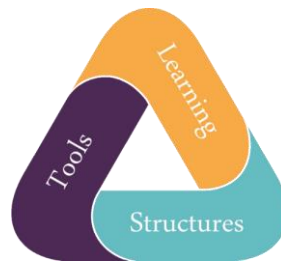


Guide to Inclusive Education for Surrey Schools: Embracing Diversity, Equity and Inclusion



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.

*****Please note that some hyperlinks are specific to Surrey Schools employees and therefore require Surrey Schools employee login credentials for access.*****

IS IT INCLUSION?

YES	NO
<ul style="list-style-type: none"> • Child spends the majority of the day in the general education classroom. • Allowing high ability/gifted students to move on once they have demonstrated mastery of a concept. • 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. • Providing high ceiling, low floor activities that include choice in how learning is demonstrated so that every learner may participate in the lesson. • 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. • Providing opportunity for high ability/gifted learners to work with same ability peers in areas of strength (acceleration). • 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. • Teacher/high ability/gifted learner collaboration to create enriched lessons and activities. • 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. 	<ul style="list-style-type: none"> • Child spends the majority of the day in the special education classroom and goes to the general education classroom for one or two periods. • Expecting high ability/gifted learners to work ahead independently, in isolation, without teacher instruction. • Child's desk is away from the other groups of desks. • Having high ability/gifted students tutor other learners when they have demonstrated mastery of a concept. • Child works on their own curriculum. • Child is given alternative activities and options with other students with special needs. • Having high ability/gifted learners perform other activities (e.g., read, draw, or work on technology) when they finish early. • Child is looked upon as helpless and dependent, and mostly interacts with adults. • Paraprofessional determines access to the curriculum and class activities. • Only allowing high ability/gifted learners to work with same age peers, no matter what their ability level. • 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 ABCS

@kwfens62

A ALL MEANS ALL 

B BEHAVIOUR IS COMMUNICATION 

C CHOICE 

D BE A BEHAVIOUR DETECTIVE 

E EVERYONE STARTS TOGETHER 

F FAIR MEANS EVERYONE GETTING THEIR NEEDS MET 

G GROWTH MINDSET 

H CHILD HONOURING 

I INDEPENDENCE 

J JOYFUL LEARNING 

K KIDS DO WELL IF THEY CAN 

L LEAD WITH STRENGTHS 

M MOVEMENT BREAKS 

N NEEDS BASED 

O OPEN MINDEDNESS 

P PLAN & PURPOSE 

Q QUESTION UNEXPECTED BEHAVIOUR WHY? WHY NOW? 

R RELATIONSHIP 

S SELF REGULATION 

T ASSISTIVE TECHNOLOGY 

U UNCONDITIONAL POSITIVE REGARD 

U UNIVERSAL DESIGN FOR LEARNING 

V VISUALS 

W WORDS MAKE WORLDS 

X X-TRA PROCESSING TIME 

Y YET! 

Z ZONE OF PROXIMAL DEVELOPMENT 

This visual was created by Kristin Wiens. Kristin is an inclusion coach at School District 62 in Victoria, B.C. Canada. Passionate about Child Honouring, Inclusion, Visuals, UDL, Self-Reg, Mindfulness, and Creativity. Speaker & Author of My Gratitude Jar. For more information and resources: <https://northstarpaths.com/graphics-free-downloads/>



Student Support Contacts

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Kate Colter - Director of Instruction

Diana Di Cesare, District Principal

Kristen Pawar - Acting District Principal

Carla Green - District Principal

Colin Reid - 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.

SUPPORT PLANNING PROCESS

MONITOR AND DOCUMENT

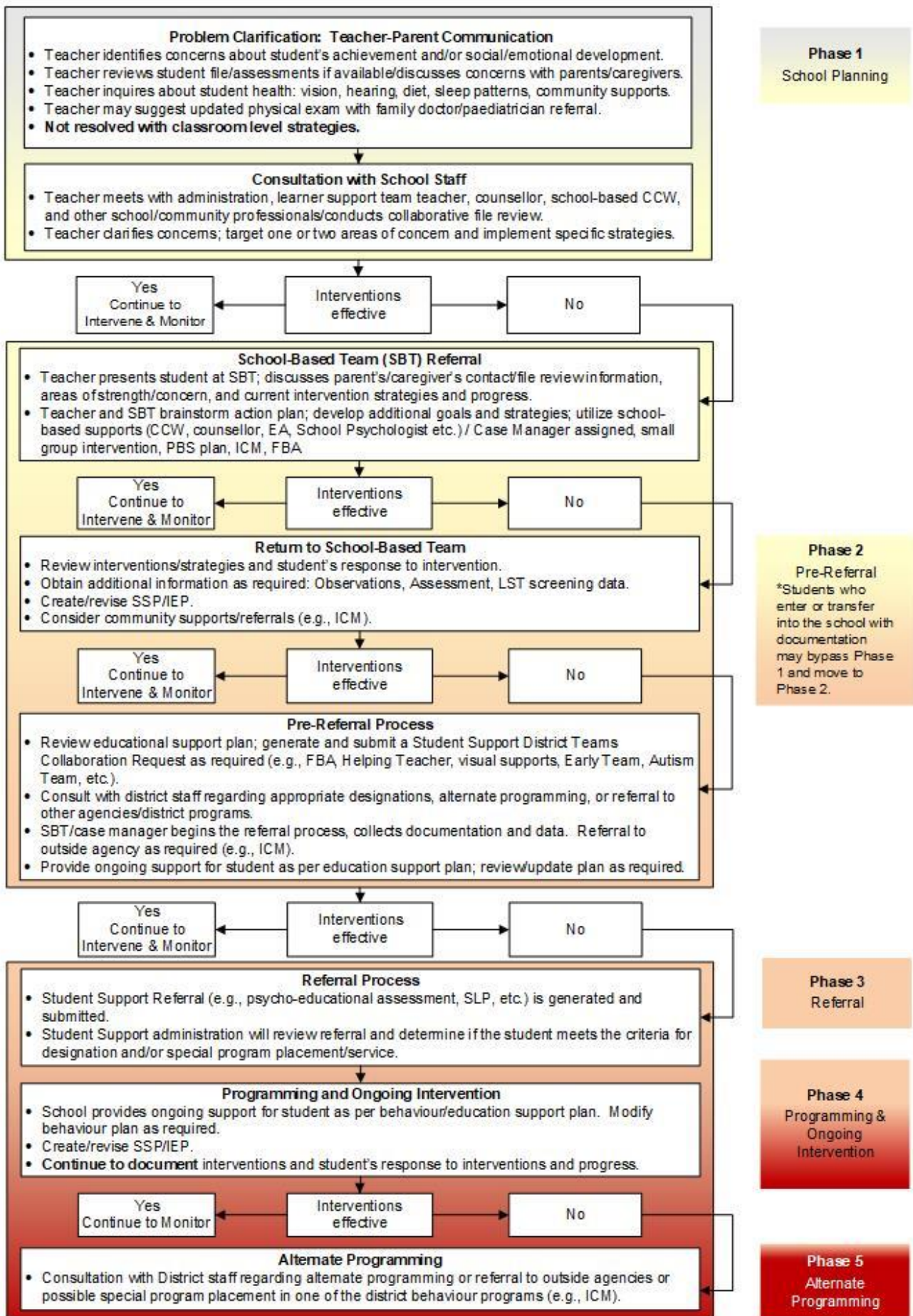


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	District Based Support Personnel	
	<ul style="list-style-type: none"> • <i>Child/Youth Care Worker: Connect© Parent Group</i> • <i>Deafblind Intervenor</i> • <i>District Behaviour Specialist</i> • <i>District Behaviour Specialist - ABA Autism</i> • <i>District Resource Counsellor</i> • <i>Education Assistant - AAC, Braillist, Peer Support Facilitator, Visual Supports</i> • <i>Gifted Helping Teacher</i> • <i>Hospital Homebound Teacher</i> • <i>Language Acquisition Support Worker</i> • <i>Low Incidence Medical Homebound Teacher</i> 	<ul style="list-style-type: none"> • <i>Learning Support Team Helping Teacher</i> • <i>School Psychologist</i> • <i>Special Education Helping Teacher</i> • <i>Speech-Language Pathologist</i> • <i>Speech-Language Pathologist - Augmentative Communication Specialist</i> • <i>Teacher of the Blind or Visually Impaired</i> • <i>Teacher of the Deaf or Hard of Hearing</i> • <i>Teacher of the Deafblind</i> • <i>Visiting Teacher</i>
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Collaborative Practice

- *Defining Characteristics of Collaboration*

Meaningful Consultation - Parent Involvement

Case Management - Roles & Responsibilities

- *Overview*
- *File Review*
- *EA, ABA SWs, CYCWs*
- *Assessment*
- *IEP*
- *SBT*
- *Referrals to District Staff*
- *Liaise*
- *Facilitation of Transitions*
- *Designation as a Student with Special Needs*
- *Adjudication (Secondary)*
- *Records/Documentation*
- *Integrated Case Management*

Integrated Case Management (ICM) Process

- *ICM Representation*
- *Who needs an ICM?*
- *ICM Benefits to Students and Families*
- *ICM Benefits to Practitioners*
- *Who initiates the ICM?*
- *Who to invite to an ICM*
- *Consistent ICM Documentation*
- *Checklist for Effective Collaboration with Children, Youth, and Families*
- *ICM Practice Tips*
- *ICM Meeting (Sample Format)*

Collaboration Requests

Student Referral Process: Kindergarten through Grade 12

ABA Referral Process

Access and Opportunities - Field Trips / Outings

- *Permission Form Signing Authority - Children and Youth in Care*
- *High Risk Activities*
- *Parent Permission for IEP Related Activities*
- *Student Outings - Who Pays?*

Assessments - Effective Practices and Recommendations

- *Context of Assessment*
- *Test Selection*
- *Consent*
- *Communicating and Protecting Results*
- *Replacing and Destroying Old Tests*

Adult Non-Graduated Students (formerly known as "Overage Year")

Informed Consent

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- *Challenge Program*
- *Deaf or Hard of Hearing Cohorts - Elementary*
- *Early Entrance to Grade One*
- *Intensive Intervention Program - Elementary*
- *Intensive Literacy Program - Elementary*
- *Multi-Age Cluster Class (MACC)*
- *Positive Attachment and Transformation for Happiness and Success (PATHS) Initiative*
- *Social Development Program (SD)*

District Special Programs - Secondary

- *Building Academic, Social and Employment Skills (BASES)*
- *Connections Program*
- *Deaf and Hard of Hearing Resource - Secondary*
- *Intensive Intervention Programs - Secondary*

Education Services School (Specialist Student Support Programming)

- *Adolescent Day Treatment Program (ADTP)*
- *Adolescent Psychiatry Unit (APU)*
- *A'mut*
- *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)

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[Check and Connect](#)

[Circle of Security®](#)

[Connect® Parent Group](#)

[Reclaiming Connections](#)

[Deafblind Team](#)

[District Action Team for Autism \(DATA\)](#)

[Early Support Team \(EST\)](#)

[Healthy Emotional Attachment Relationship Teaching \(HEART\) Team](#)

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[Government](#)

- Ministry of Child & Family Development
- Ministry of Health
- Affordable Child Care Benefit
- Youth and Family Services
- Services to Adults with Developmental Disabilities (STADD)
- BC Services Card
- BC Bus Pass Program
- Social Insurance Number
- Personals with Disabilities (PWD) Application through MSDI

[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 (SCD)
- Blind Beginnings
- The Centre for Child Development (CCD)
- Community Living BC (CLBC)
- Community Options for Children & Families - Respite Care
- Registered Disability Savings Plan
- Inclusion BC

[Online Resources](#)

- BC Ministry of Education
- School District No. 36 (Surrey)
- Hospitals, Health Centres, etc.
- Health Specific Resources
 - Asthma
 - Autism Spectrum Disorder
 - Cerebral Palsy
 - Chromosomal Disorders & Syndromes
 - Crohn's Disease / Ulcerative Colitis
 - Cystic Fibrosis
 - Deafblind
 - Miscellaneous Resources
 - Deaf or Hard of Hearing
 - Diabetes
 - Fetal Alcohol Specgtrum Disorder, Drug or Alcohol Related Disorders / Static Encephalopathy
 - Leukema / Cancer
 - Developmental Disabilities
 - Muscular Dystrophy
 - OT / PT
 - Physically Dependent
 - Sensory
 - Seizure Disorder / Epilepsy
 - Severe Allergies / Anaphylaxis
 - Spina Bifida & Hydrocephalus
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14. [STUDENT SUPPORT HANDBOOKS / GUIDEBOOKS / MANUALS..... 118](#)

(click on URL below to access)

-  [Alternatives to Suspension - Quick Guide](#)
-  [Child/Youth Care Worker Handbook and CYCW Report](#)
-  [Counsellor Handbook \(coming soon\)](#)
-  [Chronic Absenteeism - Quick Guide](#)
-  [District Action Team for Autism \(DATA\) Handbook](#)
-  [EA/ABA SW Sub Book](#)
-  [EA/ABA Support Model and Allocation Planning Tool for Principals](#)
-  [Education Assistants \(EAs\) & Applied Behaviour Analysis Support Workers \(ABA SWs\) Handbook of Guidelines](#)
-  [Educational Visual Language Interpreters - EVLI - Guidebook](#)
-  [Gifted Education Handbook for Surrey Schools](#)
-  [Grade Retention - Quick Guide](#)
-  [Guidebook for Education Assistants \(EAs\) & Applied Behaviour Analysis Support Workers \(ABA SWs\)](#)
-  [Individual Education Plan \(IEP\) and Student Support Plan \(SSP\) Writing - A Guidebook for Surrey Schools](#)
-  [IST/BASES Handbook of Guidelines and Procedures](#)
-  [Jordan's Principal: A Guidebook for Surrey Schools](#)
-  [Language Acquisition and Educational Access for Children and Youth who are Deaf or Hard of Hearing:](#)
 - Part 1: A Range of Educational Options and Supports
 - Part 2: A Deaf and Hard of Hearing Resources Guide for Classroom Teachers
-  [Lifts and Slings](#)
-  [LST Handbook of Guidelines and Procedures](#)
-  [Parent Engagement - Quick Guide](#)
-  [Positive Behaviour Support Handbook](#)
-  [School Completion Certification \(Evergreen\) Handbook](#)
-  [School Psychology Services Handbook](#)
-  [Inclusive Education Audit Preparation Guidebook for Surrey Schools](#)
-  [Speech-Language Pathology \(SLP\) Services Handbook of Guidelines and Procedures for Speech Language Pathologists](#)
-  [Student Engagement - Quick Guide](#)
-  [Student Support Who to Call FAQs](#)
-  [Transitions to Adulthood - Planning for Students with Developmental Disabilities](#)

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.

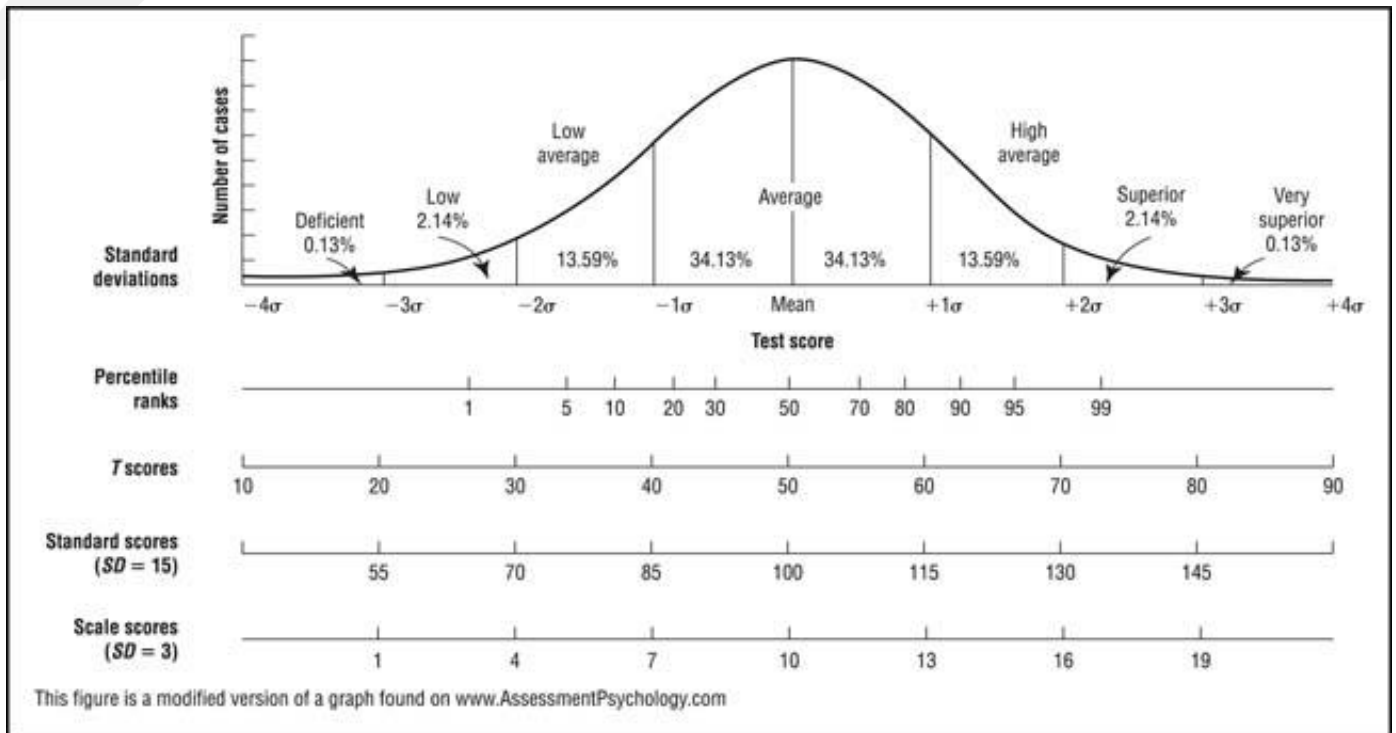
APPLIED BEHAVIOUR ANALYSIS SUPPORT WORKER (ABA SW): An ABA SW is a district employee who is trained to implement ABA programming under the supervision of the classroom teacher and home Board Certified Behaviour Analyst (BCBA).

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.



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 Otolologist.

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 soothe, 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 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 or diverse abilities 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 ($SS \leq 70$) 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 ($SS \leq 55$) 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.

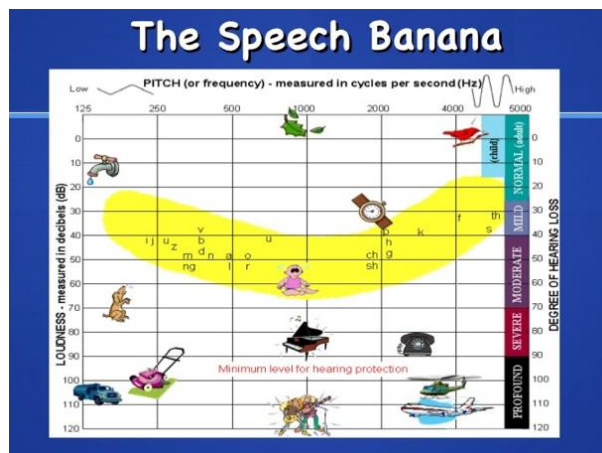
SIB: Self-Injurious Behaviour.

SLP: Speech-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*](#).

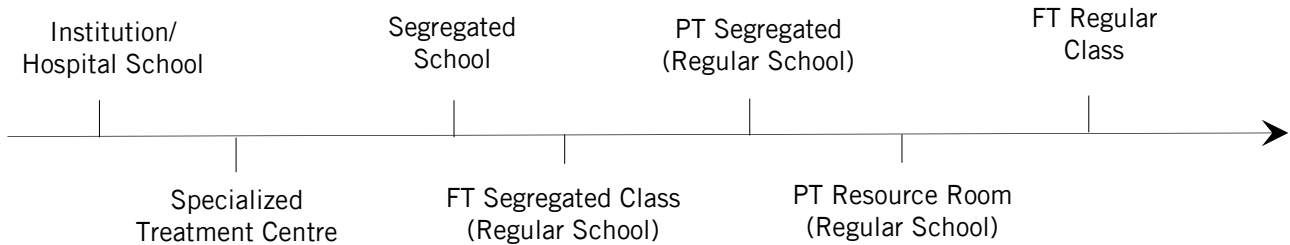
HISTORICAL CONTEXT - NORTH AMERICA

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 the Child (CRC)

The [Convention on the Rights of the Child](#) defines a child as a “human being below the age of 18, unless national laws recognize an earlier age of majority”.

Canada ratified the Convention in 1991 and is also a party to two of the three [optional protocols](#):

- 1) The [Optional Protocol on the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict](#) prohibits the compulsory recruitment and the direct participation in hostilities by the forces of a State of persons under the age of 18.
- 2) The [Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography](#) requires states to criminalize these activities, making prosecution of offenders easier, and instituting measures for the protection of child victims.

A third optional protocol, [Optional Protocol to the Convention on the Rights of the Child on a Communications Procedure](#), which Canada has not ratified, sets out an international complaints procedure for child rights violations.

Children in Canada also enjoy the rights protected in the six other principle [human rights treaties](#) that Canada has ratified.

Quick Facts

- The Convention on the Rights of the Child: the most widely and rapidly ratified core human rights treaty in history.
- The rights in the CRC are indivisible and interdependent because all rights are equal in importance and none can be fully enjoyed without the others.
- Countries that ratify are known as states parties.
- Rights holders: those who benefit from the convention-children under 18, and their parents
- Duty bearers: states and those who work for them must uphold the tenets of the Convention on the Rights of the Child (CRC), including police officer, lawyers, teachers, social workers - everyone that works for the government.
- Rights are described by articles.
- Children are not under any obligation under the convention.
- State parties are required to submit progress reports every 5 years. Reports are made by:
 - Children
 - State Parties
 - Children’s commissioners
 - NGOs
 - Independent
 - Ombudsman
- Reports lead to:
 - Raising awareness of the existence of the CRC
 - Monitoring
 - Impact assessments
 - Improved implementation
 - Constitutional changes
 - Legislation change

Nine Important Articles

1) Non-Discrimination (*Article 2*)

This principle states that no child should be treated unfairly on any basis. Children should not be discriminated against based on their race, religion or abilities; what they think or say; the type of family they come from; where they live, what language they speak, what their parents do, what gender they identify with, what their culture is, whether they have a disability or whether they are rich or poor.

2) Best Interests of the Child (*Article 3*)

This principle:

- is a substantive right and guiding principle that covers all CRC rights;
- is aimed at the child's holistic development and requires a rights-based approach that places the best interests of children as the primary concern in making decisions that may affect them; and
- promotes the child's human dignity.

Adult judgment cannot override the child's rights ([GC No. 14, paras. 4 and 5](#)). All adults, including those who are involved in making decisions related to budgets, policy and the law, should do what is best for children. When adults make decisions, they should think about how their decisions will affect children.

3) Right to Life, Survival and Development (*Article 6*)

The right of the child's life to be protected from birth, including access to the highest attainable standard of health, to health services, and to an adequate standard of living, as well as measures to ensure survival and education.

4) Respect for the Views of the Child (*Article 12*)

- This principle states that children have the right to say what they think should happen and have their opinions taken into account, with level of a child's participation appropriate to the child's level of maturity.
- This Convention encourages adults to listen to the opinions of children and involve them in decision-making but does not give children authority over adults.

5) Child Protection (*Articles 19 & 24*)

This principle states that children shall be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. Protective measures should, as appropriate, include the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment.

6) Supports for Children with Diverse Abilities or Disabilities (*Article 23*)

This principle states that a child who has a cognitive or physical disability should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Children have a right to special care and assistance as well as effective access to and receipt of education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

7) Right to Access Education (*Article 28*)

This principle states that children have a right to equal opportunity education, and with a view to achieving this right progressively and on the basis of equal opportunity.

8) Respect for Member of Minority Groups (*Article 30*)

This principle states that children of ethnic, religious or linguistic minorities or persons of indigenous origin shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

9) Children and Penal Law (*Article 40*)

This principle states that every child alleged as, accused of, or recognized as having infringed the penal law must be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

For additional articles, see [HERE](#).

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 or diverse abilities and reaffirms that all persons with all types of disabilities or diverse abilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities or diverse abilities and identifies areas where adaptations have to be made for persons with disabilities or diverse abilities 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 [Bill C-81, 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).

Most recently, BC has adopted the [Accessible British Columbia Act \(2021\)](#). The Accessible BC Act supports the identification, removal and prevention of barriers to the full and equal participation in society of persons with disabilities or diverse abilities by requiring the government and other organizations to establish accessibility committees and develop accessibility plans.

The *Act* requires “accessible organizations”, government and prescribed organizations, to consult with their accessibility committee in developing an accessibility plan. The accessibility plan must assist in identifying, and advising to remove or prevent, barriers to persons with disabilities or diverse abilities who are within the organization or interact with it. Under the plan, the organization must also establish a feedback system to receive comments from the public regarding any such barriers. The accessibility plan must be reviewed at least once every three years.

In addition, a provincial accessibility committee will be established by the Minister of Social Development and Poverty Reduction. The committee must propose a suitable accessibility standard which will relate to “the identification, removal or prevention of barriers” and could be made in respect of any of the following:

- employment
- information and communications
- education
- delivery of services
- transportation
- procurement
- the built environment
- health

In developing the standard, the provincial accessibility committee must consult with representatives from the following groups: persons with disabilities; individuals and organizations supporting persons with disabilities or diverse abilities; Indigenous persons; organizations which might be affected by the standard; and government ministries which may also be affected by the standard.

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](#).
- **Students with Medical Needs:** Please refer to the following: [Policy 9610 - Treatment of Students With Medical Alert Conditions Including Anaphylaxis And Life-Threatening Allergies](#), [Regulation 9610.1 - Treatment of Students With Medical Alert Conditions Including Anaphylaxis And Life-Threatening Allergies](#), [Regulation 9610.2 - Treatment Of Students With A Known Risk Of Anaphylaxis / Life-Threatening Allergies](#), [Regulation 9610.3 - Type 1 Diabetes Care in Schools](#), [Regulation 9610.4 - Medication Administration And Storage of Medication In Schools](#). All related district forms for these are found in the [Useful Links - District Forms](#) webpages.
- **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 Ministry Designation 'A'](#), 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](#), 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](#), 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 be 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 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 ($SS \leq 70$) 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.

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 or diverse abilities 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.

ADDING / REMOVING / CHANGING A DESIGNATION

Removing a Designation

The process of de-designating a student, must be as robust as the process of designating a student. Accordingly, the school-based team should conduct a robust review (in relation to the audit checklist), and should it be determined that the student no longer meets criteria, the case manager should submit the [Request for Removal of Designation](#) form with a copy of recent (within the last 3 months) SBT minutes that documents meaningful collaboration with families and outlines the rationale for removing the designation. Upon receipt, Student Support will review the documentation, and determine whether or not to remove a designation. Student Support will subsequently message the school clerk in relation to removing a designation. Schools may not remove a designation unless authorized by Student Support.

In situations where a case manager is considering removal of the designation due to a discontinuation of inter-agency support, the case manager should work with the student and their family to get re-connected to the agency, or to reach out to a new agency. If a student is on a waitlist for support, the case manager should document this in the student’s file (or on a copy of the Integrated Case Management minutes) and outline what services are pending. In this way, schools may be able to maintain the ‘H’ status, if the waiting period seems reasonable and the student is committed to following through. If you have any questions about this, please check with your school psychologist or Student Support.

Changing a Designation

The process of de-designating a student and making a change to another designation, must be as robust as the process of designating a student. Follow the process above to remove the designation and submit the [Request for Removal of Designation](#) form, along with [Student Support Referral](#) with supporting paperwork, for the new/changed designation, to Student Support.



Adding a Designation

The process of adding a second designation to a student must be as robust as the original process of designating a student. Submit a [*Student Support Referral*](#) requesting the additional designation to Student Support, along with all supporting documentation.

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 [Inclusive 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 the decision is 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

STUDENTS WITH DIVERSE ABILITIES OR DISABILITIES

Register all children with special needs as you would any child entering Kindergarten as per the information contained here: [Memo-K registration special needs-Principals](#).

EARLY ENTRANCE TO GRADE ONE

While the School District 36 (Surrey) feels strongly that the kindergarten year is an important and rich experience for every child and does not encourage acceleration, we do offer parents the opportunity to have their child assessed, prior to entering Kindergarten, for readiness for grade one.

Age is only one indicator of readiness for acceleration. It is typical for a number of Kindergarten children to be advanced in one or two areas. For example, some children are reading at entry to Kindergarten or able to compute answers to math equations. However, to recommend a child be accelerated to Grade One would indicate that the child has demonstrated outstanding ability and maturity, in all areas of development, beyond what one would expect of a Kindergarten aged child.

When applying for Early Entrance to Grade One it is important to carefully consider the implications and long-term effects on a child's overall development.

For more information on early and play-based learning, please go to:

- Lessons in Learning...Let the children play: Nature's answer to early learning - <http://bit.ly/2uQrLTl>
- Child's Play...Learning that comes naturally - <http://bit.ly/vX5Jkq>

Please note: Children must already be registered in a Surrey School in order to submit an application for assessment for Early Entrance to Grade One.

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 more information on how to request transportation for a student, please refer to the [Facilities Dept 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

As transportation decisions concerning every student with special needs are subject to annual review, a roster of the students requiring transportation must be submitted to Transportation prior to June 25th. Please review [Weekly Memos](#) for details.

ATTENDANTS

If a student receiving transportation, now requires an attendant, the school principal should contact Transportation to request an attendant.

STUDENTS WITH AN EMPLOYEE SAFETY PLAN

When a student who is receiving transportation, has an Employee Safety Plan (ESP) in place, the ESP must be shared with the bus driver.

For additional 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/mailbox.

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 workday. 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).

Cellphone, Protective Equipment, and Supplies

Schools/sites are responsible to provide staff with all personal protective equipment and supplies required to safely perform their duties. For example, all staff must use disposable gloves when toileting or when there is a risk of exposure to potentially infectious body fluids or if an Employee Safety Plan indicates that staff call the office, they should be provided walkie talkies. Employees are not recommended to use their personal phones for the purpose of summoning assistance. For more information, contact the Manager, Health and Safety, Human Resources.

Personal Property Brought to School District Premises

From time to time, district staff have been approached when school-based or itinerant staff have experienced destruction of personal property. Please remember that as outlined in [Policy 5809 - Personal Property Brought to School District Premises](#), the Board of Education will not accept responsibility for loss, damage or theft of any article including, but not limited to, clothing, school supplies, equipment, electronics (e.g., camera, phone, iPad, notebook, tablet, and laptop computers), vehicles or cash not owned by the school district, except as stated herein. Items brought to or left on school district premises are at the owner’s risk. It is the owner’s responsibility to arrange insurance to cover any loss or damage to personal property brought to school district premises. The exceptions to the forgoing are:

1. Vandalism to employees’ and trustees’ vehicles provided pursuant to Board [Regulation 4410.3 - Insurance Aspects of Employee Travel](#), and collective agreements.
2. Teaching aids, owned by a teacher, which were brought to school for instructional purposes as defined in the collective agreement between the Board and the Surrey Teachers Association.

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 Professional Development (Pro-D)

Student Support works with itinerant teachers and CUPE executive to create pro-d opportunities for EAs, ABA SWs, CYCWs, etc. In instances when a school is closed on a non-instructional day, staff should engage in professional development opportunities, which may include self-directed pro-d, and if there are costs associated with the activity, they should be remunerated accordingly. *Staff should not be directed to take a leave of absence or utilize sick time.*

When paraprofessionals are planning to engage in self-directed pro-d, they must complete a [Paraprofessional Self-Directed Professional Development Work Plan \(EAs, CYCWs, ABA SWs\)](#) request form (please note: a list of examples/ideas for self-directed pro-d activities is listed on page 2 of this form) and submit this request to the Principal for approval **prior** to the activity.

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 be providing transportation or assistance 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).

With the above in mind, please note that:

- The presence of a Cooperative Service Provision Agreement **does not imply** that a private therapist may provide service to a student during school/class time virtually or at the school.
- School personnel **should not** be providing:
 1. **transportation to** appointments/activities with private service providers during the school day/class time.
 2. **assistance with virtual** (Zoom, Teams, Skype, etc.) appointments/activities with private service providers during the school day/class time.

Individual Professional Liability Insurance

Where a professional association/governing body (i.e., [College of Speech and Hearing Health Professionals of British Columbia](#), [College of Psychologists of British Columbia](#), [BC Association of Clinical Counsellors](#), etc.) is requesting proof of individual professional liability insurance, the individual should refer to that governing body for more information.

SCHOOL BASED SUPPORT PERSONNEL

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](#).

Educational Visual Language Interpreter (EVLI)

An EVLI facilitates spoken and signed communication between persons who are deaf and use sign language to access the educational setting, and persons who are hearing. Employing cognitive processing techniques and fluency in two languages, they interpret between English and ASL.

EVLIs function as an integral part of school-based teams for providing communication access for students who are deaf or hard of hearing. As with all members of the educational team, the EVLI is responsible for ensuring learning and communication needs of the students who are Deaf and Hard of Hearing are met. The EVLI should attend IEP meetings as a member of the educational team, and a community-based or other interpreter should interpret the meeting. The scope of practice of EVLIs encompasses the legal, ethical and collaborative nature of the inclusive education setting. All Surrey EVLIs are graduates of an ASL/English interpreter education program and are current members of the Westcoast Association of Visual Language Interpreters ([WAVLI](#)).

For additional information, please refer to the [Educational Visual Language Interpreters \(EVLI\) Guidebook](#).

Gifted Education Teacher - Challenge - Elementary

The Challenge teacher provides enriched instructional opportunities in the form of eight to ten-week modules for high ability and gifted students. The role of the challenge teacher includes advising and mentoring Challenge students, advocating on behalf of gifted learners, collaborating with classroom teachers in selecting teaching and learning strategies to meet the needs of these students, providing in-service to school staff, assisting parents in providing support for their gifted child, helping with the identification of gifted learners and providing IEP support to schools.

For additional information, please refer to [Gifted Education - Handbook for Schools \(Elem/Sec\)](#) and the teachers [Job Description Handbook](#). Teachers interested in becoming a Challenge Teacher should complete and submit the following to Human Resources (HR): [Request for an Evaluation for Positions Requiring Special Training or Specific Experience](#).

Gifted Education Teacher - Multi-Age Cluster Class (MACC)

The MACC teacher provides enriched and accelerated instructional opportunities for gifted learners within their class. The role of the MACC teacher includes interpreting each learner's gifts and their implications, differentiating curriculum opportunities according to the needs of these gifted students, developing, implementing, and monitoring an IEP for each learner, assisting parents in providing support for their child, advocating on behalf of gifted students, and articulating the MACC program to other teachers, paraprofessionals, parents and students. MACC teachers also help with the selection of students for the MAC class.

For additional information, please refer to [Gifted Education - Handbook for Schools \(Elem/Sec\)](#) and the teachers [Job Description Handbook](#). Teachers interested in becoming a MACC Teacher should complete and submit the following to Human Resources (HR): [Request for an Evaluation for Positions Requiring Special Training or Specific Experience](#).

Gifted Education Teacher - Primary Support

The Gifted Education Teacher - Primary Support Teacher provides instructional support and guidance for potentially gifted and identified gifted learners from K to grade 3. This teacher can be invited to do classroom observations of potentially gifted learners to assist with identification and makes support suggestions to help meet the student's unique learning needs. They assist school team with educational planning, IEP creation and implementation for gifted learners. They also assist with Early Entrance to Grade One assessments.

Gifted Facilitator - Secondary

The secondary gifted facilitator supports gifted and talented students throughout their secondary years. Gifted facilitators build relationships and provide social and emotional for students as needed. Facilitators help students to find ways to pursue their passions and are aware that gifted students exhibit certain health and wellness challenges (e.g., anxiety, depression, etc.). They are responsible for case management, which involves the creation, monitoring and facilitating of IEP's. They are also responsible for referral and assessment procedures at the school level. They work with school counsellors to ensure students are placed in appropriate courses to meet their learning needs and work with classroom and specialty teachers to facilitate the implementation of the IEP. The facilitator helps students establish connections to supplemental or supportive programming and/or services, by encouraging students to participate in school and district wide events for students who are gifted and connecting students to various seminars, field trip opportunities, and special events that support the IEP. Secondary Gifted Facilitators advocate with staff on behalf of our gifted learners; recognizing that this group comes with a unique set of learning needs (e.g., faster pacing, freedom to explore interests and passions, choice, intensity of sensitivities, etc.) and shares strategies for differentiating instruction.

For additional information, please refer to [Gifted Education - Handbook for Schools \(Elem/Sec\)](#) and the teachers [Job Description Handbook](#).

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, provide educational instruction and support to students with low incidence Ministry of Education designations, and work closely with classroom teachers. 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.

Teachers interested in becoming a school counsellor should complete and submit the following to Human Resources (HR): [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](#).

Special Education Teacher - Building Academic, Social and Employment Skills (BASES)

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 \(Secondary\)](#).

DISTRICT BASED SUPPORT PERSONNEL

- ❖ *Student Support Structure & Portfolios may change from year to year and are outlined [HERE](#).*
- ❖ *Student Support - Zonal School Contacts (DRCs, DBSs, School Psychologists, etc.) may change from year to year, and are outlined [HERE](#).*
- ❖ *SLPs (including AACs) - Zonal School Responsibilities may change on occasion/year to year and are outlined [HERE](#).*

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 (DBSs) have responsibilities related to supporting students requiring Intensive Behavioural support who attend their neighbourhood school. DBSs also support students who have been referred for special placement and/or intensive support and intervention. Where appropriate, they may assist with the development, monitoring, and implementation of individual Positive Behaviour Support Plans and Employee Safety Plans for students with social, emotional, and behavioural needs. As a member of a multidisciplinary team, DBSs participate in activities related to ensuring school and community health and safety (including Violent Threat Risk Assessments), and supporting school-based Critical Incident Response Teams. DBSs collaborate with the members of school teams, community partners, and parents/guardians to support students' social, emotional, and behavioural needs; and also provide training and in-service.

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 Behaviour Specialist - ABA Autism (DBS-ABA Autism)

District Behaviour Specialists ABA Autism (DBS-ABA Autism) have responsibilities related to supporting students requiring Intensive Behavioural support who attend their neighbourhood school. DBSs-ABA Autism also support students who have been referred for special placement and/or intensive support and intervention. Where appropriate, they may assist with the development, monitoring, and implementation of individual Positive Behaviour Support plans and Employee Safety Plans for students with social, emotional, and behavioural needs and those who receive home/community-based ABA support. They provide consultation to school personnel in developing and implementing effective interventions for students with severe problem behaviour (e.g., PFA-Skill-based Treatment). As a member of a multidisciplinary team, DBSs ABA Autism participate in activities related to ensuring school and community health and safety, including Violent Threat Risk Assessments (VTRAs) and supporting school-based Critical Incident Response Teams. They collaborate with the members of school teams,

community partners, and parents/guardians to support students' social, emotional, and behavioural needs; and also provide training and in-service.

For additional information about the DBS role, please refer to the teachers' [Job Description Handbook](#). Teachers interested in becoming a DBS-ABA 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, collaborate with educational teams to 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) - Brailist

The Brailist 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 an 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](#).

Language Acquisition Support Worker (LASW)

External position. The LASW is a person who has American Sign Language (ASL) as their first language as well as their language of choice for daily communication. The LASW works alongside the Teacher of the Deaf and Hard of Hearing (TDHH) and the Educational Visual Language Interpreter (EVLI) to provide language acquisition support services for children and youth who are deaf or hard of hearing and communicate using American Sign Language (ASL). The LASW models sign language (vocabulary building), facilitates communication between the student and their peers (social skill development), and also prepares language acquisition materials.

Low Incidence (LI) Medically Homebound Teacher

An 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 EA/ABA Support Worker.

Learner Support Team 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 Instructional 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 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) as developed collaboratively with school team members, parents/guardians, students, and community partners. 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](#).

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](#). For more information on School Psychologist Services in Surrey School District, please refer to [Language Acquisition and Educational Access for Children and Youth who are Deaf or Hard of Hearing: PART 1: A Range of Educational Options and Supports and PART 2: A Deaf and Hard of Hearing Resources Guide for Classroom Teachers](#).

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](#).

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](#).

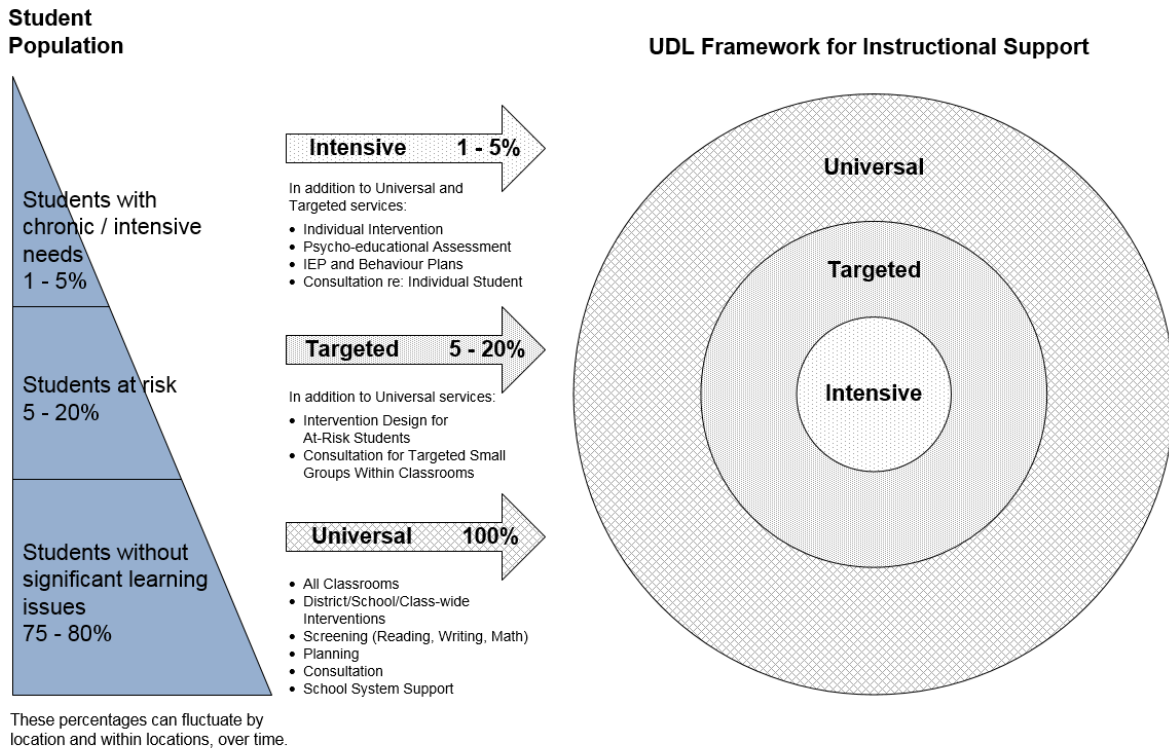
DISTRICT PROCESSES

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).



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 diverse abilities or disabilities are generally best served in a regular classroom setting with peers. 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 students:

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

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

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

SCHOOL-BASED TEAM (SBT)

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

The 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.*

What do SBTs do?

- Develop, recommend, and implement instructional and/or management strategies
- Co-ordinate support school/district/community/provincial services
- Request designations or the removal of designations
- Refer for district or provincial programs
- Request formal assessments such as Psycho-educational or SLP
- Request for Health services such as occupational or physical therapy
- Etc.

Who participates in SBT?

- Classroom teacher
- IST, BASES, LST teacher and/or Case Manager
- Administrator
- SLP, Counsellor, and Psychologist
 - Elementary Counsellor supports at all tiers in SBT
 - Secondary Counsellors supports their student on the caseload in SBT
 - Counsellors have the opportunity at SBT to build capacity, promote mental health literacy, give information on programs and provide perspective on student behaviour and liaise with outside agency support
 - Collaborate with SBT on goals, progress & timing of counsellor interventions and supports
 - Specific content and personal student/family issues can remain confidential while goals and the skill-teaching plan is shared with the SBT
 - Promote supportive and inclusive environments for students with mental health issues
 - Consultation with SBT around FBA/PBS plan
- Parents
- Student (as appropriate)

Preparing for SBT Meetings

Members of the educational team should:

- Make themselves acquainted with the student's file, including: student's history (transience, years in country, absences, etc.), previous interventions, previous academic or behavioural concerns, etc.
- If the student has been brought to SBT, check to see if previous action plans have been followed and what the outcome of those plans was.
- Ensure you have current assessment data including behaviour data (as applicable) and current work samples.

SBT Follow-up

- You and the other members of the educational team follow through with the action plan as developed.
- If you are unable to follow through with the action plans as recommended, you should request an SBT update meeting. For example, SBT may recommend a psycho-ed assessment, however, the parents refuse to consent. It would be helpful to all those who read the file to know this.

Please refer to the following documents for more information:

1. [School-Based Team \(SBT\) Self Evaluation document](#)
2. [School-Based Team Referral template](#)
3. [School-Based Team \(SBT\) Minutes template](#)
4. [Student Educational Review and Plan for Promoting Future Success](#)

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.*

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.

Collaboration is a process, not an event.

Defining Characteristics of Collaboration (From: *Collaborative Consultation in Schools (Third Edition)*, Kampwirth, T.J., Pearson Prentice Hall, 2006.)

Friend & Cook (1992) offer some defining characteristics of collaboration that have implications for collaborative consulting. They are:

- ***Collaboration is based on mutual goals.*** People must have a commitment to the goals on which they are currently working.
- ***Collaboration requires parity among participants.*** People's contributions must be equally valued and they must have equal decision-making power in the activity in which they are currently involved. If one person has, or is perceived to have, more valuable knowledge or greater decision-making power, the process cannot be described as collaborative. In other words, if one person continuously defers to the other because one has more extensive training and, as a result, more valuable information, or if one person alone makes the final decision about which strategy to implement, it is not a collaborative approach. For the process to be collaborative, both teachers need to achieve consensus.
- ***Collaboration depends on shared responsibility for participation and decision making.*** Both people are actively involved in designing and determining an appropriate intervention, but how they share the responsibility for implementing the plan does not necessarily mean that they to divide the tasks equally or to fully participate in every task. It is more often a division of labour based on available time, roles and responsibilities, and individual skills.

- **Collaboration requires shared responsibility for outcomes.** People share responsibility for both the success or failure of a mutually agreed upon endeavour. In other words, one party does not stand by feeling smug and assume an “I told you so” attitude if the results of the intervention favour his or her preferred instructional strategy.
- **Collaboration requires that participants share their resources.** People must be willing to share information, access to information, materials, equipment, and yes, even instructional aides if they are available.
- **Collaboration is a voluntary relationship.** People cannot be coerced or mandated to collaborate. If and when they are, it is an oxymoron. Fullan & Hargreaves (1991) refer to forced collaboration as “contrived collegiality (p. 58).” They do suggest, however, that directives or district policies encouraging collaboration may be necessary first step.

Consulting is a collaborative effort when all six elements are applied to the problem-solving or planning process. The theme of this approach is that two heads are better than one and we sink or swim together as is the case with cooperative learning (Johnson, Johnson, Holubec, & Roy, 1984).

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 Order¹ 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.

¹ <http://www2.gov.bc.ca/gov/DownloadAsset?assetId=49BA60C7E9714703A186EACEFA235371>

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 Section B: Roles & Responsibilities](#); [EA/ABA SW Handbook of Guidelines](#), [Child and Youth Care Worker Handbook](#); and the [BCTF/CUPE document - Roles and Responsibilities of Teachers and Teacher Assistants/Education Assistants](#)).

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 EA, ABA SW and/or 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 for more information:

- (a) [Gifted Education Handbook for Schools](#);
- (b) [Individual Education Plan \(IEP\) and Student Support Plan \(SSP\) Writing - A Guidebook for Surrey Schools](#);
- (c) [Integration Support Teacher \(IST\)/Building Academic, Social and Employment Skills \(BASES\) Handbook of Guidelines and Procedures](#);
- (d) [LST Handbook of Guidelines & Procedures](#);
- (e) Section C: [Special Education Services: A Manual of Policies, Procedures and Guidelines](#);

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).

For more information about School-Based Teams, please see [HERE](#).

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 (SLPs, NSS Staff, EAs);
- (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.
- 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 the [Records Management Services](#) department 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, EA, ABA SW, 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., SLPs, AACs, SPED HTs, DBSs, DRCs, OT/PTs, 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*](#).

ICM Meeting (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:

<ul style="list-style-type: none"> • Health • Self-care Skills • Educational goals 	<ul style="list-style-type: none"> • Identity • Family & Social Relationships • Social Presentation 	<ul style="list-style-type: none"> • Emotional & Behavioural Development • Other
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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:

<ul style="list-style-type: none"> • <i>Can we build on existing skill sets to support identified challenges?</i> 	<ul style="list-style-type: none"> • <i>Are there some challenges that overlap? Can we combine them into one goal?</i>
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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 subsequent meeting date(s).

Ensure participants receive a copy of the meeting minutes.

COLLABORATION REQUESTS

The [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., DBS, DRC, School Psychologist, SPED HT, LST HT, SWIS, MCW). They may also obtain more information such as student file information or screening data (with the assistance of their LST), 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 either a relevant Ministry category, or placement into a district program, the SBT submits a [Student Support Referral](#) form, with appropriate documentation, to Student Support. Please note that district program placement requests should always be in keeping with the student's best interests, therefore a student's designation should not preclude them from placement (e.g., Social Development class).

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 SW.

For additional information regarding the process of requesting an ABA SW, please see the [ABA Home to School Collaboration](#) document.

ACCESS AND OPPORTUNITIES - FIELD TRIPS / OUTINGS

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
- Jump Rope for Heart
- Indigenous presentation
- Rocks & Rings
- Roller skating
- Bhangra, Bollywood or other dancing

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](#).

Permission Form Signing Authority - Children and Youth in Care

Ministry of Children and Families (MCFD) caregivers (aka foster parents) are approved to sign permission forms for school-related activities and other social and recreational opportunities for the children and youth in their care, including indemnities and waivers. If a caregiver is unsure if the activity is high risk or appropriate for the child or youth to participate in, the caregiver must notify the child or youth's guardianship worker as soon as possible (examples of high risk activities include, but are not limited to: scuba diving, snowmobiling, swimming, gymnastics, horseback riding, and mountain climbing).

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 [Learner Support Team \(LST\) Handbook of Guidelines and Procedures](#).
- 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 SLPs) 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 of Guidelines and Procedures](#).

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 of Guidelines and Procedures](#). 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.

ADULT NON-GRADUATED STUDENTS WITH SPECIAL NEEDS (formerly known as “Overage Year”)

For several years, the Ministry of Education has supported students working toward graduation, even when that requires their doing so beyond the age of 19 years (i.e., into adulthood). Practically speaking, this means that adult-age learners may continue to attend their neighbourhood school if the members of the educational team (which includes the parent(s)/guardian(s) and the student as appropriate) believe this is in the students best interests.

For more information, please refer to the [Transitions to Adulthood: Transition Planning for Student with Developmental Disabilities: A guidebook for Transition Planning Teams](#).

INFORMED CONSENT

Informed consent occurs when consent 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 is ideally obtained on an ongoing basis (e.g., as new information becomes available). If signed consent forms are indicated, establish and use signed consent forms that specify the dimensions of informed consent and that acknowledge that such dimensions have been explained and are understood.”

In addition to parental/legal guardian consent, it is respectful to solicit *assent from* children, where they are not seen to be legally competent to provide consent. Consistent with effective practice and to gain their active participation, staff must fully inform students regarding the nature of the consent. Each student has the right to be fully informed.

INTERNATIONAL (FEE-PAYING) STUDENTS WITH SPECIAL NEEDS

1. International fee-paying students are reported to the Ministry of Education, however, the School District does not receive Ministry funding. International student program fees offset the costs to the School District.
2. When an International fee-paying student demonstrates a need for categorical special education services/supports (e.g., EA, etc.), the school-based administrator, **in consultation** with the [International Education Department](#) (*who collaborates with Student Support*), will assess appropriate types and levels of support. The International Education Department will contact the parent(s)/custodian to discuss appropriate educational direction and related costs (if applicable).

3. International fee-paying students with Special Needs are not reported to the Ministry of Education therefore the District does not receive supplementary (low incidence) funding from the Ministry (Level I, II, & III).

Note: *Students noted above do not receive Ministry Special Education designations, however, when a demonstrated need and/or disability exists, educational planning (e.g., IEP development) and support (e.g., LST) can be essential to student success and should be provided (if appropriate).*

4. International fee-paying students **ARE** entitled to equitable access to non-categorical support services.

Examples:

- Counselling
- Learner Support (ELL)
- School Psychology

5. International fee-paying students are **NOT** entitled to categorical special education support services, nor are they are not permitted to enrol in a specialized District program that would displace a domestic/Ministry-funded student (or anything else related to a designation).

Examples:

- Integration Support Teacher
- ABA Support Worker
- Vision Supports
- BASES Teacher
- Speech-Language Pathology
- Behaviour Supports
- Education Assistant
- Deaf and Hard of Hearing Support
- Special Education Support Programs

If you have any questions about services provided/not provided to fee-paying international students, please contact the [International Education Department](#) directly.

*(Note - International fee-paying students are coded in MyEdBC as **Int'l Funding Not Eligible.**)*



STUDENT SUPPORT DISTRICT EDUCATIONAL PROGRAMS



DISTRICT SPECIAL PROGRAMS - ELEMENTARY -

BILINGUAL PRIMARY CLASSROOM – MARY JANE SHANNON

Program Description:

The bilingual primary class provides students with the opportunity to enter school in kindergarten, or at other points in grades 1-3, and be immersed in a bilingual class with an emphasis on language development in ASL and English. Students engage with peers who are Deaf or Hard of Hearing and hearing peers in the school community. Students receive a range of supports based on individual needs.

Entrance Criteria:

- Must have a diagnosed hearing difference supported by a recent audiometric assessment and report;
- Primary need must be hearing difference (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 an audiologist must have recommended amplification.

Referral Process:

- Students register at their catchment school.
- Families / 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 request (with supporting documentation) to Student Support.
- Visitations and observations occur.

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 (D/HH) 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 attend classes with hearing peers and receive a range of supports based on individual needs.

Student Entrance Criteria:

- Must have a diagnosed hearing difference supported by a recent audiometric assessment and report; and
- Must meet the Ministry criteria to be considered a student with a hearing difference.

Sibling / Other Entrance Criteria:

- Desire to have the opportunity to be included in the D/HH communities at MJ Shannon Elementary, Bear Creek Elementary, Beaver Creek Elementary and QE Secondary because they have a family member who is D/HH.

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.

EARLY ENTRANCE TO GRADE ONE

Program Description:

While the School District 36 (Surrey) feels strongly that the kindergarten year is an important and rich experience for every child and does not encourage acceleration, we do offer parents the opportunity to have their child assessed, prior to entering Kindergarten, for readiness for grade one.

Entrance Criteria:

Children must be registered in a Surrey School in order to submit an application for assessment for Early Entrance to Grade One. *More information about Early Entrance to Grade One in Surrey schools [is available HERE](#).*

Children are assessed using Discover, a strengths-based assessment which assesses six of the multiple intelligences: verbal-linguistic, logical-mathematical, bodily-kinesthetic, interpersonal, intrapersonal, and visual-spatial. It also includes a problem-solving component and is conducted with a group of four or five students.

To recommend a child be accelerated to Grade One would indicate that the child has demonstrated outstanding ability and maturity, in all areas of development, beyond what one would expect of a Kindergarten aged child.

When applying for Early Entrance to Grade One parents and schools are asked to carefully consider the implications and long-term effects on the child's overall development.

Referral Process:

Parents have two opportunities to request assessment: one in the Spring and one in September.

INTENSIVE INTERVENTION PROGRAMS - ELEMENTARY *(Formerly Life Skills)*

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 (MACC), 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.

 *MACC Information Package for Schools is available [HERE](#).*

 *MACC Information Package for Parents is available [HERE](#).*

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.

POSITIVE ATTACHMENT AND TRANSFORMATION FOR HAPPINESS AND SUCCESS (PATHS) INITIATIVE *(formerly: The Centre for Children)*

Program Description:

The PATHS Initiative supports elementary-aged children living with complex neuro developmental needs, and their families. The PATHS initiative is a partnership between the Surrey School District, the Ministry of Children and Family Development, Fraser Health and the Children's Foundation. Ongoing multi-disciplinary assessment results inform evidence-based support and treatment. While children attend PATHS, neighbourhood school staff remain involved (i.e., co-case manage) in the planning and intervention process. Children typically attend PATHS, for a one-year period, and then return to their neighbourhood school.

Referral Process:

An advisory consisting of:

- District Principals, Student Support;
- Program Coordinator;
- District Resource Counsellor;
- District Behaviour Specialist;
- School Principal;
- Representative of the Ministry of Children and Families;
- Representative from Child Youth Mental Health; and
- Representative from the Children's Foundation.

The advisory group meets annually to discuss cases and to confirm placement.

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 [Collaboration Request](#) with supporting documentation (e.g., positive 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 [Collaboration Request](#) 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 OR HARD OF HEARING (D/HH) RESOURCE - SECONDARY

Program Description:

The secondary D/HH resource is designed to offer in-class support and tutorial support in a resource room setting to students with a diagnosed hearing difference. The primary purpose of this program is to enable students who are deaf or hard of hearing to attend classes with hearing peers, 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.

Student Entrance Criteria:

- Must have a diagnosed hearing difference supported by a recent audiometric assessment and report;
- Must meet the Ministry criteria to be considered a student with a hearing difference; and
- Hearing difference must be at least moderate, bilateral, and permanent; and amplification must be recommended by an audiologist.

Sibling / Other Entrance Criteria:

- Desire to have the opportunity to be included in the D/HH communities at MJ Shannon Elementary, Bear Creek Elementary, Beaver Creek Elementary, and QE Secondary because they have a family member who is D/HH.

Referral Process:

- Students register at their catchment school.
- 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.

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.

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.

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.

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 Education Services School.
- Education Services School 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 Education Services School Programs Team. Students, families and concerned professionals can refer by contacting Education Services School.

FOUNDATIONS PROGRAM

Program Description:

The [*Foundations Program*](#) is for students who have low academic ability due to missed schooling/ have a K (Mild Intellectual Disability) and H (Intensive Behaviour/ Serious Mental Illness) designation that require a more specialized learning environment than what is provided in a regular secondary school.

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 Education Services School.
- Education Services School makes a decision regarding the referral.

YOUNG PARENT PROGRAM

Program Description:

The [Young Parent Program](#) is a program for pregnant and parenting teens. The district team works with the young parent to find daycare options while also working with the school and the young parent to arrange schooling options. The referral process can originate from schools, other ministry partners, or may include self-referral.

Referral Process:

School personnel submit the referral to Education Services School.

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 Education Services School.
- Visitations and observations occur.

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.

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 Education Services School.
- Education Services School referral team 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.

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.

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 Education Services School Referral Team determine the appropriateness of all referrals.

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.

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).

For more information, please contact [Student Support](#).

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](#).

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](#).

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.

For more information, please contact [Student Support](#).

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](#).

EARLY SUPPORT TEAM (EST)

The Early Support 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](#).

HEALTHY EMOTIONAL ATTACHMENT RELATIONSHIP TEACHING (HEART) TEAM

The Healthy Emotional Attachment Relationship Teaching Team (HEART) works alongside school teams to support classroom teachers and EAs who are working with elementary-aged students who may require additional social emotional support to be successful in the classroom setting. The team is comprised of two District Behaviour Specialists, two Learner Support Team Helping Teachers and two EA Peer Support Facilitators.

For more information, please contact [Student Support](#).

COMMUNITY PARTNERS / SUPPORTS / RESOURCES

In reaching out to community partners, it is apparent that many children/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/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 (NSS) Coordinator - Fraser Health**

NSS 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 NSS Coordinators train, certify and monitor EAs 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](#).

➤ **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 are 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.

OTHER 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/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, SLPs, physiotherapists, early childhood educators (ECEs), 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 OT/PT 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 OT/PT 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 OT/PT 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](#)

➤ **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](#)
 - ✚ [Screening for Autism](#)
 - ✚ [Autism BC](#)
 - ✚ [Awareness of Students with Diverse Learning Needs—Autism](#)
 - ✚ [Autism Community Training \(ACT\)](#)
 - ✚ [Autism Outreach](#)
 - ✚ [Pacific Autism Family Network](#)
 - ✚ [Autism Speaks](#)
 - ✚ [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 Resource 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 \(formerly Western Institute for the Deaf\)](#)

❖ **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](#)

❖ OT / PT

- ✚ [All Things Sensory by Harkla - Podcasts](#)

❖ Physically Dependent (at all times for feeding, dressing, toileting, mobility, personal hygiene)

- ✚ [POPEI](#)

- ✚ [SET-BC](#)

❖ Sensory

- ✚ [All Things Sensory by Harkla - Podcasts](#)

❖ Seizure Disorder/Epilepsy

- ✚ [BC Epilepsy Society](#)

- ✚ [Epilepsy HealthLink BC](#)

❖ Severe Allergies / Anaphylaxis/Severe

- ✚ [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](#)

➤ MISCELLANEOUS 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](#)
-  [Counsellor Handbook](#) (coming soon)
-  [District Action Team for Autism \(DATA\) Handbook](#)
-  [EA/ABA SW Sub Book](#)
-  [EA/ABA Support Model and Allocation Planning Tool for Principals](#)
-  [Education Assistants \(EAs\) & Applied Behaviour Analysis Support Workers \(ABA SWs\) Handbook of Guidelines](#)
-  [Educational Visual Language Interpreters - EVLI - Guidebook](#)
-  [Gifted Education Handbook for Surrey Schools](#)
-  [Grade Retention - Quick Guide](#)
-  [Guidebook for Education Assistants \(EAs\) & Applied Behaviour Analysis Support Workers \(ABA SWs\)](#)
-  [Individual Education Plan \(IEP\) and Student Support Plan \(SSP\) Writing - A Guidebook for Surrey Schools](#)
-  [IST/BASES Handbook of Guidelines and Procedures](#)
-  [Jordan's Principal: A Guidebook for Surrey Schools](#)
-  [Language Acquisition and Educational Access for Children and Youth who are Deaf or Hard of Hearing:](#)
 - Part 1: A Range of Educational Options and Supports
 - Part 2: A Deaf and Hard of Hearing Resources Guide for Classroom Teachers
-  [Lifts and Slings](#)
-  [LST Handbook of Guidelines and Procedures](#)
-  [Parent Engagement - Quick Guide](#)
-  [Positive Behaviour Support Handbook](#)
-  [School Completion Certification \(Evergreen\) Handbook](#)
-  [School Psychology Services Handbook](#)
-  [Inclusive Education Audit Preparation Guidebook for Surrey Schools](#)
-  [Speech-Language Pathology \(SLP\) Services Handbook of Guidelines and Procedures for Speech Language Pathologists](#)
-  [Student Engagement - Quick Guide](#)
-  [Student Support Who to Call FAQs](#)
-  [Transitions to Adulthood - Planning for Students with Developmental Disabilities](#)