

AGENDA – SEAC MEETING

SPECIAL EDUCATION ADVISORY COMMITTEE

Wednesday, December 15, 2021 – 5:30 PM

Limestone Education Centre

220 Portsmouth Avenue, Kingston, ON

Virtual Meeting Link: <https://bit.ly/LDSBSEACDec15>

Acknowledgement of Territory: “The Limestone District School Board is situated on the traditional territories of the Anishinaabe and Haudenosaunee. We acknowledge their enduring presence on this land, as well as the presence of Métis, Inuit and other First Nations from across Turtle Island. We honour their cultures and celebrate their commitment to this land.”

- 1. WELCOME**
- 2. ADOPTION OF AGENDA**
- 3. DECLARATION OF CONFLICT OF INTEREST**
- 4. APPROVAL OF MINUTES**
 - 4.1 SEAC Minutes – November 17, 2021 (Pages 3-8)
- 5. BUSINESS ARISING FROM MINUTES**
- 6. EDUCATIONAL SERVICES UPDATE**
 - 6.1 Presentation: Transitions – Hugh Box, Tiiu Vail, Cheryl Snider (Special Education Coordinators), and Wendy Fisher (Educational Services and Safe Schools Lead)

7. CORRESPONDENCE

7.1 Avon Maitland District School Board – Letter to Minister of Education regarding Support for Bill 172 An Act in Relation to Fetal Alcohol Spectrum Disorder. (Page 9)

7.2 Halton District School Board – Letter to Minister of Education regarding Decision Making Regarding the Return to Traditional Semester Model. (Pages 10-11)

7.3 Waterloo Region District School Board – Letter to Minister of Education regarding Online Learning Supports and Universal Design for Learning. (Page 12)

8. ASSOCIATION UPDATES

Nadine Carson, Epilepsy South Eastern Ontario:

Our recent nursing students from Queen’s University created an Epilepsy South Eastern Ontario information document for youth transitioning to adult care and for caregivers of youth transitioning to adult care. We have also received funding through United Way to support a youth transition worker to assist us in this much needed area of epilepsy care and youth transition. (Pages 13-18)

9. OTHER BUSINESS - Administrative Report: Superintendent’s Report

9.1 Ministry Updates - Superintendent Scot Gillam (Pages 19-20)

9.2 Educational Services SEAC Update – December Monitoring Document - Principal Michael Blackburn and Vice-Principal Jen Grasse (Pages 21-24)

10. NEXT MEETING DATE

January 19, 2021

11. ADJOURNMENT

SPECIAL EDUCATION ADVISORY COMMITTEE MEETING MINUTES

November 17, 2021

PUBLIC MEETING

Roll Call:

Trustees:	Members:
<p>B. Godkin K. McGregor (Chair)</p>	<p>Present:</p> <p>S. Henderson-Todd, Lennox and Addington Resources for Children A. Martin, Member-at-Large (Queen's University) Z. Rogers, Community Living Kingston H. Simson, Learning Disabilities Association of Kingston C. Carriere-Prill, Member-at-Large</p> <p>Regrets:</p> <p>N. Carson, Epilepsy South Eastern Ontario C. Roberts, Easter Seals Ontario C. Tooley, Down Syndrome Assoc. Kingston C. Whalen, Family & Children's Services, Frontenac, Lennox & Addington</p>
	<p>Staff:</p> <p>M. Blackburn, Principal of Educational Services H. Box, Special Education Program Coordinator L. Conboy, Mental Health Lead W. Fisher, Educational Services and Safe Schools Coordinator S. Gillam, Superintendent, Learning for All J. Grasse, Vice-Principal of Educational Services C. Snider, Special Education Program Coordinator T. Vail, Special Education Program Coordinator</p>
Guests:	Recorder:
None at this time.	J. Senior, Administrative Assistant

1. WELCOME

Chair McGregor called the meeting to order and welcomed everyone to the meeting.

Chair McGregor read the Acknowledgement of Territory:

“The Limestone District School Board is situated on the traditional territories of the Anishinaabe and Haudenosaunee. We acknowledge their enduring presence on this land, as well as the presence of Métis, Inuit, and other First Nations from across Turtle Island. We honour their cultures and celebrate their commitment to this land.”

2. ADOPTION OF THE AGENDA

MOVED BY: Trustee Godkin that the agenda be approved.

3. DECLARATION OF CONFLICT OF INTEREST

None at this time.

4. APPROVAL OF MINUTES

4.1 SEAC Minutes – October 20, 2021

MOVED BY: Trustee Godkin that the October 20, 2021 SEAC Minutes be approved.

5. BUSINESS ARISING FROM MINUTES

Chair McGregor shared that Member-at-Large SEAC Member, Andrea Martin, has agreed to become the Vice Chair of SEAC for the interim period.

Superintendent Scot Gillam advised that the posting for the vacant SEAC Member-at-Large position ended and the applications received are currently being reviewed. The selected candidate will be announced at the next SEAC Meeting on December 15, 2021.

6. EDUCATION SERVICES UPDATE

6.1 Presentation: Special Education Supports – Remote/Virtual Learning – Principal Mike Blackburn shared that the priority within Educational Services has been to provide ongoing supports and services for students with special education and mental health needs regardless of the mode of delivery for their instruction to provide continuity of service for our students who are accessing remote and virtual learning.

Through additional COVID-19 funding from the Ministry, to be used to address the need for virtual learning and the continuity of service through our virtual schools, we did engage in a hiring process for several positions. The staffing for our Elementary and Secondary Virtual Schools is currently the following:

- .40 Social Worker
- .50 Student Support Counselor/Adolescent Care Worker
- .10 Psychologist and Speech/Language Pathologist
- .30 Student Support Teacher
- .40 Learning Program Support Teacher
- School to Community Support
- Educational Assistant Support

This level of support and staffing for our remote and virtual learning within our Elementary and Secondary Virtual Schools is an enhancement from the services we were able to provide last year, and we are proud of the work that our department has done to ensure the continuity of service.

In addition to this staffing, our department continues to provide the following ongoing supports to our virtual learners:

- IEP and SEA Support
- Professional Learning and Resources
- Team Supports (Autism Team, Behaviour Action Team, School to Community)
- Attendance Process and Follow-Up
- Community Services and Supports

Our Assistive Technology Resource Teachers are providing ongoing support for the development and implementation of Individual Education Plans (IEPs) for students with special education needs as well as ongoing Special Equipment Allocation (SEA) support for ongoing access to assistive technology for students.

Our team continues to provide professional learning opportunities, resources, and opportunities for the staff at both Elementary and Secondary Virtual Schools to learn about best practices in supporting students with special education needs within a virtual environment. Both Elementary and Secondary Virtual Schools continue to have access to our team supports through our Autism Team, Behaviour Action Team, and our School to Community Teams. We have also developed an Attendance Process and Follow-Up to ensure that students who are experiencing attendance needs within the virtual

environment have the supports, intervention and re-engagement strategies implemented for them. Additionally, we continue to partner with our Community Services and Supports to ensure that any previous supports in the community continue to be provided within the virtual environment to support our learners.

Chair McGregor thanked staff for the presentation and called upon SEAC Members for questions or comments.

In response to a question on expanding hybrid learning models to include in-person students who are having major attendance issues as a result of increased mental health needs, due to the pandemic, Principal Mike Blackburn and Mental Health Lead Laura Conboy reviewed the levels of support, interventions and re-engagement strategies currently available within the system. Superintendent Scot Gillam shared that the school administration works closely with Educational Services to ensure the appropriate supports are in place. If an accommodation is requiring something outside of the realm of what typically is done, with a doctor's note or an accommodation request from our professionals, we will work with the family and the school to assist in providing as much support as possible.

7. CORRESPONDENCE

7.1 Joint Correspondence from Advocacy Groups in the K-12 and Post-Secondary Sectors – Letter to Minister of Seniors and Accessibility Raymond Cho regarding AODA Compliance Report. (Pages 10-12)

7.2 Trillium Lakelands District School Board – Letter to Minister of Education regarding Support for Bill 172 An Act in Relation to Fetal Alcohol Spectrum Disorder. (Page 13)

7.3 A New Captioned Video Gives You a Practical Guide to the Duty to Accommodate People with Disabilities - David Lepofsky, Chair of AODA Alliance, has developed this video as a practical guide to the Duty to Accommodate People with disabilities:
<https://www.youtube.com/watch?v=MeKQHuxP9XU>

8. ASSOCIATION UPDATES

Helen Simson, Learning Disabilities Association of Kingston:

Learning Disabilities Association of Kingston will be hosting a webinar on November 30, 2021 at 7:00 – 8:15 pm, entitled: *Moments in My Life that Taught Me Not to Give Up!* During this online presentation, Kimberly Agar will present her incredible personal story and offer support for parents/caregivers, students with learning disabilities, and people who are Deaf or Hard of Hearing. We encourage all members of SEAC to distribute the invitation broadly. For more information use the following link:

<https://www.ldakingston.com/post/webinar-moments-in-my-life-that-taught-me-not-to-give-up-november-30-2021-at-7-00-pm-8-15-pm-et>

Andrea Martin, Member-at-Large, Queen’s University:

Queen’s University teacher candidates are presently completing their final week of the seven-week fall extended practicum. All the elementary candidates were able to be placed, but some of them had placements that began considerably later than the first of the scheduled practicum. As mentioned at the last SEAC Meeting, the candidates did have alternate assignments to complete that sought to approximate the responsibilities that they would encounter in placements, but at least all of them have had face-to-face, in-person experiences. Unfortunately, some of our secondary students were not able to be placed because the placement arrangements were complicated. We will work with them using the experiences that they have had and continue to focus on helping them understand not only their experiences within the context of the classroom, but how best to support our students with special needs.

9. OTHER BUSINESS – Administrative Report: Superintendent’s Report

9.1 Ministry Updates:

Guide to Remote Learning for Students with Special Education Needs

The Ministry of Education recently released the Guide to Remote Learning for Students with Special Education Needs. This guide provides recommended approaches to supporting students with special education needs remotely regardless of cause, informed by educational research and by effective practices used and developed by school boards and school authorities in Ontario during the COVID-19 pandemic. Framed by expectations outlined in the Ministry of Education *Policy/Program Memorandum (PPM) No 164 (2020)* and by the Ministry of Education’s *Learning for All (2013)*, this guide focuses specifically on ways of thinking, planning, and doing that centralizes the human rights and abilities of all learners to participate fully in remote learning. This guide is intended to support those engaged in remote learning, whether this is a choice, or due to the public health situation requiring a pivot to system-wide remote learning. While in-person learning is the board’s priority, it is important to be prepared for all scenarios, and to support those who choose remote learning, and ensure that they have a positive learning experience.

Policy/Program Memorandum (PPM) No. 81, Provision of Health Support Services in School Settings

The Ministries of Education (EDU), Children, Community and Social Services (MCCSS) and Health (MOH) are undertaking a joint review of PPM 81, Provision of Health Support Services in School Settings in 2021-22. PPM 81 details supports for students that require health and rehabilitation services (speech and language therapy, occupational therapy, and physiotherapy).

Further details about consultations with key partners and how school board/authorities, Children’s Treatment Centers (CTCs) and Home and Community Care Support Services, and other school health professional services delivery partners can contribute to the review will be forthcoming.

Some of the key objectives of the review are:

- Strengthening evidence-based practices;
- Improving access to health and rehabilitation services in schools; and
- Clarifying roles and responsibilities to address gaps in services.

9.2 Educational Services SEAC Update

Building Our Vision for the Future: Enhancing Special Education Services in Our District

- Short Term Goals – revisions for 2021-22 school year
- Monitoring Plan – December 2021 report

9.3 SEAC Presentation Schedule (tentative)

- November – Special Education Supports - Remote Learning Update
- December – Transitions
- January – Individual Education Plans (IEPs)
- February – Accessibility Updates
- March – Special Education Data
- April – Special Education/Equity
- May – Special Education Budget
- June – Final Report – No Presentation

10. NEXT MEETING DATE

Wednesday, December 15, 2021

11. ADJOURNMENT

MOVED BY: Constance Carriere-Prill that the meeting adjourn.

The meeting adjourned at 6:07 pm.



November 2021

Honourable Stephen Lecce
Minister of Education
Mowat Block
900 Bay Street
Toronto, ON M7A 1L2

Sent via email to Minister.edu@ontario.ca

Dear Minister Lecce:

The Special Education Advisory Committee for the Avon Maitland District School Board, recently received letters from the Rainy River District School Board and the Rainbow District School Board SEAC, regarding their support of Bill 172, the Education Statute Law Amendment Act for Fetal Alcohol Spectrum Disorder (FASD). This proposed legislation will require all Boards of Education throughout Ontario to develop policies and guidelines with respect to FASD and require the Ontario College of Teachers ECE programs to provide training with respect to FASD.

A FASD diagnosis impacts children's ability to thrive in school due to the combination of deficits associated with the diagnosis and their limited capacity to understand expectations and demands. For this reason, staff need to be taught about the early signs and symptoms of FASD and how to provide appropriate accommodations in the classroom, and school boards need to develop policies and guidelines with respect to FASD for the academic environment.

At the regular meeting on November 3, 2021, the Avon Maitland District School Board Special Education Advisory Committee approved the following motion:

That the Special Education Advisory Committee recommends sending a letter to the Minister of Education endorsing Bill 172, the Education Statute Law Amendment Act (Fetal Alcohol Spectrum Disorder).

Carried unanimously.

In approving this motion, the members of the Avon Maitland District School Board's Special Education Advisory Committee (SEAC) ask that you acknowledge our support for Bill 172 as it will help our students and educators experience success in their classrooms and improve their overall wellbeing.

We appreciate your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads 'Stephanie Lee'.

Stephanie Lee
Avon Maitland DSB SEAC Chair

Cc: Ontario District School Board SEACs
Dr. Lisa Walsh, Director of Education & Secretary to the Board



October 12, 2021

The Honourable Stephen Lecce

Ministry of Education

5th Floor, 438 University Ave.

Toronto, ON M5G 2K8

Re: Decision Making Regarding the Return to Traditional Semester Model

Dear Minister Lecce,

Secondary Schools in the Halton District School Board (HDSB) are currently operating with a modified semester model to satisfy both the Ministry of Education and Public Health COVID-19 related Guidelines. This model has students taking four courses during the semester; however, they attend only two courses per day for a week and then attend the remaining two courses the next week. This alternates week by week. This model was chosen due to its flexibility to quickly pivot back to a traditional four-course per day model within a maximum of two weeks' notice. The modified semester model is not optimal for student achievement or student and staff well-being, particularly those receiving special education support, and, on behalf of the Special Education Advisory Committee of HDSB, I am writing to request an urgent return to the traditional semester model.

For students with special education needs, the modified semester system does not allow for equitable access to education. Students with attention issues find it almost impossible to stay focused and keep up when classes are 2.5 hours long, particularly if it is the second 2.5-hour class in a day. As students' attention fades, they begin to fall behind, leading to poorer marks, reduced success, and increased stress and anxiety. Students with mental health and transition issues are subject to increased anxiety each week as they move from one set of subjects to the next. All students are finding it harder to build strong bonds with their teachers as they do not see them as regularly and are less comfortable approaching their teachers if they are struggling. If students miss a class or assignment, due to the medical or support service appointments that many exceptional students require, it is more difficult for them to catch up with the material covered in such a long class. It is also harder for students who struggle with organization to keep track of what they have learnt and what is due when. Educators must also spend extra time at the start of each week reminding students of what they were taught a week before, rather

than automatically building on what took place the day before. This is particularly difficult for students with exceptionalities affecting memory.

During the summer, the Ministry indicated that the use of modified semester models would be temporary, as it focused on controlling COVID in schools at the beginning of the school year with the assumption that it significantly reduces student contacts. The reality is that teenagers are currently congregating and mixing before and after school, at lunchtime, for co-curriculars, and evening activities; be it jobs or recreational activities. There is very little benefit to continuing with modified semester schedules when all these other factors are at play, given that the other COVID prevention measures in place appear to be working well over an extended period of time.

Halton's COVID-19 vaccination rate as per the Region's website for 12–17-year-olds is exceptional. The rate for this age group is 95% with a single dose and 91% that are fully vaccinated. Our 7-day rolling average of new cases in Halton is just 12.7. Out of 19,390 students learning in-person in HDSB

secondary school facilities last month, we have had only 11 student cases, no cases amongst educators and no outbreaks in schools. Considering the increased transmission rate of the Delta variant, our defenses against in-facility transmission are outstanding.

We are asking you to immediately allow all school boards in Ontario to work directly with their Regional Public Health Departments to determine whether it is appropriate to transition our high school students back to a regular semester. This will allow differentiation of approach based on local COVID levels, ensuring the appropriate balance of public safety and academic and emotional well-being of students. Without this, students with special education needs will continue to be disproportionately affected by our response to the pandemic and will be unable to receive equitable access to education.

We look forward to hearing from you on this matter.

Yours sincerely,



Alison Brindle,

Chair, SEAC HDSB

Cc: HDSB Special Education Advisory Committee

October 19, 2021

RECEIVED
Limestone District School Board

NOV 18 2021

Scot Gillam

Honourable Stephen Lecce
Minister of Education
Mowat Block, 900 Bay Street
Toronto, Ontario, M7A 1L2

Honourable Stephen Lecce,

We, the Waterloo Region District School Board (WRDSB) Special Education Advisory Committee (SEAC), are writing to share our common concerns expressed by the Algoma District School Board (ADSB) SEAC and the Durham District School Board (DDSB) SEAC in regard to Online Learning Supports and Universal Design for Learning in provincial online learning resources and the platforms used to access these resources.

While we are privileged to live in the WRDSB and our students have convenient access to wireless connections, Chromebooks, and a well-supported online learning environment, we are deeply concerned about the students in the areas that do not have the same access and resources. As such, it is our request that you commit to ensuring that all online and/or learning courses must be consistently maintained with enabled links and resources that meet accessibility standards (such as closed captioning, etc.).

While schools are opening back up to in-school learning and virtual learning needs are diminishing the student population as a majority, we acknowledge that online learning is still the best choice for some students and that their learning experience is as worthy of proper resources that adhere to universal design for learning as their in-school peers. The pandemic has shown gaps in our province's online learning resources and an opportunity to invest in our students' educational access.

We appreciate your time and consideration of this request for action.

Sincerely,



Sara Penny
Chair, Special Education Advisory Committee
Waterloo Region District School Board

cc. Chairs of all Ontario Special Education Advisory Committees



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Transitioning from Pediatric to Adult Care

When should you start?

Transition should start early and be tailored to your child's diagnosis. Most research recommends introducing the concept of transition between the ages of 12 to 15.

Why do I need to start so early?

- Feelings of fear and confusion
- Possible changes in your child's care related to diagnosis/management
- The transition can take time and requires collaboration amongst you and the healthcare providers involved in your child's care
- Possible slow referral process

Things to consider:

- Do I know the available community, social and financial supports available around me?
- Is my child at risk for poor transition? (Identifying risky behaviours)*
- Is your child's current treatment plan working? Does their diagnosis need to be re-evaluated?
- Does my child require mental health screening?
- How may puberty or hormonal changes affect my child's epilepsy?
- How long are wait times for adult neurologists in my region?
- Will my child be living independently and require home support?
- Does my child have an understanding of their health condition and how it's being managed?

**Risky behaviours may include drug/alcohol use, inconsistent medication compliance, risk of unwanted pregnancy, etc.*

Things to prepare for:

- For your child to develop the necessary knowledge and skills to be more independent.
- There are several components that should be addressed during the transition and therefore the process should be initiated several years prior to your child's 18th birthday.

What should I discuss with my child's neurologist?

- The referral process for an adult neurologist in your region
- Potential need for changes in treatment/management of epilepsy
- Involving family physician in the transition process, if applicable.
- Any concerns you have about your child's epilepsy

Resources for you:

- **Ontario Disability Support Program (ODSP)**
<https://www.mcass.gov.on.ca/en/mcass/programs/social/odsp/>
- **Ottawa Epilepsy Program**
<https://www.ottawahospital.on.ca/en/clinical-services/deptpgrmcs/programs/epilepsy/>
- **Canadian Epilepsy Alliance**
<https://www.canadianepilepsyalliance.org>
- **Provincial Guidelines for Transitional Care**
<http://www.epilepsyresource.org>
- **Epilepsy Ontario**
<https://epilepsyontario.org>

GUIDELINE FOR YOUR CHILD'S TRANSITION:

Step 1 (Ages 12–15):

Introduce the idea of transitioning into the adult care system.

- Talking about the shift in responsibilities from the healthcare provider to the parent, and then eventually to the adolescent as developmentally appropriate.

Step 2 (Ages 12–17):

Identify teenagers at risk of poor transition.

- Talking about factors such as drug and alcohol use, inconsistent medication compliance, risk of unwanted pregnancy, psychiatric disorders such as depression and anxiety, and driving with a seizure disorder.

Step 3 (Ages 12–17):

Learn about local social, community and financial supports available near you.

- Planning in advance is important to minimize problems with funding and services after your child leaves the pediatric system. Especially in the following areas: housing, education, employment, health insurance, respite care, and services offered to people with disabilities.

Step 4 (Ages 16–17):

Consider re-evaluating diagnosis and management.

- This tends to be a good opportunity to revisit your child's epilepsy/seizure etiology, to optimize your treatment plan and be able to best manage it.

Step 5 (Ages 16–17):

Determine transition readiness and evaluate personal ability to manage diagnosis independently.

- It is important to be physical and psychological prepared to facilitate a smooth transition. The "Transition Checklist" can help evaluate your child's readiness to move into adult care and manage their diagnosis independently.

Step 6 (Ages 17–18):

Prepare paediatric discharge package.

- It is important to communicate with all members of your child's healthcare team including family practitioner and neurologists to complete a discharge package.

TRANSITION READINESS CHECKLIST

For the patient

For each of the following, please select the response that best suits you:		No, I do not know this	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this	Does not apply to me
1	I can describe my health condition & explain my health care needs to others					
2	I know what triggers my seizures and how to minimize the triggers					
3	I know what to do in the event of a medical emergency relating to my condition (first aid, when to call 911)					
4	I know how to call the doctor about unusual changes in my health (for example: medication side effects)					
5	I know the names of the medications I take					
6	I know how to take medications correctly on my own and have a system in place to remind me when to take them					
7	I know when and how to reorder medications before they run out					
8	I have had a discussion about how certain medications can impact birth control and pregnancy					
9	I can call my doctor's office to make or change an appointment					
10	I make a list of questions to ask my doctor before going to appointments					
11	I organize and keep track of my health information (appointments, medications, seizures, etc.)					
12	I can get to medical appointments on my own					
13	I spend time alone with my health care provider at each appointment					
14	I speak up for myself and tell others what I need during health care visits					

TRANSITION READINESS CHECKLIST

For the patient (continued)

For each of the following, please select the response that best suits you:	No, I do not know this	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this	Does not apply to me
15 I have discussed sexuality and reproductive health with my health care team (consent/ sexually transmitted infections/contraception)					
16 I know how my lifestyle can impact my health condition and how to discuss this with my health care team (e.g., use of alcohol, drugs, lack of sleep etc.)					
17 I understand the rules and regulations about epilepsy and driving					
18 I understand the implications of my health condition on career choice and future employment					
19 I know my legal rights as a person living with this health condition and how to access necessary accommodations at school and at work					
20 I know about my health insurance coverage. If on a parent's plan currently, I know the plan for coverage when my parent(s) health insurance runs out					
21 I know about my right to privacy, confidentiality, and decision-making regarding my health					
22 If I choose to, I know how to disclose my epilepsy to friends, classmates, coworkers and others					
23 I know how to access the supports I need if I feel stressed, depressed, or anxious					
24 I know what to expect in adult services and how it differs from paediatric services					

TRANSITION READINESS CHECKLIST

For the caregiver

For each of the following, please select the response that best suits you:		No, my child does not know this	No, but my child is learning to do this	Yes, my child has started doing this	Yes, my child always does this	Does not apply to my child
1	My child understands their health condition and how it is being managed (type of seizures, when a seizure is a medical emergency, first aid, treatment etc.)					
2	My child can describe their health condition to others (physician/emergency personnel, school, employer etc.)					
3	My child takes part in healthcare discussions about him or herself					
4	My child organizes and keeps track of their own health information (appointments, medications, seizures test results)					
5	My child knows how to get him/herself to health care appointments					
6	My child talks to health care providers about how their health condition is affecting their life					
7	My child has a plan in place for when he/she feels stressed, depressed, or anxious					
8	My child knows what their health condition can bring in the future (e.g., prognosis, marriage, children)					
9	My child knows about their medical insurance. If on my plan currently, there is a plan for coverage when my health insurance runs out					
10	My child speaks for him/herself and spends some time alone with health care provider at each visit (where necessary)					
11	My child talks to health care providers about how their condition is affected by tobacco, alcohol, and other drugs					

TRANSITION READINESS CHECKLIST

For the caregiver (continued)

For each of the following, please select the response that best suits you:		No, my child does not know this	No, but my child is learning to do this	Yes, my child has started doing this	Yes, my child always does this	Does not apply to my child
12	My child talks to health care providers about sexual and reproductive health issues (contraception, Sexually Transmitted Infections, consent)					
13	My child has a network of friends, family or other community supports that can support him/her in times of stress					
14	My child is aware of careers that may not be suitable for a person living with epilepsy					
15	My child is aware of the regulations around driving and epilepsy					
16	My child is aware of their human rights as a person living with a disability (school, community, employment etc.)					
For each of the following, please select the response that best suits you (as a caregiver):		I do not know about this	I know some of this	I know most of this	I know about all of this	Does not apply
1	I understand my child's right to confidentiality and the right to informed consent					
2	I am aware of community resources that can assist me with the transition process					
3	I am working with my child on a transition plan					
4	I have a plan for the future housing needs of my child					
5	I have knowledge of disability supports for my child					
6	I have knowledge of funding sources for my child					
7	I have knowledge of information relating to estate planning					
8	I have confidence in teaching my child self-advocacy					
9	I speak with my child about career life planning and how their health condition can impact					

ADMINISTRATIVE REPORT: SUPERINTENDENT'S REPORT

SPECIAL EDUCATION ADVISORY COMMITTEE

12/15/2021

9.1 Ministry Updates:

Selection of Service Providers to Deliver Entry to School Services in the Ontario Autism Program (OAP)

The Ministry of Children, Community and Social Services (MCCSS) has selected 14 Service Providers from across the province to deliver the new Entry to School Program as part of the new needs-based Ontario Autism Program (OAP). This new program will begin to be implemented in January 2022.

In the needs-based OAP, all children/youth up to age 18 with a written diagnosis of Autism Spectrum Disorder (ASD) from a qualified professional are eligible to register for the OAP. The following service pathways and program supports are available in the needs-based program:

- Core clinical services that include Applied Behaviour Analysis, speech language pathology, occupational therapy and mental health services;
- Foundational family services for all families in the program, to build their capacity to support their child's learning and development;
- Caregiver-mediated early years support and entry to school services to help young children access critical services when they will benefit most, and to prepare them to enter school;
- Urgent response services to support children and youth who are in service, or are waiting for service, and have significant and immediate needs; and
- Care Coordinators to support families throughout their journey by providing orientation to the program, service planning and navigation, and help with managing transitions.

One of the early years supports that will be offered in the needs-based OAP is the Entry to School Program. This program was designed based on advice from the Ontario Autism Program Implementation Working Group with input from the Ministry of Education.

The Entry to School Program will be delivered by 14 OAP community service providers and their partners. The program will be a six-month group-based skill-building program for young children on the autism spectrum (up to 6 years of age), who are entering kindergarten or grade one for the first time. Eligible children will participate in this program before their school start date. The focus of the program will be on preparing children to enter school.

Following the group-based program, OAP community service providers will work with a child's identified school to support the child's transition to school. Children who complete the program will receive transition supports from the OAP community service provider as they enter school. Families and educators will have access to targeted consultation support, upon request, from OAP community service providers during a child's first six months in school to support a successful school transition. School boards will play an integral role in supporting these transitions by participating in the development and implementation of child-specific transition plans based on the needs of each student.

The service provider selected for the East MCCSS Region is ACT Learning.

Special Incidence Portion Funding Changes for 2021-22

For the 2021-22 school year, the Ministry of Education has once again made changes to the Special Incidence Portion (SIP) to provide school boards with greater operational flexibility and reduced administrative requirements by following last year's process and not rely on a SIP claims-based process.

The Ministry of Education intends to make regulatory amendments to Ontario Regulation 616/21, that if passed would allocate 2021-22 SIP funding through a temporary formula instead of a claims process. All school boards will be funded at their 2020-21 SIP allocation amounts, plus a 5% increase.

In 2020-21 the Ministry of Education provided school boards with an SIP allocation based on the higher amount of either:

- Their 2019-20 SIP funding allocation; or
- An average of the previous three years (2016-17 to 2018-19).

The Ministry then provided a 5% increase to that higher amount for all school boards. This established every board's final 2020-21 SIP allocation. This school year, school boards will be provided with that final 2020-21 amount plus an additional 5% increase. SIP is one of the six allocations that make up the Special Education Grant, which is part of the Grants for Student Needs. SIP is intended to support students with extraordinary high needs who require more than two full-time staff to address their health and/or safety needs, and those of others at their school.

9.2 Educational Services SEAC Update:

Building Our Vision for the Future: Enhancing Special Education Services in Our District

- December Monitoring Report – Principal Michael Blackburn and Vice Principal Jen Grasse

Prepared by: Scot Gillam, Superintendent of Learning for All and Indigenous Education

Enhancing Special Education Services in our District

Monitoring Document 2021-22



Reallocation of Resources: Restructuring supports, services, teams and programs to meet the changing needs of students and schools and to equitably distribute resources.

Professional Learning: Provide ongoing and relevant professional learning to a variety of staff in order to build capacity to meet the needs of diverse learners in an inclusive learning environment.

Strengthening Partnerships and Leveraging Supports: Strengthen and enhance partnerships with families and community partners to leverage supports and maximize student learning and well-being.

Learning for All: Support the implementation of differentiated, precise and research-based instructional strategies to support the learning and well-being of all students.

Reallocation of Resources	Beginning	Continuing	Enhancing
Align and coordinate referral processes for District Teams and support multi-disciplinary team collaboration		✓	
Critically examine application processes for District programs and explore the alignment with goals/purpose of specialized programs	✓		
Expand the collection of role-specific data to inform the allocation of resources, supports and services		✓	

Provide timely, responsive and ongoing support to school teams based on urgent student need.			✓
Professional Learning	Beginning	Continuing	Enhancing
Embed Universal Design for Learning principles in professional learning opportunities		✓	
Provide professional learning opportunities focused on a relationship-based approach to supporting student learning and well-being		✓	
Improve access to and availability of online resources and professional learning			✓
Strengthening Partnerships and Leveraging Supports	Beginning	Continuing	Enhancing
Develop supportive resources for students and parents (IEP and IPRC)		✓	
Communicate and collaborate with students, families, staff and community partners to gather voice and lived experiences		✓	

Enhance partnerships to provide mental health and well-being resources and supports			✓
Collaborate with community partners to support the successful transition of students to/from school			✓
Learning For All	Beginning	Continuing	Enhancing
Support the development and implementation of precise and personalized plans for students (IEP, SSP, Medical)		✓	
Collaborate with Program Team/Curriculum Department to explore literacy and numeracy supports and interventions		✓	
The continued training and effective use of accommodations to support student learning and success (ie Assistive Technology)			✓