SW supports implemented with explicit plans to fade the type and intensity of supports, in combination with intentionally planned opportunities to develop student independence and interdependence, result in short- and long-term increases in a student's ability to function independently and thereby require less support.

References: Causton-Theoharis and Burdick, 2008; Glangreco, Edelman, Luiselli and MacFarland, 1997; Malmgren and Causton-Theoharis, 2006; *Support Networks for Inclusive Schooling,* Vandercook and York, 1990; *Education Services Newsletter*, Volume 3, Issue, Winter 2010/2011.

Review of Student Support Needs by Functional Domain

The *Review of Student Support Needs by Functional Domain* is used to complete a thorough evaluation of the needs of each student within the context of each environment and through each activity in which the student will participate allocate, and it is this document that generates school-based EA/ABA SW hours.

Hierarchy of Student Needs

Once hours are allocated to the school, the principal in collaboration with members of the educational team uses the *Hierarchy of Student Needs* resource to allocate hours to individual students. The Hierarchy of Student Needs facilitates the allocation of school EA/ABA SW supports to address Priority #1 needs first, and then extending to Priority #2 and #3 needs.

Priority #1 - Health Care Needs

Medical/health needs are the highest priority. These includes basic and essential health care needs without which a child could not attend school. Some examples include g-tube feeding, suctioning, glucose monitoring and management.

Priority #2 - Access Needs

This area of priority includes self-help, behaviour, sensory access and essential communication needs the management of which is essential for facilitating student access to the learning environment or to the instructional opportunity. Self-help access needs may include some feeding and hygiene supports, assistance with dressing, or support learning classroom routines and developing executive functioning. Behaviour access needs may include supports with learning replacement behaviours that may be a danger to the student or to others or may lead to significant disruptions in the classroom. Sensory access needs may include supports required to access print information as a result of a visual impairment, supports required to access direct instruction as a result of a hearing loss and supports required to assist with sensory regulation. Communication access needs may include supports with developing functional communication skills and the use of augmentative and alternative communication techniques.

Priority #3 - Instructional Support Needs

This grouping of needs refers to specific instructional interventions for individuals or small groups of students, which occur under the direction of the Classroom and/or Support Teacher.

EA/ABA SW Proximities Chart

In allocating EA/ABA SW supports based upon the *Hierarchy of Student Needs*, consideration is given to the function of the allocated support, to the individual student needs as they exist across environments and through learning activities and to the specific details regarding how the EA/ABA SW support will be provided. The *EA/ABA SW Proximities Chart* is a resource designed to assist in this planning process and, to this end, includes five EA proximity levels with brief student examples of each support need (as included in the Hierarchy of Student Needs) across each proximity level.

Intensity of student need is not necessarily linked to the EA/ABA SW proximity. For instance, some students are allocated EA/ABA SW supports based upon a Priority 1 Health Care need (e.g., head motion control) and require an EA/ABA SW at close proximity at all times while other students who are also allocated supports based upon Priority 1 Health Care needs (e.g., a student who experiences tonic/clonic seizures) may only require occasional close EA/ABA SW proximity.

The *EA/ABA SW Proximities Chart* uses bright pink to indicate a high degree of student independence (time without EA/ABA SW support) in combination with the furthest EA/ABA SW proximity. The lightest shade of pink indicates the most minimal degree of student independence (EA/ABA SW support required throughout most of the school day) in combination with the closest EA/ABA SW proximity available.

EA/ABA SW Proximities

Level 1

- The EA/ABA SW is elsewhere in the school.
- The EA/ABA SW is called upon to support the student only as needed from time to time during the school day.

Level 2

- The EA/ABA SW is in the classroom part of the day.
- The EA/ABA SW is available to support all of the students in the class.

Level 3

- The EA/ABA SW is in the classroom part of the day.
- The EA/ABA SW supports the student with specific activities such as with personal care needs and with transitions to new tasks.

Level 4

- The EA/ABA SW is in the classroom for most of the school day.
- The EA/ABA SW monitors and/or supervises the student and provides occasional, individual support (close, side-by-side proximity).

Level 5

- The EA/ABA SW is in the classroom the throughout school day.
- The EA/ABA SW provides on-going support to the student (close, side-by-side proximity).

Student Support Plans

The *Student Support Plan* provides a means of documenting the function of EA/ABA SW supports provided to students, the associated EA/ABA SW proximities and a brief summary of the plans for encouraging the development of student independence and interdependence.

EA/ABA SW Allocation Planning Sheets

Each year, the EA/ABA SW allocations determined by Student Support are to be assigned in accordance with student needs, with the highest level of support assigned to students who have the greatest level of need (e.g., those who are physically dependent, Deafblind, or have complex medical and/or other multiple needs), and when specialized services (e.g., Sign Language Interpreter, ABA Support Worker, Deafblind Intervenor or Level II EA) are required.

Specialized supports include the following:
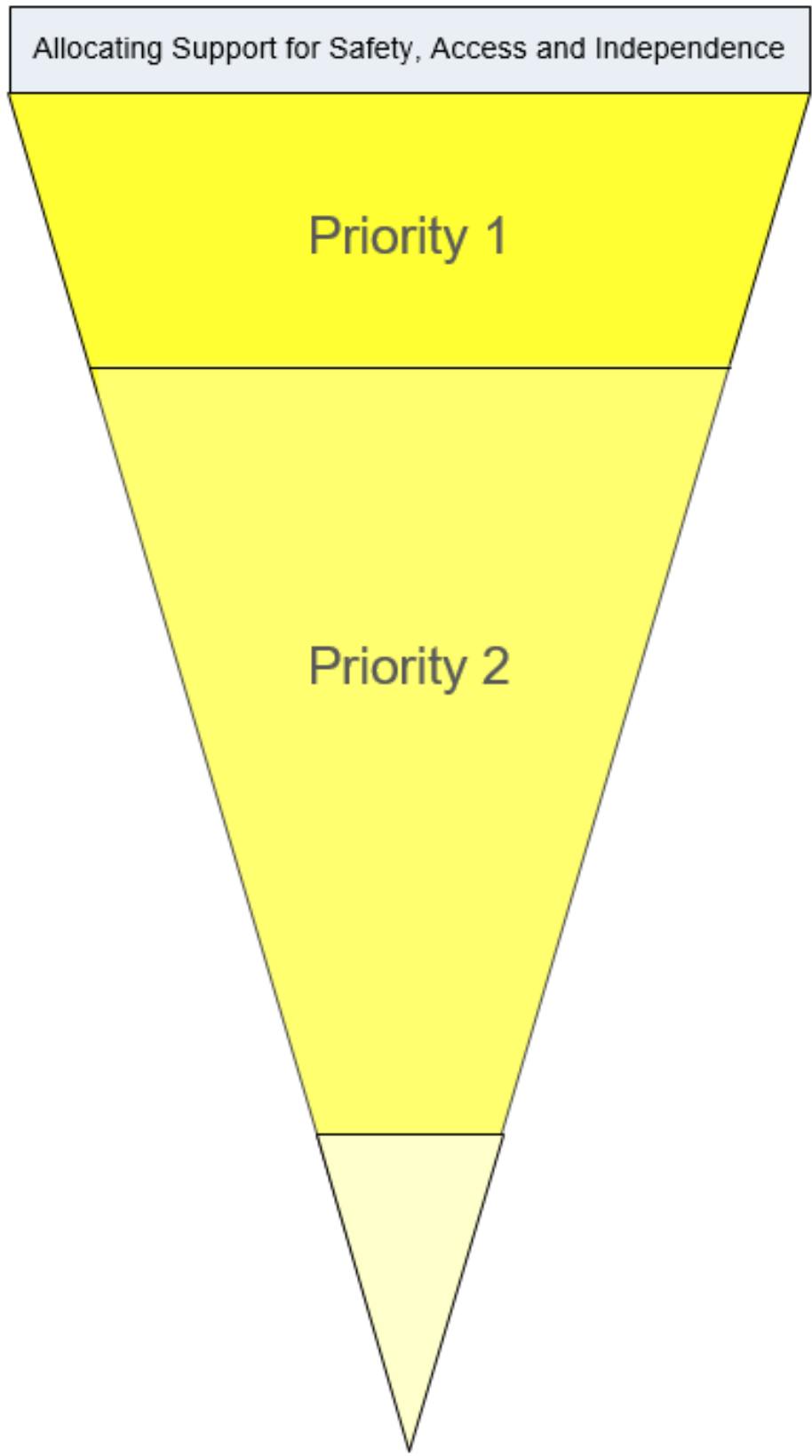
a) ABA;
b) EA-Behaviour Technician;
c) ASL Interpreter (EVLI);
d) Braille; and
e) EA-Level II.

These supports are student specific, and are noted on the planning sheets as EA/ABA SW designated.

Please watch the Weekly Memo for information regarding procedures and forms that will be necessary to complete for the upcoming school year.

Surrey Schools

Hierarchy of Student Needs
EA/ABA SW Allocation Planning Tool for Principals

Allocating Support for Safety, Access and Independence

Priority 1

Priority 2

Typical Student Needs		Daily Plan Implementation (Who is responsible?)	EA/ABA SW Proximity 5 Levels	Student Independence Growth Plan
Health Care	For example: - Seizure management - Diabetes management - Medical procedures	Classroom Teacher in collaboration with: - Case Manager - Nurse - Other	Level 1 ⇕ Level 5	For example: - Goals to develop the student's ability to manage independently some aspects of his or her health care needs

Typical Student Needs		Daily Plan Implementation (Who is responsible?)	EA/ABA SW Proximity 5 Levels	Student Independence Growth Plan
Self-Help	For example: - Toileting - Feeding - Mobility	Classroom Teacher in collaboration with: - Case Manager - Nurse - Physical Therapist - Occupational Therapist - Other	Level 1 ⇕ Level 5	For example: - Goals to develop the student's ability to participate in self-help activities and routines with increasing independence
Behaviour	For example: - Routines - Visual supports - Coping skills - Replacement behaviours - Social skills	Classroom Teacher in collaboration with: - Case Manager - District Behaviour Specialist - SPED Helping Teacher - Augmentative and Alternative Communication Specialists - Private Consultant - Other	Level 1 ⇕ Level 5	For example: - Goals to develop student's social skills abilities (e.g., with direct instruction in teaching replacement behaviours) - Functional Behaviour Assessment - Implementation of a Positive Behaviour Support Plan (PBS)
Sensory Access	For example: - Visual impairment - Hearing impairment - Sensory regulation (e.g., sensory diet)	Classroom Teacher in collaboration with: - Case Manager - Teacher of the Visually Impaired - Teacher of the Deaf and Hard of Hearing - Occupational Therapist - Private Consultant - Other	Level 1 ⇕ Level 5	For example: - Goals to develop the student's ability to use compensatory skills (e.g., Braille and assistive technology competencies)
Communication	For example: - Functional communication skills (e.g., replacement of inappropriate behaviours with acceptable communication strategies) - Augmentative and alternative communication	Classroom Teacher in collaboration with: - Case Manager - District Speech-Language Pathologist - Augmentative and Alternative Communication Specialists - Private Consultant - Other	Level 1 ⇕ Level 5	For example: - Goals to develop the student's functional communication skills - Implementation of augmentative and alternative communication techniques

Typical Student Needs		Daily Plan Implementation (Who is responsible?)	EA/ABA SW Proximity 5 Levels	Student Independence Growth Plan
Instructional Support	For example: - Organization - Directions - Concept reinforcement - Skill development	Classroom Teacher in collaboration with: - Case Manager - LST Teacher - District Specialists - Other	Level 1 ⇕ Level 5	For example: - Goals to develop the student's ability to use compensatory skills (e.g., strategies for organization and assistive technology competencies) - Implementation of differentiated instructional techniques

EA/ABA SW Proximities
EA/ABA SW Allocation Planning Tool for Principals

EA/ABA SW Proximity Level 1	EA/ABA SW Proximity Level 2	EA/ABA SW Proximity Level 3	EA/ABA SW Proximity Level 4	EA/ABA SW Proximity Level 5
The EA/ABA SW is elsewhere in the school. The EA/ABA SW is called upon to support the student only as needed from time to time during the school day	The EA/ABA SW is in the classroom part of the day. The EA/ABA SW is available to support all of the students in the class.	The EA/ABA SW is in the classroom part of the day. The EA/ABA SW supports the student with specific activities such as with personal care needs and with transitions to new tasks.	The EA/ABA SW is in the classroom for most of the school day. The EA/ABA SW monitors and/or supervises the student and provides occasional, individual support (close, side-by-side proximity.)	The EA/ABA SW is in the classroom throughout school day. The EA/ABA SW provides ongoing support to the student (close, side-by-side proximity.)

Level 1 - Examples

Priority 1 – Examples *Health Care*	Priority 2 – Examples *Self-Help*	Priority 2 – Examples *Behaviour*	Priority 2 – Examples *Sensory Access*	Priority 2 – Examples *Communication*	Examples *Instructional Support*
- Grade 4 student who has diabetes and who is able to participate independently in most classroom activities - EA/ABA SW supports the student with glucose monitoring only during specific times of the school day	- Grade 3 student who travels in a wheelchair and who is able to participate independently in most classroom activities - EA/ABA SW supports the student with toileting periodically during the school day	- Grade 2 student who experiences difficulty with emotional regulation and who demonstrates challenges managing appropriately and effectively his frustration with other students while on the playground during recess and lunch - EA/ABA SW supports the student in using strategies fostering the student's development of positive behaviours, possibly including techniques for managing frustration and for interacting successfully with peers	- Grade 9 student who is blind, who is able to participate independently in most classroom activities, but who requires explicit instruction in learning to travel via mobility cane to new locations - EA/ABA SW supports the student in traveling to and from new classes at the beginning of the semester	- Grade 11 student who uses an electronic communication device and who is able to participate independently in most modified classroom activities - EA/ABA SW supports the student in making minor alterations to the device content to address specific events occurring during the school week and in addressing device repair requirements	- Grade 10 student who uses dictation software independently to complete most English 10 assignments and who requires support editing content containing recently introduced vocabulary - EA/ABA SW supports the student in editing written work only from time to time at the student's or the Classroom Teacher's request

Level 2 - Examples

Priority 1 – Examples *Health Care*	Priority 2 – Examples *Self-Help*	Priority 2 – Examples *Behaviour*	Priority 2 – Examples *Sensory Access*	Priority 2 – Examples *Communication*	Examples *Instructional Support*
- Grade 2 student who is able to participate independently in most classroom activities and who requires some monitoring of medical needs during part of the school day - EA/ABA SW monitors the student's medical status while assisting other students in the class	- Grade 8 student who experiences some left arm paralysis in combination with some cognitive challenges, who is able to participate independently in most subject area classes but who experiences some limitations participating meaningfully in a foods and nutrition class - EA/ABA SW is with the student during the foods and nutrition class providing the student with support as needed while also assisting other students	- Grade 1 student who is able to use calming strategies effectively most of the time to reduce anxiety during math lessons but who continues to require some prompting to use these strategies when new math concepts are introduced - EA/ABA SW monitors the student and provides prompts as needed while supporting other students in the class	- Grade 3 student with a bilateral moderate hearing loss who uses hearing aids and an FM system to access auditory information and who experiences speech and language delays. - EA/ABA SW supports the student's use of equipment and facilitates the student's access of auditory information. The EA/ABA SW provides support as needed while assisting other students in the class.	- Grade 6 student who is able to use an electronic communication device independently but who requires prompting to use it to communicate with his peers during cooperative work times - EA/ABA SW monitors the student's use of the device during specific class activities, prompting and assisting the student as needed while supporting other students in the class	- Grade 5 student who is able to complete most class activities independently but who experiences difficulty beginning assignments and prioritizing tasks - EA/ABA SW supports the student with breaking down longer assignments or projects into manageable chunks and with developing a prioritized personal work schedule

EA/ABA Support Model & Allocation Planning Tool for Principals

Level 3 - Examples

Priority 1 – Examples *Health Care*	Priority 2 – Examples *Self-Help*	Priority 2 – Examples *Behaviour*	Priority 2 – Examples *Sensory Access*	Priority 2 – Examples *Communication*	Examples *Instructional Support*
- Grade 2 student who is able to participate independently in most classroom activities and who requires some monitoring of medical needs during part of the school day - EA/ABA SW monitors the student's medical status while assisting other students in the class	- Grade 3 student who is able to participate in some classroom activities independently but who requires supervision and assistance to ensure his safety while eating his recess snack and his lunch - EA/ABA SW supervises the student during times in which the student is eating and provides assistance as needed	- Grade 8 student who is able to complete most academic tasks independently, who experiences significant difficulties with organization and who shuts down upon being presented with new assignments in his Science 8 class - EA/ABA SW supports the student in the use of coping strategies as needed during task start-up times	- Grade 5 student with significant cognitive delay in combination with a profound hearing loss and who uses a cochlear implant and FM equipment to access auditory information - EA/ABA SW supports the student's use of the equipment and fosters the development of the auditory verbal processing skills required for increased independent access of auditory information.	- Grade 10 student who uses an electronic communication device in combination with visual supports for communication and who experiences significant anxiety when beginning new academic tasks - EA/ABA SW monitors the student and provides supports as needed to support the student's use of the communication device and to prompt the student in the use of calming strategies as needed	- Grade 9 student with brain injury who is able to participate in most classroom activities independently but who requires assistance reviewing key concepts before writing tests in his Science 9 and Math 9 classes - EA/ABA SW supports the student in reviewing key concepts before the student writes Science 9 and Math 9 tests

Level 4 - Examples

Priority 1 – Examples *Health Care*	Priority 2 – Examples *Self-Help*	Priority 2 – Examples *Behaviour*	Priority 2 – Examples *Sensory Access*	Priority 2 – Examples *Communication*	Examples *Instructional Support*
- Grade 2 student who experiences seizures from time to time - EA/ABA SW monitors the student's medical status throughout the day with occasional close, side by side proximity	- Grade 3 student who travels in a wheelchair and who requires assistance with some tasks as a result of limited hand and arm mobility - EA/ABA SW monitors the student and provides assistance with tasks such as accessing textbooks and putting on and taking off his coat as needed throughout the school day	- Grade 1 student who makes frequent and inappropriate comments while the Classroom Teacher instructs the class - EA/ABA SW monitors the student and provides support in the use of strategies fostering the development of positive behaviours	- Grade 2 student who experiences significant developmental delay and who requires targeted and intensive sensory input. - EA/ABA SW facilitates the student's participation in a specifically designed sensory diet. The EA/ABA SW monitors the student's participation in classroom activities providing occasional assistance as needed	- Grade 3 student who uses a picture based communication system with support - EA/ABA SW monitors the student and provides support as needed to encourage the student's effective use of the communication system and to facilitate interactions between the student and his peers	- Kindergarten student who demonstrates limited school readiness skills - EA/ABA SW monitors the student and provides support as needed with listening activities, turn-taking with other students, and organizing personal belongings.

Level 5 - Examples

Priority 1 – Examples *Health Care*	Priority 2 – Examples *Self-Help*	Priority 2 – Examples *Behaviour*	Priority 2 – Examples *Sensory Access*	Priority 2 – Examples *Communication*	Examples *Instructional Support*
- Grade 1 student who is medically fragile, who experiences developmental delay, who travels in a wheelchair and who requires assistance with most tasks - EA/ABA SW is within close proximity of the student providing support with procedures such as positioning to facilitate breathing or to alleviate pain	- Grade 1 student who is medically fragile, who experiences developmental delay, who travels in a wheelchair and who requires assistance with most tasks - EA/ABA SW is within close proximity of the student providing support with mobility, toileting and feeding via G-tube	- Kindergarten student who demonstrates minimal school readiness skills in combination with significant difficulty managing frustration appropriately - EA/ABA SW is within close proximity of the student providing support in the use of strategies fostering the development of positive coping behaviours	- Grade 2 student who experiences hearing and vision loss, who has developmental delay, who is nonverbal and who travels in a wheelchair. - EA/ABA SW is within close proximity of the student providing environmental information and facilitating the student's participation in functional routines	- Kindergarten student who experiences developmental delay, is nonverbal and travels in a wheelchair - EA/ABA SW is within close proximity of the student providing support in the student's use of an object-based calendar system and in facilitating interactions between the student and his peers	- Grade 2 student who experiences significant developmental delay, who is nonverbal and who travels in a wheelchair - EA/ABA SW is within close proximity of the student facilitating learning opportunities in basic concepts via the student's participation in functional routines

Student Support Plan
EA/ABA SW Allocation Planning Tool for Principals

Student Name: _____   Date of Birth: _____

Grade/Class: _____   School Year: _____

Function of Support	EA/ABA SW Proximity - 5 Levels	Student Independence Growth Plan
Priority 1 – Health Care For example: • Seizure management • Diabetes management • Medical procedures Specific details: _____ _____ _____	Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐	For example: • Goals to develop the student's ability to manage independently some aspects of his or her health care needs _____ _____ _____ _____ _____ _____
Priority 2 – Self-Help For example: • Toileting • Feeding • Mobility Specific details: _____ _____ _____	Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐	For example: • Goals to develop the student's ability to participate in self-help activities and routines with increasing independence _____ _____ _____ _____ _____
Priority 2 - Behavior For example: • Routines • Visual supports • Coping skills Specific details: _____ _____ _____	Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐	For example: • Goals to develop the student's ability to participate in classroom activities successfully _____ _____ _____ _____ _____
Priority 2 – Sensory Access For example: • Visual impairment • Hearing impairment • Sensory regulation (e.g., sensory diet) Specific details: _____ _____ _____	Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐	For example: • Goals to develop the student's ability to use compensatory skills (e.g., Braille and assistive technology competencies) _____ _____ _____ _____ _____
Priority 2 – Communication For example: • Functional communication skills • Augmentative and alternative communication Specific details: _____ _____ _____	Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐	For example: • Goals to develop the student's functional communication skills _____ _____ _____ _____ _____
Instructional Support For example: • Organization • Directions • Concept reinforcement Specific details: _____ _____ _____	Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐	For example: • Goals to develop the student's ability to use compensatory skills (e.g., strategies for organization and assistive technology competencies) _____ _____ _____ _____

Positive Behaviour Support Handbook

INTRODUCTION

Students can experience social/emotional or mental health problems that range from mild to serious that can manifest in behaviour that interferes with their ability to be successful at school. Most students with social/emotional difficulties can be supported in school through positive behaviour support planning and school-based services (e.g., counselling, child and youth care worker support). A smaller number of students require more intensive support.

The function of behaviour is to communicate and all behaviour has meaning. It is also important to recognize that children and youth do well if they can. When they cannot do well, it is up to us to understand and address their social/emotional needs. In so doing, we assist them with communication (e.g., through the use of visuals), conduct functional analyses of behaviour, re-structure the environment (including how personnel respond to the student's behaviour) or schedule (e.g., provide a sensory break), develop a student's skills (e.g., teaching them to stop on command), address emotional states such as anxiety that contribute to behaviour (e.g., teaching self-calming strategies), and ensure student safety (creating plans of supervision) through the creation of individualized support and supervision plans.

Students who are in the process of learning functional communication may benefit from the use of Augmentative and Alternative Communications (AAC). AAC includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas. Students who have severe speech or language problems rely on AAC to supplement their existing speech or replace speech when they are working to develop functional speech. AAC may include Picture Exchange Communication Systems (PECS), the use of technology (e.g., hardware and software), and/or sign language. For students who may benefit from AAC support, the inclusion teacher should consult with the school SLP for an AAC SLP Referral in order to receive support.

SCHOOL BASED ASSESSMENT AND PLANNING

Case Management and Collaboration

The principal of the school should ensure that students struggling to be successful are assigned a case manager to co-ordinate development, documentation and implementation of collaborative planning, including development of the student's IEP (Special Education Services: A Manual of Policies, Procedures and Guidelines [2016]). Case managers should be assigned whether or not students are designated. Where possible, students should have the same case manager over extended periods (e.g., K through Grade 7, or Grade 8 through 12) in order to support relationship building and a coherent education plan.

The assessment process begins at the classroom level.

When teachers first notice that a student is struggling, they will consult with the parents and attempt alternate strategies to support the student in the classroom. If this does not achieve the desired gains, the teacher may seek assistance of other school-based services or from the school-based team. The teacher observations should be incorporated into the identification and assessment process. The school-based team may access other school or district support services, and/or request additional assessment. For more information on school-based teams, please refer to the *LST Handbook of Guidelines and Procedures*. It may also be appropriate at this stage to involve the family's physician or other community agencies (e.g., Child and Youth Mental Health).

Assessment should:

- focus on strengths as well as needs;
- integrate information from the different aspects of a student's life;

- rule out or address other conditions, which may be precipitating or contributing to the behaviour (e.g., hearing loss, learning disabilities, medication side-effects, sleep patterns);

- address the possibility of other medical or health concerns;

- analyze the student's functional behaviours in various settings and with different people who regularly are a part of her/his environment (functional behaviour assessment);

- clarify the characteristics of the behaviour concerns (or mental illness, if diagnosed);

- contribute to the process of planning and evaluating the student's educational program.

The assessment process involves the interpretation of information and data collected from multiple sources including observations, student files, records, and other formal and informal behaviour assessments.

PROGRAMMING AND ONGOING INTERVENTION

In accordance with the process described in these sections, relevant school and district staff, parents and; when appropriate, relevant professionals, service providers, or agencies and the student collaborate to develop a plan.

There are many reasons why students engage in challenging behaviour, although we generally classify the reasons in relation to (1) avoidance/escape or; (2) obtaining something desirable. Traditional thought has asserted that interventions are dependent on the function of the behaviour. This notion led to development of Functional Behaviour Assessment (FBA) approaches.

Functional Behaviour Assessment (FBA)

Functional Behaviour Assessment is a process used to gather information about events that predict and maintain a student's challenging behaviour. The purpose of the FBA is to obtain information that will lead to development of the IEP. The manner in which a Functional Behaviour Assessment is completed depends on the student's challenging behaviour, strengths, and needs. The complexity of the functional assessment is dependent upon the complexity of the behaviour, which may range from minor disruptive behaviour to serious self-harm or aggression at home, school, and in the community. The FBA is considered complete when the following five outcomes have been achieved.

1) A clear description of the challenging behaviours, including classes or sequences of behaviours that frequently occur together.

2) Identification of the events, times, and situations that predict when the challenging behaviours will and will not occur across the full range of typical daily routines.

3) Identification of the consequences that maintain the challenging behaviours (that is, what functions the behaviours appear to serve for the person).

4) Development of one or more summary statements or hypotheses that describe specific behaviours, a specific type of situation in which they occur, and the outcomes or reinforcers maintaining them in that situation.

5) Collection of direct observation data that support the summary statements that have been developed.

A functional behaviour interview may be conducted when the function of the behaviour is not clear and the behaviour is significantly interfering with the ability of the student and/or his/her peers to access education.

Positive Behaviour Support (PBS) Planning

The Surrey School District embraces the philosophy of Positive Behaviour Support (PBS); PBS is not a specific program, but rather a broad, generic term that describes a set of culturally appropriate strategies or procedures designed to improve behavioural success by employing non-punitive, proactive, systematic techniques. PBS based assessment is a planning process for understanding the function of behaviours and the development of a support plan that promotes the development of new skills, while altering the environment. This process supports team members in their development of plans, and promotes a more effective use of time to discuss assessment and implementation of a behaviour plan. Goals and objectives that are positive and attainable, as well as observable and measurable, help students and school teams set criteria for positive behaviour. The Low Arousal Approach is consistent with creating a positive and respectful learning environment.

Positive Behaviour Support Planning assists children and youth in developing appropriate and socially acceptable behaviours. A Positive Behaviour Support Plan is developed in response to the Functional Behaviour Assessment results (i.e., that which determined what in the environment may be reinforcing or deterring behaviours). Positive Behaviour Support Planning works best with a full understanding of the process and guided practice for the first few interventions. A Positive Behaviour Support Plan includes incorporating replacement behaviours and plans for teaching new skills.

FBA and PBS involves:

6) Collecting behavioural data to determine baselines regarding specific behaviours, frequency, duration, etc.;

7) Analyzing behavioural data to determine the function of the behaviour;

8) Identification of a more desirable "replacement behaviour";

9) Development and implementation of a plan to teach the "replacement behaviour";

10) Using an *Implementation Support Plan* to monitor student progress and ascertain the efficacy of the plan.

There are a number of resources and tools to help school teams develop behaviour support plans based on the functional behaviour interview and data collected from observations. Inclusion teachers may work with District Behaviour Specialists and/or district staff (when needed) to conduct FBAs and develop PBS plans. Frequent, intensive behaviour may require an integrated wrap around approach that involves community partners.

Practical Functional Assessment (PFA)

Recent lines of thinking (Slaton & Hanley, 2018; Ghaemmaghami et al., 2018; Jessel et al., 2019; Jessel et al., 2016; Slaton & Hanley, 2016) assert that the ability to demonstrate strong control over an inferred class of problem behaviour is more important than attempting to identify the adaptive function of problem behaviour. More specifically, Hanley asserts that attempting to identify the function of a problem behaviour is both a language trap, limiting one's ability to identify qualitatively rich interactions influencing problem behaviour, and a process trap, increasing risk during analyses and preventing the practitioner from achieving socially meaningful treatment outcomes. Our aim is to free the function of behaviour (and practitioners) from these language and process traps. At the time of this writing, the school district is working closely with Dr. Hanley to develop district capacity in relation to PFA, so watch for future learning opportunities.

Individual Education Plans (IEPs)

The Ministry of Education requires that an Individual Education Plan (IEP) be developed for each student designated as requiring positive behaviour support/intervention or as having serious mental health. The FBA/PFA data inform the IEP and often incorporate the PBS Plan. The IEP describes:

- current behavioural and learning strengths and needs;

- goals for the student's program referenced by measurable objectives;

- behavioural strategies used to achieve the goals and measures for tracking student achievement of the goals;

- (if applicable) specification of the components of the curriculum that will be adapted and/or modified;

- resources required to support the student;

- names of staff responsible (school, community agencies) for implementing the plan;

- parents' role in supporting the plan;

- means of evaluating the efficacy of supports/interventions and a timeline for evaluation;

- decisions regarding where the plan will be implemented; and

- transition plans.

Intervention plans should be implemented in the settings in which the behaviour(s) is/are occurring.

IEPs should be placed in the student's file and reviewed within the school year. Please refer to the Ministry of Education document *"Special Education Services: A Manual of Policies, Procedures and Guidelines"* for timelines.

Student Plan of Supervision

A plan of supervision enables the inclusion teacher to document and formalize the school response to serious behaviours that put student safety at risk. Specifically, a Plan of Supervision identifies who is supervising the student (e.g., classroom teacher(s), EA, Child Care Worker, etc.) and what level of support is required (e.g., arm's length, visual monitoring, etc.) throughout the school day and at key times such as during transitions, recess, etc. A plan of supervision is recommended when a student leaves assigned areas, bolts, or is at risk of causing harm to his or herself or to another student.

The parent must be involved in the planning process and signatures by those involved indicate that they have been consulted in the development of the plan.

Please note: The focus of an Employee Safety Plan is a plan developed to protect the employee; it is not a plan that to improve student behaviour. An Employee Safety Plan should always be followed by the development of a Positive Behaviour Support Plan if one is not already in place.

Outside Agency Involvement for Students Designated as Requiring Intensive Behaviour Intervention or as Having Serious Mental Illness

Students identified as requiring intensive behaviour intervention or having serious mental illness require ongoing inter-agency involvement. This is because the Ministry requires that we demonstrate that a student's needs are of such complexity that the involvement of multiple agencies is required to create and

implement a meaningful and effective educational program. Integrated Case Management (ICM) is a team approach taken to coordinate various services for a specific child and/or family through development of a cohesive plan. All members of the team work together to provide assessment, planning, monitoring, and evaluation. The team should include all service providers who have a role in implementing the plan, and the child (when appropriate) and his/ her family.

ICM meetings should occur when professionals representing various agencies (e.g., Ministry of Children & Family Development, Ministry of Health, Ministry of Education) are involved with a particular student, and an integrated approach to programming is in the student's best interests. ICM meeting minutes must provide evidence of intensive, collaborative on-going planning and service coordination.

If the case manager and SBT are unable to access inter-agency involvement, please contact your Zonal DBS or School Psychologist.

Evaluation and Reporting

For students who require intensive behaviour intervention or have serious mental illness, evaluation will be based on the regular standards (e.g., extent to which learning outcomes were attained), the IEP, and ministry policy. Formal program modifications do not occur until grade 10, and then only for a student who has a mild or moderate intellectual disability.

Communication of student learning should occur as it would for all students.

The case manager is responsible for ensuring that the student file is in good order, and is audit ready. Files should be reviewed on an ongoing basis, for currency, accuracy, and organization.

The Behaviour Intervention/Mental Illness Instructional Support Planning Process document (BC Ministry of Education: https://www2.gov.bc.ca/assets/gov/education/kindergarten-to-grade-12/teach/teaching-tools/inclusive/behaviour_intervention.pdf) was developed to assist with assessment and programming.

REFERRAL PROCESS

Pre-Referrals to Student Support

Sometimes, despite ongoing school level supports and consultation/collaboration with district and community level support personnel, a student may continue to struggle. When this occurs, the principal may submit a *Student Support District Teams Collaboration Request* form to Student Support. A *District Teams Collaboration Request* assists the district by helping to align district support with school needs; it also assists the district by:

- Providing Student Support with information about the student so that we are able to connect you with the appropriate district contact;

- Illustrating emerging needs across the district, which enables Student Support to develop workshops, and provide in-service in relation;

- Providing continuity (e.g., school, district, community) with respect to membership on educational teams; and

- Maintaining efficiency (e.g., by ensuring there is a primary district contact).

The *"Student Support District Teams Collaboration Request"* form" is located on the Hub here: https://www.surreyschools.ca/departments/EDSC/About/Documents/STUDENT%20SUPPORT%20-%20FORMS/Student%20Support%20District%20Teams%20Collaboration%20Request%20Form.pdf.

Referrals to Student Support

When a student continues to have ongoing struggles despite formal and ongoing interventions and involvement from district and community partners, the SBT may decide to submit a referral to Student Support, for consideration as a student requiring moderate behaviour support of having mental illness. Please note that all Student Support referrals for category H *must* be accompanied by ICM minutes and/or a communication record that clearly documents an ongoing partnership between the school district and the cross-agency partner from within 12 months of the referral date.

Referrals are made by completing the *"Student Support Referral form"* and submitting, with attachments and appropriate signatures, to Student Support where it will be processed. This form is located on the Hub here: https://www.surreyschools.ca/departments/EDSC/About/Documents/STUDENT%20SUPPORT%20-%20FORMS/STUDENT%20SUPPORT%20REFERRAL.pdf.

Special Program Referral Process

In a very small number of instances, a student continues to struggle despite the implementation of numerous interventions across settings and over time, and extensive District Behaviour Specialist (DBS), Special Education Helping Teacher (SPED HT) and/or District Resource Counsellor (DRC) involvement. When this occurs, placement in a district or inter-agency program such as Social Development, Connections, Lee School, etc. may be considered.

Effective practice supports a collaborative team approach with involvement at the school, district, and community level.

Along with ongoing consultation of the SPED HT, DBS or DRC, the referral process to special programs requires that the following copies accompany the referral:

- the PR Card

- the school based team notes, ICM meeting minutes

- IEP

- achievement information (Level A/B assessment data)

- a scored Teacher Norm Referenced Behaviour Assessment Report

- a scored Parent Norm Referenced Behaviour Assessment Report

- most recent psycho-educational assessment

- most recent speech-language assessment

- medical /psychiatric reports/OT screening documents

- *Behaviour Intervention/Mental Illness Instructional Support Planning Process* document from the Ministry of Education website: https://www2.gov.bc.ca/assets/gov/education/kindergarten-to-grade-12/teach/teaching-tools/inclusive/behaviour_intervention.pdf

DISTRICT PROCESSES: HEALTH AND SAFETY

Ethical Touch and Maintaining Personal Space When Working with Students

Staff members must maintain personal space when working with students. This does not mean EAs may not assist with:

- Daily living (needs (e.g., a student who has mobility issues may require assistance with standing, may require lifting etc.) as outlines in his or her Individual Education Plan;

- Personal care needs (e.g., toileting) as outlined in his or her Individual Plan;

- Sensory needs (e.g., through the use of dep touch pressure) as outlined in his or her Individual Education Plan;

- Safety needs (e.g., verbally redirecting a student who regularly attempts to climb on a playground apparatus that he or she may fall from), as outlined in his or her Individual Education Plan.

Physical contact is also appropriate when:

- By way of his or her actions, a student is believed to be at risk of harming him or herself or another (e.g., a student attempts to run in front of traffic);

- Providing assistance or support to students who have hurt themselves (e.g., through the provision of first aid treatment;

- It consists of non-intrusive touch (e.g., pat on the upper arm, shaking hands, arm across shoulder while standing shoulder to shoulder and hip to hip).

Important Considerations

- The use of verbal direction is preferable to the use of touch;

- Touch should occur only with a student's permission—do not presume that physical contact is acceptable;

- The reasons for touch should be explained to a student/clarified beforehand; and

- Touch needs to be governed by the student's age, ability and developmental level and s*hould not involve* hand holding, hugging, sitting on a lap, cuddling, or standing closer than an arm's length. *In some circumstances, young children may have expectations for hugs, cuddles, sitting on lap and hand-holding. In such situations, staff members will need to be sensitive and assist the student in developing a replacement behaviour.*

For more in-depth information regarding the Ethics of Touch, please refer to: Ethics of Touch: Establishing and maintaining appropriate boundaries in service to people with developmental disabilities.

Maintaining Personal Space When Working with Students was developed through collaboration between Student Support, Health & Safety, and CUPE. For additional details, please refer to *Maintaining Personal Space Protocol*.

RESTRAINT AND SECLUSION

Restraint is defined as restricting a person's freedom of movement by holding the person for seconds, minutes or hours (only when prescribed by Student Support who have provided training and assisted in plan development), and even then, only when physical contact including restraint is outlined in a student's Individual Education Plan or Employee Safety Plan and when it is done by individuals who have received training from an approved Non-Violence Crisis Intervention instruction. Restraint may be used only:

- As a last resort;

- When there is an immediate danger to self or others; or

- When other ways to manage the person's dangerous behaviour have failed (verbal redirection).

The British Columbia Ministry of Education provides clarity, with respect to the use of restraint and seclusion, and has directed school districts to develop policy and regulation in relation. For details, please refer to Provincial Guidelines - Physical Restraint and Seclusion in School Settings.

The Surrey *Safety Seclusion/NVCI Hold/Transfer Procedure Protocol* notes that the use of restraint or seclusion is a restricted practice. Specifically, no school team may engage in the use of restraint or seclusion without prior written consent from the District Principal or Student Support. Furthermore, when safety seclusion, holds, or transfers are utilized, the following documents are to be completed:

1. *Safety Seclusion/Hold/Transfer Incident Report for Parents*; and

2. *Safety Seclusion/NVCI Hold/Transfer Procedure Summary Record*.

WorksafeBC Risk Assessment

Worksafe BC risk assessments involve a proactive process to ensure workers are protected. Specific risk assessment requirements for organizations in B.C. are defined in different parts of the Occupational Health and Safety Regulation.

WorksafeBC Employee Safety Plan

An Employee Safety Plan is a 'risk containment" plan - that is, instructions regarding what to do or not do to eliminate or mitigate risk. Some students may experience emotions that escalate to physical behaviours that present a risk to themselves, to employees and to other students. Employees who experience violence in the course of their work are covered under the Workers Compensation Act. Surrey School District is committed to providing a workplace as safe from the threat of violence as possible through risk management, assessment and control procedures. An Employee Safety Plan is a plan designed to keep people safe. Employee Safety Plans need to be written so that a person unfamiliar with the student knows the safest way to prevent and respond to problems.

An Employee Safety Plan should be written when:

- A risk assessment reveals that the frequency or intensity of an incident or past incident indicates a possibility of injury to staff.

- There is an incident that causes injury to staff or for staff members to feel unsafe, and the risk assessment confirms the need for an Employee Safety Plan. It is important that your safety concerns are taken seriously.

The *Employee Safety Plan template* is found on the Hub here:
https://www.surreyschools.ca/departments/EDSC/About/Documents/STUDENT%20SUPPORT%20-%20FORMS/Employee%20Safety%20Plan%20template-%20fill%20save%202015.pdf

Employee Safety Plans: Practical Tips

➤ Ensure that copies of Employee Safety Plans in a central location (e.g., office) so that TTOCs and casual EAs are able to read and sign Employee Safety Plans when dispatched to the site.

➤ Keep signed, original Employee Safety Plans in the student permanent record file.

➤ Ensure that TTOCs and casual EAs have sufficient time to familiarize themselves with Employee Safety Plans (e.g., *at least 15 minutes*).

➤ Where a student has complex needs such as those warranting an Employee Safety Plan, it is recommended that when the regular EA is absent, an EA who is familiar with the student provide support throughout the day. This information should be noted in the Employee Safety Plan.

➤ Staff members must have the opportunity to debrief an incident with the support of administration, before the Employee Safety Planning process commences. *The Employee Safety Plan meeting is not the place to debrief an incident.*

➤ Reminder: Employee safety is addressed through an Employee Safety Plan. The student's social-emotional development is addressed through a Positive Behaviour Support Plan.

Ensuring Staff Safety:

1) The principal (or designate) must ensure that staff members are made aware of their responsibility to report situations where safety is threatened;

2) The district employee must promptly report incidents of violence (as defined by Work Safe BC) to the principal;

3) The principal (or designate) must immediately initiate an investigation following a report of violence toward a staff member or district employee;

4) During the investigation, it may be appropriate for the student to be at home until the Employee Safety Plan is developed or reviewed. This process should be timely and the student should return to school as soon as possible;

5) When an incident of violence occurs, the affected staff member or district employee must complete an "Employee Injury/Incident Report" located online through ESS. The completed report routes to the Manager, Health and Safety and a District Principal at Student Support;

6) Based on the results of the investigation, the principal (or designate) may call a meeting to design or review an Employee Safety Plan in order to minimize risk;

7) The school-based Principal is responsible for development of all Employee Safety Plans. The inclusion teacher will assist/consult in this process. Student Support staff (e.g., District Behaviour Specialist) may also assist in the process;

8) The Employee Safety Plan meeting must include the principal (or designate), the inclusion teacher, all personnel (EAs etc) who work directly with the student, the student's parent(s) or guardian(s) and the student (when appropriate);

9) Please refer to the Employee Safety Plan template on the Special Education webpage on the Hub;

10) The principal (or designate) will review all Employee Safety Plans and communicate hazards at regularly scheduled meetings of the school Health and Safety Committee;

11) If the risk of student violence changes or a subsequent incident of violence occurs, the school team should call a meeting to review and/or modify the existing Employee Safety Plan;

12) The Employee Safety Plan requires careful documentation:

- A copy of the Employee Safety Plan must be kept at the administrative office and **all** personnel (including TTOC's, casual EAs) who work with the student **must** read and sign the Employee Safety Plan before interacting with the student;

- When the student takes a bus to school, the principal must notify Student Support staff, who will forward a copy of the Employee Safety Plan to the Transportation Department to ensure that the bus driver is aware of the plan; and

- A copy of the Employee Safety Plan must be forwarded to the Student Support department for documentation purposes.

13) If anyone who will be working with the student refuses to sign the Employee Safety Plan, the principal (or designate) must contact the Manager, Health and Safety for assistance.

Violence, Threat, Risk Assessment (VTRA)

Threat assessment is the process of determining if someone who utters, writes, emails, etc., a threat to kill a target or targets, actually poses a risk to carry out the threat. Assessing a threat involves data collection and semi-structured interviews by trained district personnel and police.

The primary purpose of multi-disciplinary Violence, Threat, Risk Assessment (VTRA) is to identify indicators that suggest a student may be moving on a pathway towards violence against him/herself or others and intervene to decrease that risk, prevent injury, and support the student in receiving the help necessary to address the issues contributing to the high-risk behaviour.

When a student who has special needs engages in threat making, the school administrator may look to the school team for further information and will contact the District Resource Counsellor (DRC) to discuss whether the Threat Assessment Protocol is required. The DRC will assist the school team in clarifying *whether this is typical "baseline" behaviour, or whether a significant or gradual change has occurred* that meets the criteria for activating the threat assessment protocol. In both scenarios, the inclusion teacher and other staff who provide services to the student should work with the Threat Assessment Team to ascertain risk. In the rare circumstance when the team decides to carry out a Threat Assessment involving a student who has special needs, considerable care must be taken so as not to cause the student further trauma or emotional harm.

If you require assistance with writing Employee Safety Plans or Positive Behaviour Support Plans, please contact a District Principal at Student Support.

Please refer to School District Policy 7280: Violence Against Employees in the Workplace and Regulation 7280.1 Violence Against Employees in the Workplace for more information.

Sometimes educational teams must take extra care to ensure student and staff safety, while providing students with access to an educational program. For information regarding relevant district policies, regulations, and protocols, please refer to *Student to Staff Workplace Violence Policies Regulations and Protocols, as well as the Safe Schools Critical Incident Resource: A Guide for Planning and Response handbook on the Hub.*

Positive Behaviour Support Handbook

Suspension of Students who have Special Needs

Some students who have identified low incidence special needs exhibit particular challenges because of the nature of their needs (e.g., difficulties with verbal communication and/or self-regulation). Careful planning (e.g., Positive Behaviour Support Plan, Employee Safety Plan, Re-integration Plan) is required when these challenges present a concern to the student and the school community.

Students who have special needs are not typically suspended from school. Please have your administrator contact the District Principal, Student Support and your Area Assistant Superintendent if you are considering a suspension.

Emergency/Evacuation Planning

Every student who has a low incidence designation and requires assistance to evacuate the building during an emergency requires a written emergency/evacuation plan. The inclusion teacher should submit the drafted plan to the school's Health and Safety Committee for approval.

A copy of the plan should be attached to the student's IEP and placed in the student file and reviewed several times throughout the year. The classroom teachers and the EA should also have copies of the plan, and be fully familiar with the protocol in the event that evacuation is required.

If the student has extensive needs (e.g., medication, special equipment, etc.) a grab-and-go bag containing critical supplies should be assembled and left ready as a part of the plan. *The contents of a grab-and-go bag should also be kept along with the school's emergency preparedness supplies and checked for expiry dates.* The following is a list of possible contents:

- Phone numbers for emergency contact of parents and alternate contacts;

- Medications (3 day supply);

- Medical supplies and First Aid basics;

- Toileting supplies;

- Juice box, non-perishable snacks;

- Books, puzzles, activities, felt pen, paper, tape, scissors, string, etc.;

- Collapsible umbrella; and

- Blanket.

For more information, please see the *Safe Schools Critical Incident Resource: A Guide for Planning and Response handbook* on the Hub.

FREQUENTLY ASKED QUESTIONS

1. **What happened to the 333 and 328 codes?**

   The school district uses the BC Ministry of Education Category coding system as the '300' codes are no longer necessary.

2. **Why do I need to submit IEP, SBT notes, ICM minutes, and assessment date with referrals?**

   A copy of the IEP, as well as SBT and ICM meeting minutes provides context for the duration of the challenges, student strengths and areas for growth, as well as remediation attempts and results. These documents also provide information regarding the members of the educational team and their respective role and responsibilities. Assessment data enables us to understand academic progress, which is often associated with challenging behaviour. Where a students' achievement is within the range expected, we would be able to rule out achievement as a contributing variable.

3. **What kinds of data and information gathering resources are useful for school teams?**

   - ABC recording
   - Frequency recording
   - Interval recording
   - Duration recording
   - Team Assessment and Positive Planning (TAAPP)

   (Please see BOATS publication https://www.cieducation.ca/teaching-resources *for a copy of the above forms and a more detailed explanation of how to use them.)*

   - Permanent Student Record file reviews
   - School Based Team notes/reports
   - Level A/B testing and/or psycho-education reports
   - Direct interviews
   - Teacher/C/YCW past or current behaviour reports/letters
   - Discipline records/suspension reports

4. **What is an Employee Safety Plan?**

   An Employee Safety Plan is developed to help ensure the safety of the adults who work with a student who exhibits challenging behaviour. Please see the following documents on the Hub:

   Employee Safety Plan Development   *Employee Safety Plan Template*

5. **What is the process of maintaining an "R" or "H" designation?**

   Placement in a special education funding category is not intended to be static from year to year, as it is expected that an intensive and coordinated approach, including in some cases medical intervention, will result in the desired changes. Reviews should be conducted at least two times a year, and more frequently if warranted. Districts may claim students in subsequent years in this category, only if they are justified in doing so because of particular circumstances surrounding the intensity of each student's requirement for services and case management, as reflected in the student's IEP.

6. **What supporting documents are required to accompany referrals to district behaviour programs?**

   The following Ministry of Education thresholds must be reflected in the H or R referral documentation.

A completed Student Support referral form including:

1. Current IEP.

2. Documentation to identify the behaviours of concern and the school interventions, supports and programming:

   - School Based Team meeting minutes.

   - Functional Behaviour Interview/Assessment results.

   - Current and past positive behaviour plans.

   - Suspension or discipline reports.

   - Counsellor or Child/Youth Care Worker (CYCW) reports.

   - Anecdotal notes, observation notes, ABC recording, Frequency recording.

   - Summary of behaviour concerns from file review or past/current teacher reports.

3. Level B assessment data.

4. A completed Ministry of Education Behaviour Intervention/Mental Illness Instructional Support Planning Process assessment.

5. A psycho-educational assessment (if available).

6. Documentation of assessment of a mental health diagnosis (if available).

7. Name and contact information of the outside agency connected to the student (for any designation and required for H designations) including a*n outside agency referral and waitlist placement and/or a documented history of agency support (e.g., ICM meeting minutes).*

8. Evidence that a school psychologist has been consulted in the referral process (signature on referral or include school based team notes indicating his/her participation).

DISTRICT ACTION TEAM
for AUTISM
(DATA)
HANDBOOK

PREAMBLE

In developing the District Action Team for Autism (DATA) Handbook, the team is offering an opportunity to clarify expectations and to share understanding of their potential roles and responsibilities. The District Action Team for Autism embraces the philosophy of inclusion and attempts to support the learning environment needs for all children, including the most vulnerable in the student population.

The information contained in this handbook is meant to inform and guide district support staff, School-Based Teams (SBT), administrators, classroom teachers, specialist teachers (LST, IST, BASES), school counsellors, education assistants (EAs), applied behaviour analysis support workers (ABA SWs), child and youth care workers (C/YCWs), community partners, parents/legal guardians, and students:

1) in understanding how the Universal Design for Learning framework dovetails with District Action Team for Autism methodology;

2) in gaining knowledge of the District Action Team for Autism guiding beliefs;

3) in outlining areas of potential service delivery;

4) in highlighting methods of effective practices;

5) in addressing frequently asked questions; as well as,

6) in defining commonly used terms.

Members of the District Action Team for Autism are trained in current research and scientific knowledge related to autism and other developmental disabilities. They have completed specialized training in applied behaviour analysis (ABA), often having completed a Masters or Doctoral degree, and BCBA certification. The District Action Team for Autism adhere to standards of effective practice and ethical guidelines of their profession.

GUIDING BELIEFS

The DATA are committed to the following values:

Respect for Diversity and the Rights of the Individual

- To act in the best interest of the child.
- To honour the diverse needs of students.
- To respect the privacy, confidentiality, and self-determination of individuals.
- To maintain student dignity.

Responsiveness to the Child/Youth

- To establish trusting relationships.
- To listen to parent(s)/family/legal guardian(s) concerns.
- To support the classroom teacher, specialist teachers, school counselors, district staff, and administrators in their work.
- To involve outside agencies and community services as needed.

Capacity Building

- To empower school staff through collaborative consultation.
- To share knowledge and strategies focused on the individual as well as across systems.
- To seek sustainable improvements with respect to the learning environment.
- To use behavioural skills training to develop capacity.

Interventions

- To support the least intrusive and earliest intervention.
- To engage consultation, evidence-based problem solving, and follow-up.
- To focus on intervention of social, emotional, educational and behaviour challenges.

THE ROLE OF THE DISTRICT ACTION TEAM FOR AUTISM (DATA)

The main goal of the DATA is to take systematic steps to understand and support staff in working effectively with students exhibiting behaviours that significantly interfere with their ability to be included in a classroom, school and/or community setting. The following highlights some of the areas in which the DATA might provide assistance.

DISTRICT-WIDE INTERVENTIONS

The BCBA certified members of the DATA provide:

- *In-service Education.* Providing Behaviour Technician Training to Education Assistants (EAs) as well as educational teams. The 40 hour training program for EAs is academically rigorous and followed by a skills-based competency exam.

- *Networking.* Networking with outside agency personnel (e.g., Autism Community Training, Ministry of Family and Child Development (MCFD), Autism Information Services BC (AISBC), etc.) in order to plan and implement individual and district-wide programs.

SCHOOL/CLASS-WIDE INTERVENTIONS

Members of the DATA may work to plan and implement classroom-based intervention services including:

- *Consultation and Collaboration.* Assisting staff members and school-based teams (SBT) with intervention programming for classroom-based initiatives such as enhancing:

  - Home school collaboration

  - Collecting and interpreting behavioural data

  - Working collaboratively to develop plans of intervention

  - Conducting functional behaviour assessments.

- *In-service Education.* Providing in-service training and workshops to teachers, education assistants, applied behaviour analysis (ABA) support workers in areas such as:

  - measurement

  - assessment

  - skill acquisition

  - preventing problem behaviour

  - documentation and reporting

  - ethics

  - educational programming for complex learners.

EVIDENCE-BASED INTERVENTION

Members of the DATA take part in district-based research projects. Members of the DATA are informed and participate in professional development to keep abreast of current research and apply this to their daily practice.

STUDENT-FOCUSED DIRECT INTERVENTION

- *Consultation and Collaboration.* Consultation and collaboration with teachers, administrators, parents, students, education assistants, district staff, other district and community agencies regarding the nature and educational implications of students' strengths and needs, integrating educational strategies across settings, and engaging in data-driven decision making.

- *Planning.* Recommendations are integrated into IEPs, Positive Behaviour Support Plans, Employee Safety Plans.

- *Setting Goals.* Setting goals for students is based upon gathered information and functional assessment results.

- *Assisting EAs, ABA SWs, and Teachers.* Suggesting instructional strategies and programs are based upon students individual strengths and needs.

- *Functional Behaviour Assessment (FBA).* Functional Behaviour Assessment is a process for designing individualized approaches to support students experiencing behavioural challenges in school, home and community environments. A functional assessment is complete when five main outcomes have been achieved.

  1) A clear description of the difficult behaviours, including classes or sequences of behaviours that frequently occur together.

  2) Identification of the events, times, and situations that predict when the difficult behaviours will and will not occur across the full range of typical daily routines.

  3) Identification of the consequences that maintain the difficult behaviours (that is, what functions the behaviours appear to serve for the person).

  4) Development of one or more summary statements or hypotheses that describe specific behaviours, a specific type of situation in which they occur, and the outcomes or reinforcers maintaining them in that situation.

  5) Collection of direct observation data that support the summary statements that have been developed.

- *Networking.* Networking and consultation with outside agencies to improve individual student outcomes.

ABA HOME SCHOOL COLLABORATION

The *ABA Home School Collaboration* document will tell you all you need to know about ABA. The ABA SW and Behaviour Consultant are members of a collaborative team - this means that they contribute to the development of a program, however, they are not responsible for developing the program. Over the years, we have also shifted the role to being student centred, rather than student specific. Each spring, prior to March 1st, parents need to confirm the presence of an active plan of intervention that is monitored by a BCBA - certified Consultant, and schools are responsible for submitting information regarding student needs.

Classroom teacher is responsible for:

- Sharing information regarding student progress in accordance with the goals of the IEP;

- Providing written feedback regarding the student's day, level of engagement, general progress, and so forth.

ABA Programs

- Utilize a student-centred approach to collect data and apply principles of learning theory to develop social, motor, and verbal behaviour and reasoning skills, with a view to developing independence;

- Require an active plan of intervention monitored by a BCBA-certified Consultant;

- Require parents to annually: (1) verify the existence of a current plan of intervention prior, and (2) renew written consents prior to March 1st.

ABA SW and BCBA Consultants are:

- Members of a collaborative team;

- Not responsible for the development of the educational or behavioural program.

ABA SWs

Like all CUPE employees, are required to take breaks, per the CUPE Collective Agreement. When an ABA SW is absent or on a break, the school principal will reassign another ABA SW or EA to provide coverage and ensure that appropriate training has been provided. ABA SWs are required to cover breaks for other ABA SWs or EAs.

ABA Application Processes

For an overview of the ABA SW Request process, please access the ABA Process folder on the Hub.

THE REFERRAL PROCESS

Members of the DATA provide service at the systems-level (Phase II - Pre-referral). District-wide interventions may be tried at this level where the DATA assist others (e.g., ISTs, EAs, ABA SWs) through in-service workshops, consultation, goal setting, and program development.

Members of the DATA also take part in student-focused indirect intervention (Phase III - Referral) whereby they might observe a student's behaviours in order to formulate specific/individualized interventions. This may include behavioural observation, functional behavioural assessment, file review, and collaborative consultation with teachers.

To access district support, including DATA support, please complete a *Student Support District Teams Collaboration Request form*.

MEANINGFUL CONSULTATION

The involvement of the DATA for an individual student should be discussed with a parent beforehand.

PRACTICAL REQUIREMENTS FOR EFFECTIVE PRACTICES

To help ensure time efficient collaboration, the DATA benefit from the following:

- *Documents.* It is helpful to access a student's:

  - Permanent Record (PR) File.

  - Diagnostic reports in order to gather information about the student's medical, developmental social, and educational history.

  - Reports from optometrists (within 24 months).

  - Reports from audiologists (within 36 months)

  - A copy of the home plan of intervention.

  - A copy of the ICM meeting minutes.

  - Dental history.

  - FBA results.

  - Safety Plans.

  - Names of other district employees involved (e.g., AAC, EA, ABA SW, SLP, OT, PT, etc.).

  - IEP.

  - School-Based Team (SBT) meeting minutes.

  - Names of community agencies involved (e.g., MCFD, etc.).

  - Reinforcer assessment.

  - Other relevant information.

CONFIDENTIALITY

All information gathered is confidential. This means:

- The information content is considered sensitive;

- The information should only be disclosed to authorized staff;

- The information should be stored with the student's 'red' file folder; and

- All records should be retained as per School District #36 Records Management policies.

Confidentiality is revoked, as required under law, if it is perceived that there is a risk of harm in situations such as:

- A student presents an imminent danger to himself/herself or other individuals, and the law requires that steps be taken to prevent such harm; and/or

- A vulnerable student is in need of protection and a report must be filed with the appropriate agency; and/or

- A court orders the disclosure of records.

FREQUENTLY ASKED QUESTIONS

1. **After I submit the collaboration request, how long will it take for someone at Student Support to follow-up?**

   Student Support staff review collaboration requests weekly, and determine at that time, who should follow-up with the school. Depending upon competing demands, follow-up typically occurs within one or two weeks, if supporting documents are submitted.

2. **Can the DATA work with students who do not have an autism diagnosis?**

   The DATA typically work only with students with ASD, however, there may be times when they collaborate with District Behaviour Specialists or members of the Early Team in relation to student needs.

3. **Once the DATA is involved, how frequently will they connect with the school team? How long will they continue to work with the education team?**

   The frequency of visits varies depending on the needs of the school team and the student. The team may visit on only 1-2 occasions, or engage in multiple visits over multiple years.

4. **Can members of the DATA develop and facilitate educational programs where there is an ABA SW, however, no behaviour consultant working on a home program?**

   The DATA work alongside consultants, as members of a collaborative team to support student development. If there is no consultant involved, DATA will work alongside the IST/BASES/LST Team teacher.

5. **Who is responsible for developing an educational program?**

   Classroom teachers, with assistance from an Integration Support Teacher (IST), Learner Support Team Teacher (LST), or BASES Teacher are responsible for developing an educational program for the student with special needs.

RESOURCES

Achieve Support and Development
https://www.achievesd.ca/

Autism BC
https://www.autismbc.ca/

Autism Community Training (ACT)
https://www.actcommunity.ca/

Autism Funding Unit BC
https://www2.gov.bc.ca/gov/content/health/managing-your-health/healthy-women-children/child-behaviour-development/special-needs/autism-spectrum-disorder/autism-funding

Autism Information Services BC
http://autisminfo.gov.bc.ca/

Autism Support Network
https://autismsupportbc.ca/

BC Autism Assessment Network
http://www.phsa.ca/our-services/programs-services/bc-autism-assessment-network

BC Children's Hospital - Autism
http://www.bcchildrens.ca/search?k=autism

Canuck's Autism Network
https://www.canuckautism.ca/

CLBC - FASD & Autism (personalized supports initiative)
http://www.communitylivingbc.ca/

HealthLink BC - Autism
https://www.healthlinkbc.ca/health-topics/hw152184

Inclusion BC
http://www.inclusionbc.org/

Kids Vancouver - Autism Resources
http://www.kidsvancouver.com/search/node/autism

Monarch House - Autism Treatment
https://www.monarchhouse.ca/web/monarch-house

Pacific Autism Family Network
http://pacificautismfamily.com/

PALS Autism Society
http://palsautismschool.ca/site/

Provincial Outreach Program for Autism and Related Disorders (POPARD)
https://www.autismoutreach.ca/

Sources Community Resources Society
https://www.sourcesbc.ca/

School Psychology Services Handbook

Surrey Schools
LEADERSHIP IN LEARNING

INTRODUCTION

In developing the *School Psychology Services Handbook*, the Surrey District school psychologists are offering an opportunity to clarify expectations and to share understanding of their potential roles and responsibilities. School psychologists embrace the philosophy of inclusion and they attempt to support the learning environment needs for **all** children, including the most vulnerable in the student population.

The information contained in this handbook is meant to inform and guide district support staff, School-Based Teams (SBT), administrators, classroom teachers, specialist teachers (LST, IST, BASES), school counsellors, education assistants (EA), applied behaviour analysis support workers (ABA SW), child and youth care workers (C/YCW), community partners, parents/legal guardians, and students:

1) in understanding how the Universal Design for Learning framework dovetails with school psychology methodology;

2) in gaining knowledge of school psychology's guiding beliefs;

3) in outlining areas of potential service delivery;

4) in highlighting methods of effective practices;

5) in addressing frequently asked questions; as well as,

6) in defining commonly used terms.

School psychologists are trained in current research and scientific knowledge related to psychology and education. They are credentialed or licensed professionals who have completed a Masters or a Doctorate degree, with a specialist focus in school psychology. They are informed in principles of learning, thinking, perception, behaviour, motivation, emotion, interpersonal relationships, and a variety of areas related to human development including child development. School Psychologists are skilled in using a variety of assessment measures that require specialized graduate level training as well as supervised practice under qualified practitioners, including Level B and Level C standardized assessment tools. In addition, certified and/or registered school psychologists adhere to the standards of effective practice and ethical guidelines of their profession, as required by organizations such as the College of Psychologists of British Columbia, British Columbia Association of School Psychologists, National Association of School Psychologists, Canadian Psychological Association, or the British Columbia Psychological Association.

FRAMEWORK

School psychologists have incorporated the Universal Design for Learning (UDL) model as one of the ways psychological services can be provided to students with diverse needs.

School psychologists often balance the provision of direct services to children and educational teams with efforts in strengthening the partnership. Central to this is improving students' academic, social/emotional, behavioural, and adaptive skills performance. School psychologists collaborate, consult, and strategize with teachers, administrators, parents, students, district support staff, other districts, and community agencies in order to develop effective interventions that will address each student's specific learning needs. Monitoring and follow-up efforts are also conducted in order to ensure progress occurs. In addition, school psychologists can assist in designing preventative classroom based, as well as school/district-wide initiatives that promote healthy learning environments.

GUIDING BELIEFS

School psychologists are committed to the following values:

Respect for Diversity and the Rights of the Individual

- To act in the best interest of the child.

- To honour the diverse needs of students.

- To respect the privacy, confidentiality, and self-determination of individuals.

Responsiveness to Client

- To establish trusting relationships.

- To listen to parent(s)/family/legal guardian(s) concerns.

- To support the classroom teacher, specialist teachers, school counselors, district staff, and administrators in their work.

- To involve outside agencies and community services as needed.

Capacity Building

- To empower school staff through collaborative consultation.

- To share knowledge and strategies focused on the individual as well as across systems.

- To seek sustainable improvements with respect to the learning environment.

Interventions

- To support the least intrusive and earliest intervention.

- To engage consultation, evidence-based problem solving, and follow-up at the beginning signs of learning difficulties.

- To focus on the prevention of academic, social and emotional challenges.

Integrity

- To practice open, transparent, and honest discussion of a student's strengths and needs.

- To utilize professional judgment and objectiveness in adherence with 'effective practices' in school psychology.

- To practice strategic intervention grounded in evidence-based practice (e.g., current science and educational research).

THE ROLE OF THE SCHOOL PSYCHOLOGIST - Five Levels of Intervention

The main goal of the school psychologist is to take systematic steps to understand and support students in need of assistance. Historically, the traditional role of the school psychologist has been primarily focused on the assessment of individual students in order to guide educational planning and make appropriate educational placement decisions. This historical service delivery model was typically referred to as the *"refer, test, place"* model. Today, many school psychologists have specialised training and provide additional services within their area(s) of expertise and competence. The following highlights some of the areas in which school psychologists may lend a helping hand.

1. DISTRICT-WIDE INTERVENTIONS

School psychologists may work to plan and implement district and system-wide intervention services. These services may include:

- *In-service Education.* Providing in-service training to staff on a district-wide basis.

- *Screening.* Organizing early screening programs to identify those students who are "at risk" for school difficulties.

- *Intervention Programming.* Assisting in the development and implementation of district-wide intervention programs, such as alternative education programs.

- *Outreach.* Developing programs that engage individuals outside of the school context, such as implementing parenting groups.

- *Networking.* Networking with outside agency personnel in order to plan and implement district-wide programs.

- *Advocacy.* Advocating for the rights of **all** students.

2. SCHOOL/CLASS-WIDE INTERVENTIONS

School psychologists may work to plan and implement school-wide and classroom-based intervention services. Services may include:

- *Consultation and Collaboration.* Assisting staff members and School Based Teams with intervention programming for school-wide and classroom-based initiatives such as: bullying programs, enhancing home-school collaboration, and collecting and interpreting data related to school improvement and student outcomes, for example.

- *In-service Education.* Providing in-service training and workshops to teachers and administrators in professional development areas such as classroom management, learning disabilities, standardized tests, Fetal Alcohol Spectrum Disorder, Autism Spectrum Disorder, or cultural diversity.

- *Prevention.* Advising on preventative school-wide initiatives, such as programs to assist in the development of pro-social behaviours, resilient classrooms, positive school environments, and general student safety.

- *Group Skills Development.* Organizing small groups to focus on the development of a particular skill, such as social skills training, aggression replacement training, and reading skills.

3. EVIDENCE-BASED INTERVENTION

School psychologists may take part in school-based research projects. Even if they are not formally involved in research projects, school psychologists are aware of current "effective practice" research and apply this information every day.

4. STUDENT-FOCUSED INDIRECT INTERVENTION

School psychologists may work with other individuals to *indirectly* help plan interventions for students. Services may include:

- *Consultation and Collaboration.* Consulting and collaborating with teachers, administrators, parents, students, education assistants, district support staff, other districts, personnel, and community agencies regarding the nature and educational implications of: students' strengths and needs, integrating educational strategies across settings, using a response-to-intervention approach to develop instructional strategies to enhance student learning and interpersonal relations, and engaging in data-driven problem-solving.

- *Program Planning.* Helping to adapt and/or modify curriculum based upon individual students' strengths and needs.

- *Setting Goals.* Setting goals for students based upon gathered information.

- *Assisting Teachers.* Suggesting particular instructional strategies and programs based upon students' individual strengths and needs.

5. STUDENT-FOCUSED DIRECT INTERVENTION

School psychologists may work to *directly* provide assessment and/or intervention services to students. Services may include:

- *Individual Psycho-educational Assessment.* Completing formal psycho-educational assessments in order to provide information that assists school and home partners to better understand: the nature and implications of a student's educational, social-emotional, and vocational needs; selecting intervention strategies based upon assessment results, or setting individual goals.

- *Individual Program Development.* Recommendations provided within a psycho-educational assessment report can be integrated into Individual Education Plans (IEPs) and/or Positive Behaviour Support Plans.

- *Informal Measures of Assessment.* Curriculum-based assessment and/or informal language assessment.

- *Networking.* Networking and consultation with outside agencies to improve the educational outcomes for an individual student.

THE REFERRAL PROCESS

The referral process in Surrey for school psychological services are provided at several different levels.

First, school psychologists provide service at the systems-level (Phase 1: School Planning). **District-wide, school-wide,** and **class-wide interventions** may be tried at this level. This level of consultation does not involve making any diagnoses, however, school psychologists may assist others through in-service workshops, consultation, goal-setting, and program development.

Second, school psychologists may take part in **student-focused indirect intervention** (Phase 2: Pre-Referral) whereby they might observe a student's behaviours in order to formulate more specific/individualized interventions. This may include behavioural observation, functional behavioural assessment, file review, and collaborative consultation with teachers. The involvement of the school psychologist for an individual student should be discussed with a parent beforehand.

Finally, school psychologists may provide intensive, **student-focused assessment or direct intervention** (Phase 3, 4, and 5) such as a psycho-educational assessment.

TWO LEVELS OF CONSENT

The first level of consent is reached when a student's parent or legal guardian agrees to future assessment by a school psychologist by signing the consent form (available in multiple languages) within the Student Support Referral package (see Appendix). Consent for Psycho-educational Assessment Referral **must** be obtained for all students who are **under the age of 19** prior to their receiving direct service (e.g., consultation, observation, formal assessment) by a school psychologist.

The second level of consent, or *informed consent*, occurs when consent for the assessment is discussed *directly* with the parent or legal guardian. Informed consent refers to seeking *voluntary, full and active* participation of parents or legal guardians of students. The Canadian Psychological Association (CPA) emphasizes that "informed consent is a process that involves taking time to establish an appropriate trusting relationship and to reach an agreement to work collaboratively, and may need to be obtained more than once (e.g., if significant new information becomes available)……If signed consent forms are required by law or desired by the psychologist, the individuals or groups giving consent, or the organization for whom the psychologist works, establish and use signed consent forms that specify the dimensions of informed consent or that acknowledge that such dimensions have been explained and are understood. " (CPA, 2017).   Thus, once the initial Consent for Psycho-educational Assessment Referral is signed by parents or legal guardians, school psychologists contact parents/guardians in order to obtain informed consent by phone or through a meeting prior to the start of the assessment. Translation services are available in multiple languages to support parents' understanding of issues related to school psychology services.

In addition to parental/legal guardian consent, school psychologists are ethically obligated to respect the dignity and self-determination of the student. While children are not seen to be legally competent to consent to participate in a psycho-educational assessment, it is respectful to solicit *assent.* Consistent with effective practice, school psychologists fully inform students about the nature of the assessment process and to gain their active participation. Each student has the right to be fully informed about the nature of the assessment process.

DISTRICT ASSESSMENT GUIDELINES

Assessment is a systematic process of gathering information in order to make appropriate educational decisions for a student. It is a collaborative and progressive process designed to identify the student's strengths and needs, and results in the identification and implementation of selected educational strategies. *(Surrey Schools Learner Support Team Handbook of Guidelines and Procedures)*

SCHOOL BASED ASSESSMENT

- Assessment begins in the classroom, as the teacher observes learning and behaviour and gathers classroom-based information.

- Classroom-based assessment data, is used to introduce variations in instructional approaches, evaluating the success of using such teaching techniques and instructional materials with the student.

- Information sharing between teacher and parent (and, when appropriate, the student) regarding concerns and progress is ongoing.

If these steps prove insufficient to meet the student's educational needs, the teacher will embark on a process of consultation and collaboration with the school-based resource personnel. This may take the form of classroom observation, additional assessment, the consideration of additional classroom intervention strategies, and implementation of those strategies.

 For many students, such collaborative planning and the resulting interventions will successfully address the student's needs. However, if this is not the case, the teacher may approach the school-based team for further assistance. *(BC Ministry of Education Special Education Services: A Manual of Policies, Procedure and Guidelines, 2016)*

School-Based Team

Ongoing classroom and school-based progress monitoring will help inform the need for more intensive interventions or assessment. It is assumed that students brought forward for consideration for a more formalized assessment at School-Based Team, will have received various documented intervention strategies, as well as adaptations and supports outlined in a *Student Support Plan* or Individual Education Plan. The School-Based Team, in consultation with the District School Psychologist will collaboratively review student information, as well as school-based supports and interventions, and determine the appropriateness of psycho-educational assessment.

BC Ministry of Education Designations: Special Considerations

Classroom based assessment and progress monitoring is required for all students. Students who have the most complex needs and are identified as having a BC Ministry of Education Special Education designation (below), should be continually monitored, with regular reviews and consultation/collaboration among members of the educational team, to ensure appropriate educational interventions and supports align with their presenting needs.

- Autism (G)
- Deaf/Hard of Hearing (F)
- Deafblind (B)
- Gifted (P)
- Intensive Behaviour Interventions/Serious Mental Illness (H)
- Learning Disabilities (Q)

- Mild Intellectual Disability (K)
- Moderate Behaviour Support/Student with Mental Illness (R)
- Moderate to Profound Intellectual Disabilities (C)
- Physical Disability/ Chronic Health Impairment (D)
- Physically Dependent (A)
- Visual Impairment (E)

School-Based Team Assessment Review

Students diagnosed with Neurodevelopmental Disorders (Learning Disability/Learning Disorder, Intellectual Disability) and meet the Ministry of Education Special Education Designations with specific impairments in learning, require an initial Psychoeducational Assessment. Following, and throughout a student's academic career, a formal **School Based Team Assessment Review** should be scheduled to ensure a psycho-educational assessment's consistency over time, discuss transition planning and provide any further documentation required for access to community supports and services. Updated psychoeducational assessments may also be considered at these School Based Team Assessment Reviews. The School Based Team Assessment Review must include consultation with the school based School Psychologist.

The following table is provided as a guideline for scheduling a formal **School Based Team Assessment Review,** based on a student's initial psycho-educational assessment, diagnosis and designation:

DISTRICT PSYCHO-EDUCATIONAL ASSESSMENT PRIORITY GRID

Diagnosis	School Based Assessment	Initial Psycho-educational Assessment	School –Based Team (SBT) Assessment Review
Learning Disabilities/Learning Disorder (Q)	Ongoing school based assessment and review	Grade 2 or earlier	By Grade 7
Mild Intellectual Disabilities (K)		Grades 3 - 7	Within 5 years
Moderate to Profound Intellectual Disabilities (C)		Grades 8 - 12	As needed

THE PSYCHO-EDUCATIONAL ASSESSMENT

In school psychology, assessment is generally defined as the process of information gathering in order to effectively *problem solve* with the school and home team regarding the academic, social/emotional, and behavioural needs of children and youth. "Concern for the rights and welfare of children is the top priority in the delivery of school psychological services".

A psycho-educational assessment of a child or youth with learning or behavioural difficulties is based on information gleaned from a variety of sources; that is, it is *multifaceted*. As such, information can be derived from informal and formal assessment measures such as school files, professional records, observations and interviews of teachers and parents/legal guardian(s) for the purpose of obtaining developmental, medical, and psychosocial history. Formal assessment may include measures of cognitive/developmental functioning, academic achievement, language processing, information processing, executive functioning, visual-motor development, social-emotional and behavioural adjustment, and/or motivation.

Children and youth with learning or behavioural difficulties are assessed in specific areas in accordance with identified need. In addition, a psycho-educational assessment includes information from other sources regarding health, vision, hearing, and mental health status. As such, psycho-educational assessments are *comprehensive*.

School psychologists are sensitive to culture and ethnicity factors that may impact assessment results. Furthermore, they select appropriate assessment instruments in accordance with the child or youth's age, first language, cultural background, and disabilities. School psychologists do their best to ensure psycho-educational assessments are *nonbiased* and *fair*.

Assessment instruments are selected in order to provide a profile of the student's strengths and needs with a view to developing a more focused intervention/service. Assessment findings are summarized in a written report which is shared with the parent/legal guardian(s), the school-staff, and with the student (as appropriate). Written reports include interpretation of the assessment results and recommendations to support the child or youth's learning and development. School psychologists review the report with parents, and let them know how the report will be made accessible to others working with the student.

Psycho-educational assessment results enable school psychologists to make recommendations for a special education designation (if applicable) and related services.

PRACTICAL REQUIREMENTS FOR EFFECTIVE ASSESSMENT PRACTICES

To conduct time-efficient psycho-educational assessments, school psychologists benefit from the following:

- *Pre-assessment documents.* It is helpful to access a student's Permanent Record (PR) file and Learner Support Team file in order to gather information about the student's medical, developmental, social, and educational history. This may include previous assessment documents such as reports from an optometrist (within 24 months) or audiologist (within 36 months), as well as LST screening test protocols or rating scales.

- *Space.* A quiet testing environment, well lit, in a room with a door, where no interruptions are likely to occur. A table and two chairs are also necessary.

- *Time.* An efficient communication system between the school and the school psychologist is recommended:

  i. To ensure that there are no conflicts in a student's schedule (e.g., field trips, absence, assembly for the school, or presentations).

  ii. To mutually decide when assessment dates will be scheduled.

Healthy and rested students. Students who will be assessed should:

    i. Eat a healthy meal before the testing session (e.g., limited caffeine, low sugar intake).

    ii. Have had a good night's rest the night before testing.

    iii. Not be sick.

The school psychologist should be informed if there are any influencing factors that could alter the student's performance during the assessment process, as this may affect testing results and interpretation.

CONFIDENTIALITY

All information obtained in the assessment process, including the assessment report, is considered confidential. This means:

- The content in the assessment report is considered sensitive.

- The assessment report may only be disclosed to authorized school staff.

- The assessment report should be stored in a confidential (red) folder.

- All standardized test protocols administered by school psychologists should be placed in the school psychologist's office file.

- All confidential information (protocols and assessment reports) should be stored in a locked cabinet.

- The school principal must be aware of the location of school psychologist files (e.g., protocols etc.).

- All assessment records should be stored until the student is 26 years old, and then shredded, confidentially as per the records management policies of the school district.

Confidentiality of the psycho-educational assessment information is revoked, as required under law, if the school psychologist perceives that there is a risk of harm in situations such as the following:

- student presents an imminent danger to himself/herself or other individuals, and the law requires that steps be taken to prevent such harm; and/or

- A vulnerable student is in need of protection and a report must be filed with the appropriate agency; and/or

- A court orders the disclosure of records.

FREQUENTLY ASKED QUESTIONS

WHAT IS A SCHOOL PSYCHOLOGIST QUALIFIED TO DIAGNOSE?

School psychologists are trained to diagnose the following B.C. Ministry of Education categories of special needs students:

- Gifted
- Learning Disabilities
- Mild Intellectual Disabilities
- Moderate to Profound Intellectual Disabilities

In addition, Registered Psychologists, or Registered Psychological Associates who practice in the school system are considered competent to diagnose with their own self-declared areas of specialty.

WHAT IS THE DIFFERENCE BETWEEN A SCHOOL PSYCHOLOGIST AND A PSYCHOMETRICIAN/PSYCHOMETRIST?

Historically, a psychometrician or a psychometrist is a person who has been trained to administer standardized tests. They have knowledge of the technical properties of standardized assessment procedures. In contrast, the school psychologist has advanced training at the Masters and Doctorate level and can both administer and interpret psycho-educational tests.

HOW LONG DOES A PSYCHO-EDUCATIONAL ASSESSMENT TAKE FOR A STUDENT?

The entire process varies depending on the needs of the child. In general, the time required to complete a psycho-educational assessment may require a number of sessions over a number of days (e.g.; two to five sessions of approximately 1.5 to 2 hour time slots for each session). The number of sessions and length of these sessions varies depending on the needs of the individual child. The assessment process potentially includes classroom observations, staff consultation, parent interviews, behaviour rating scales, or specialized measures that further investigate areas of concern. Feedback on the assessment results and report writing is expected to occur in a timely manner after commencement of the assessment process.

HOW MANY PSYCHO-EDUCATIONAL ASSESSMENTS WILL A SCHOOL PSYCHOLOGIST COMPLETE IN EACH OF THEIR SCHOOLS IN ONE SCHOOL YEAR?

The number of psycho-educational assessments that a school psychologist will complete will vary across schools, and this may change from year to year. Many factors affect the number of assessments that are completed within a school, including: the complexity of the cases, the size of the school, and how the school would like to utilize the school psychologist's expertise. In addition, school psychologists may be requested by the school to assist in the development of district/school/class-wide interventions or research, which in turn, is considered time and service tailored to the school's needs. (See Section IV of this handbook for more detailed information about what a school psychologist can do.)

WHO CAN BE ASSESSED?

School Based Team decisions to conduct a psycho-educational assessment on a school-age child (Kindergarten to Grade 12) should occur on a case-by-case basis, and should involve a thorough discussion and collaborative consultation with the school psychologist. School Based Teams determine needs and priorities based on suspected significant learning difficulties, persistent failure, distress, and/or limited progress. A comprehensive psycho-educational assessment, whether it includes formal and/or informal measures, can help provide valuable information in relationship to a student's:

- educational and medical history;
- family, cultural, and linguistic background;
- learning style;
- academic profile;
- cognitive strengths and weaknesses;
- social relationships;
- behaviour;
- attention;
- social/emotional functioning, as well as;
- independent, adaptive behaviour.

HOW CAN SCHOOL PSYCHOLOGISTS HELP?

Consistent with the Universal Design for Learning (UDL) model, school psychologists can assist school staff in:

- Developing and prioritizing individual education goals;

- Partnering interventions with school staff in order to promote a student's positive development and academic growth; and

- Systematically reviewing, measuring, and evaluating progress of the intervention(s).

It is important to note that a diagnosis and/or a designation is <u>not</u> always an outcome of a psycho-educational assessment. Students may not meet Ministry criteria to be considered a student with special needs, or information may be inconclusive due to the interplay of language or other factors with the assessment process.

WHAT IS THE DESIRED PRACTICE IN OUR SCHOOLS WHEN CONSIDERING PSYCHO-EDUCATIONAL ASSESSMENTS FOR STUDENTS WHO ARE ENGLISH LANGUAGE LEARNERS (E.G., ENGLISH AS A SECOND LANGUAGE - ESL, ENGLISH AS A SECOND DIALECT - ESD)?

Students who are English Language Learners will naturally vary in the rate at which they develop the ability to support their learning using the English language. For that reason, each student situation must be carefully considered by the School Based Team in deciding when it might be appropriate to proceed with a formal psycho-educational assessment. These assessments can serve to provide a current picture of the student's strengths and weaknesses as well as their instructional needs.

Many psycho-educational assessment instruments are dependent on English language proficiency and on a familiarity with North American cultural conventions. As such, professional judgment on the part of the school psychologist is needed, and in some cases, a conclusive determination of a learning disability may not be possible at the time the assessment is provided.

It is important to remember for English Language Learners, that a psycho-educational assessment using non-verbal measures can serve to provide useful information in relation to a student's current cognitive, academic, communication and functional independence levels, as well as instructional needs.

WHAT IS THE DESIRED PRACTICE IN OUR SCHOOLS FOR PROVIDING PSYCHO-EDUCATIONAL ASSESSMENTS FOR PRIMARY GRADE STUDENTS (GRADE K-3)?

Students in the primary grades are recognized to experience dramatic changes in their cognitive, academic and social growth, often across very short periods of time. Furthermore, the developmental pathway for children of these ages can be rather irregular, and is very individualized. For this reason, it is prudent to proceed conservatively in providing formal measures of the learning and behaviour of primary grade students that could inappropriately have a long-term implication.

Clearly, students whose learning, communication skills, or extent of self-care and independence appears to be *substantially delayed* should be considered for formal assessment in the primary grades to ensure that appropriate early intervention services and supports can be provided. For other students who may be suspected to have milder learning or behavioural "frustrations," an assessment in the early intermediate grades would usually be more appropriate.

IN WHAT CIRCUMSTANCES IS A RE-ASSESSMENT APPROPRIATE?

Please refer to the Surrey District Psycho-educational Assessment Priorities Grid for a detailed summary. It is suggested that re-assessment decisions that fall outside the above mentioned scenarios are individually monitored and evaluated. The following new situations may lead to a re-assessment:

- A previously assessed student continues to struggle academically or behaviourally, despite the implementation of remediation and interventions.

- A student is new to the district, and questions about the student's performance or interactions surface, warranting further exploration.

- School staff is asking for information about a student that has not recently been investigated. Prior results may be obsolete since the student was assessed when he/she was very young.

- A previously assessed student appears to have a changed learning profile.

School Based Team is the appropriate forum to engage in discussion about the student with the school psychologist. If, after consultation with the school psychologist, the School Based Team believes that the student would benefit from a re-assessment, then it is recommended that a referral to Student Support be generated.

ARE SCHOOL PSYCHOLOGISTS AVAILABLE TO THE LEARNING SUPPORT TEAM TEACHERS FOR ASSESSMENT SUPPORT AND INCREASED UNDERSTANDING OF STANDARDIZED TESTING?

School psychologists can offer an indirect or direct role in supporting the professional development of LST teachers interested in learning more discrete assessment skills. Depending on the school psychologist's training and the student's profile, suggestions could range from when to use informal, in-class assessment procedures to when to use more standardized formal assessments (e.g., Level A and B assessments). It is recommended that collaboration between the school support staff and the school psychologist occur on a case-by-case basis in order to contextualize the type of intervention that is in the best interests of the child. School psychologists can also advise on "effective practices" when employing different assessment tools, as well as provide assistance on the technical properties of a standardized assessment measure. Consultation with the school psychologist is encouraged in order to arrive at the best assessment decision for the student.

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Surrey Schools
Student Support

A Range of Educational Options for Students who are Deaf or Hard of Hearing

EDUCATIONAL OPTIONS

For all children and their parents, transitioning to Kindergarten is an exciting time that may also be fraught with worry over what the future will bring. For parents of children who are deaf or hard of hearing (DHH), these feelings may be more intense, and are often combined with questions about their child's ability to meet the demands of school, and the support that their child will receive.

This document was created so that parents of children who are deaf or hard of hearing will have a better understanding of the available educational options. We hope that you find this document useful and that it assists you by answering any questions you may have. If, after reading this package, you still have any questions, please feel free to contact your child's Teacher of the Deaf or Hard of Hearing (TDHH), or the Student Support department.

Elementary:

1. Neighbourhood school
2. Bear Creek Elementary (Newton)
3. Beaver Creek Elementary (Newton)
4. Additional sites will continue to be considered in accordance with needs.

At all of the above sites, the students will have access to Itinerant Teacher support, an American Sign Language Interpreter, Education Assistant support, and equipment as required. At Beaver Creek and Bear Creek elementary schools, students transitioning to Kindergarten have the opportunity to transition into school with deaf or hard of hearing peers. As students transition to Kindergarten each year, we will continue to review and respond to needs across the district. The educational options are increasing, to ensure that students have the opportunity to attend a school with peers who are deaf or hard of hearing, or at their home school.

5. BC Provincial School for the Deaf - South Slope Elementary, Burnaby BC

Secondary:

1. Neighbourhood school
2. Queen Elizabeth Secondary
3. BC Provincial School for the Deaf - Burnaby South Secondary, Burnaby BC

To attend any of the aforementioned sites, with the exception of the neighbourhood school, the student must meet the Ministry of Education Criteria to be considered a student who is deaf or hard of hearing, the criterion for which is noted on the following page.

Ministry of Education Criteria	
☐ The student has a medically diagnosed significant bilateral hearing loss, a unilateral loss with significant speech/language delay, or a cochlear implant (typically documented in a report from a health professional such as an audiologist). ☐ Assessment information indicates that the student has substantial educational difficulty due to the hearing loss.	There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.
There is documented evidence that: ☐ A current IEP is in place, dated after September 30, previous school year. ☐ The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals. ☐ The goals correspond to the category in which the student is identified. ☐ The services outlined in the IEP relate to the identified needs of the student. ☐ The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need. ☐ The student is being offered learning activities in accordance with the IEP. Reduction in class size is not by itself a sufficient service.	**Criteria for reporting of Unilateral Hearing Loss:** ☐ There is an annual assessment; ☐ The unilateral hearing loss is moderate to profound; and ☐ The student has educationally significant problems directly attributable to the loss.
☐ A qualified Teacher of the Deaf and Hard of Hearing provides the services.	

Refer to *Special Education Services: A Manual of Policies, Procedures, and Guidelines* for complete information.

As a parent it may be difficult to decide upon the best placement for your son or daughter; ask whether this environment will provide the intellectual, social, and emotional development that your child requires. In so doing, consider the following:

1) What is the individual's hearing level and ability to use residual hearing?

2) What is the individual's preferred mode of communication, and is it practiced in the environment (e.g., ASL, oral English)?

3) What is the individual's readiness/academic level?

4) What is the level of direct communication that will occur in the environment between the individual, teacher(s), and peers (e.g., ASL to ASL, oral English to ASL [interpreter] through sign language, written English to ASL)? Will the individual's language abilities and needs be adequately addressed?

5) Are there a sufficient number of other children who are deaf or hard of hearing and use the same communication mode/language(s), and are of similar age and developmental level?

6) What level of access will the individual have in curricular and extracurricular opportunities?

7) Will there be deaf or hard of hearing role models in the environment (e.g., teachers, education assistants, counsellors)?

8) Are there any teachers or administrators in the environment who are deaf or hard of hearing and serve as role models?

Please note: Referrals to Beaver Creek Elementary must be made during the year prior to beginning Kindergarten.

The decision to attend a neighbourhood school, Bear Creek Elementary, or South Slope Elementary, may occur at any time during the student's educational career.

When working with the educational team to develop the IEP, consider the following:

- Communication needs and the child's preferred mode of communication/language(s);
- Linguistic needs;
- Severity of hearing loss and potential for using residual hearing;
- Academic levels;
- Pragmatic (social language skills);
- Social, emotional needs, including opportunity for peer interactions and communication;
- Cultural needs;
- Self-advocacy skills.

REFERRAL AND TRANSITION PROCESS

I) **Bear Creek Elementary**

A) *Currently in Kindergarten through Grade 7*

If your child is registered at their neighbourhood school and you are considering a referral to Bear Creek Elementary, please contact your child's teacher, and request a referral to the School-Based Team. The school will ensure that your Teacher of the Deaf or Hard of Hearing (TDHH) is in attendance at the meeting.

II) **Bear Creek or Beaver Creek Elementary**

B) *Students Transitioning to Kindergarten*

1) *December:* BC Family Hearing, or independent preschools, will provide the Surrey School District Student Support department with the following:

- Student name;
- Parent name;
- Address;
- Telephone number;
- Type of hearing loss;
- Etiology of hearing loss;
- Modes of communication/language(s)
- Equipment currently used;
- Medical or health conditions that would be associated with designations other than Deaf or Hard of Hearing;
- Neighbourhood school; and
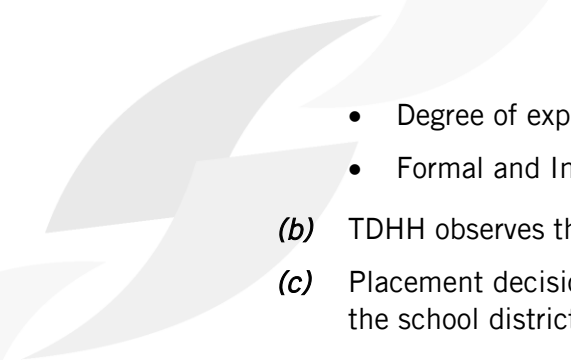- Status (e.g., out of the country), goals, and other notations.

2) *January:* Parents are strongly encouraged to register their child at their neighbourhood school to secure a placement - if you decide to have your child attend elsewhere, simply withdraw your child once your preferred choice has been determined.

3) *February:* Parents attend the Welcome to Kindergarten session at the District Education Centre. At this meeting, the Director of Instruction, Student Support or designate will provide an overview of the educational options.

4) *February/March:*

(a) BC Family Hearing, or independent preschools, obtains as much information as possible about the student and communicates this information to the school district Director of Instruction, Student Support or designate. For example:
- Current audiogram;
- BC Family Hearing Assessment Report;
- Child Development Inventory Profile;
- Peabody Picture Vocabulary Test results;
- Preschool Language Scale results;

A Range of Educational Options for Students who are Deaf or Hard of Hearing

- Degree of exposure to ASL at school and home;

- Formal and Informal data regarding their receptive and Expressive ASL ability.

(b)   TDHH observes the student at his or her preschool/home etc.

(c)   Placement decisions are finalized, and BC Family Hearing, or independent preschools, notify the school district Director of Instruction, Student Support or designate;

5)   *March:* Transition Process begins. TDHH will coordinate an Integrated Case Management (ICM) meeting that includes the parents, preschool staff, BC Family Hearing staff, and any other community partners;

6)   *March-June:* Student visits the school on several occasions in order to meet staff, get comfortable with their environment, etc.

7)   *May-June:* BC Family Hearing, or independent preschools, district, and school-based staff meet to review the plans for September, and address any additional queries.

8)   *Oct-Nov of the Kindergarten year:* To help ensure a smooth transition, preschool staff/BC Family Hearing/independent school staff should attend the IEP meeting.

Specific information regarding the various educational options is noted below.

		NS[1]	Elementary			Secondary		
			BRC[2]	BVC[3]	BCSD Elem[4]	QES[5]	BCSD[6] ASL	BCSD[6] Oral
Referral & Admission	Home School referral required.		√	√	√	√	√	√
	Admission at the recommendation of the Committee for Deaf Education				√		√	√
Duration of Placement	Ongoing	√	√	√		√		
	Ongoing at discretion of the Committee for Deaf Education				√		√	√
Mode of Communication	ASL (Immersive environment)				√		√	
	Access to ASL, oral language, and visual communication system	√	√	√		√		√
Language of Instruction	ASL and written English				√		√	
	English (oral and written) / Total Communication (ASL and oral)	√	√	√		√		√
Deaf and hard of hearing Role Models	Frequent opportunities for interaction with students who are DHH		√	√	√			√
	Possible opportunities for interaction with students who are DHH	√	√	√	√	√	√	
	Possible access to Itinerant DHH role models	√	√	√		√		
	Immersion in an environment in which many staff are DHH				√		√	
Social Interactions	Immersion in an environment in which all individuals use ASL to communicate.				√		√	
	Immersion in an environment in which peers are exclusively or primarily hearing.	√	√	√		√		
	Inclusion in an environment in which peers are hearing; or DHH		√	√	√	√	√	√

[1] Neighbourhood School   [2] Bear Creek (Newton)   [3] Beaver Creek (Newton)
[4] Provincial School for the Deaf - Elementary Program (South Slope)   [5] Queen Elizabeth Secondary, Surrey
[6] BC Provincial School for the Deaf - Burnaby South Secondary (*NOTE: BCSD has an oral program at the high school.*)

A Range of Educational Options for Students who are Deaf or Hard of Hearing

EARLY INTERVENTION NETWORK: SUPPORTING LINGUISTIC COMPETENCE FOR CHILDREN WHO ARE DEAF OR HARD OF HEARING

According to the Early Intervention Network at Gallaudet University[2], the following five factors are critical to developing linguistic competence among children who are deaf or hard of hearing:

Factor 1: *Direct and daily access to language and communication* is essential to facilitating each child's language and communication development.

The evidence supporting Factor 1 centers on the importance of language access occurring early in a child's life and the critical nature of quality parent-child communication in the establishment of linguistic competence.

Factor 2: *A collaborative, ongoing process* should be used to explore modalities, technologies, and strategies to support the development of linguistic competence.

The evidence supporting Factor 2 centers on: 1) the diverse characteristics and background of each child who is deaf or hard of hearing, and 2) the importance of collaboration between professionals and families in the identification and monitoring of approaches and strategies for each child.

Factor 3: *Early exposure* to accessible language *through sign* is beneficial to language acquisition.

The evidence supporting Factor 3 centers on: 1) the benefit of using visual language (ASL) to establish early timely language foundations and minimize language delay, 2) the beneficial role of sign language in the development of spoken language, and 3) the potential of hearing families to acquire the competence to facilitate their child's development of ASL.

Factor 4: When appropriate, *early fitting of amplification and ongoing monitoring* of its effectiveness is integral to selecting communication strategies to facilitate language development *(http://www.gallaudet.edu/clerc-center-sites/early-intervention-network-supporting-linguistic-competence-for-children-who-are-deaf-or-hard-of-hearing/early-intervention-factors/factor-4.html)*

The evidence supporting Factor 4 centers on: 1) the importance of early fitting of listening technologies, and 2) the importance of evaluating and monitoring of the role of listening in the development of linguistic competence.

Factor 5: Planning for language and communication development should be individualized and systematically guided by *ongoing assessment and monitoring*.

The evidence supporting Factor 5 centers on professional insights and experiences addressing the benefits of developing and implementing an assessment-driven, systematic language planning process to guide recommendations for choosing and monitoring strategies and approaches to best facilitate language acquisition as well as the recommended components of this process.

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[2] *http://www.gallaudet.edu/clerc-center-sites/early-intervention-network-supporting-linguistic-competence-for-children-who-are-deaf-or-hard-of-hearing/early-intervention-factors/factor-1.html*

A Range of Educational Options for Students who are Deaf or Hard of Hearing

DHH HELPFUL LINKS

BC Ministry of Education Provincial Resource/Outreach Programs

- *Auditory Outreach:* http://www.sd47.bc.ca/auditoryoutreach/Pages/default.aspx

- *Provincial Outreach Program - Deaf & Hard of Hearing (POPDHH):* http://www.popdhh.ca
  POPDHH's focus is to support school districts in their quest to meet the needs of all learners with special attention placed on the needs of D/HH learners. POPDHH will address, support and meet, through collaborative consultation, the unique communication and learning styles of individual Deaf and Hard of Hearing students.

- *Provincial Outreach Program for Students with Deafblindness (POPDB):* http://popdb.sd38.bc.ca
  POPDB consultants work with school districts and school-based teams to ensure that the unique needs of the student with Deafblindness are being met, and that each student is receiving an appropriate educational program.

Other Organizations

- *BC Family Hearing Resource Society:* http://www.bcfamilyhearing.com/

- *BC Hands and Voices*: http://www.bchandsandvoices.com/

- *Canadian Association of Educators of the Deaf or Hard of Hearing (CAEDHH)*: http://caedhh.ca

- *Canadian Hard of Hearing Association British Columbia Chapter (CHHA)*: http://chha-bc.org

- *Canadian Hard of Hearing Association BC Parents Branch (CHHA-BC):* http://www.chhaparents.com/

- *Children's Hearing & Speech Centre of BC (formerly The Vancouver Oral Centre for Deaf Children):* http://childrenshearing.ca/

- *Cochlear:* http://www.cochlear.com/wps/wcm/connect/us/home

- *Conference of Educational Administrators of Schools & Programs for the Deaf:* http://ceasd.org/

- *DCF Deaf Children's Society of BC:* www.deafchildren.bc.ca

- *Deaf BC*: http://deafbc.ca

- *Deaf Well-Being Program (WBP):* http://deafwellbeing.vch.ca/

- *Family Network for Deaf Children (FNDC)*: https://www.fndc.ca

- *Gallaudet University:* https://www.gallaudet.edu/about

- *MED-EL:* www.medel.com

- *Oticon:* http://www.oticon.ca/

- *PHONAK:* https://www.phonak.com/ca/en.html

- *Provincial Deaf and Hard of Hearing Services (PDHHS)*: http://www2.gov.bc.ca/assets/gov/health/managing-your-health/provincial-deaf-hard-of-hearing-services/pdhhs_brochure.pdf

- *Provincial Deaf and Hard of Hearing Services - Family and Community Services:* http://www2.gov.bc.ca/assets/gov/health/managing-your-health/provincial-deaf-hard-of-hearing-services/fcs_brochure.pdf

- *Western Institute of the Deaf and Hard of Hearing (WIDHH)*: http://www.widhh.com