

# AGENDA – SEAC MEETING

## SPECIAL EDUCATION ADVISORY COMMITTEE

Wednesday, February 16, 2022 – 5:30 PM

Limestone Education Centre

220 Portsmouth Avenue, Kingston, ON

Virtual Meeting Link: <https://bit.ly/SEACFeb16>

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 – January 19, 2022 (Pages 3-9)**
- 5. BUSINESS ARISING FROM MINUTES**
- 6. EDUCATIONAL SERVICES UPDATE**
  - 6.1 Presentation: Accessibility in LDSB – Superintendent Scot Gillam and Eva Carlin, Accessibility Lead, Itinerant/Resource Teacher**

## **7. CORRESPONDENCE**

- 7.1 Renfrew County Catholic District School Board** – Letter to Minister of Education expressing concerns regarding Online Learning Supports and Universal Design for Learning in provincial online learning resources and the platforms used to access these resources, dated January 13, 2022. (Page 10)
- 7.2 Algoma District School Board** – Letter to Minister of Education endorsing Bill 172, the Education Statute Law Amendment Act (Fetal Alcohol Spectrum Disorder), dated January 11, 2022. (Page 11)
- 7.3 Durham District School Board** – Letter to Minister of Education regarding Special Incidence Portion Claim Funding, dated February 3, 2022. (Page 12-13)

## **8. ASSOCIATION UPDATES**

### **Candice Roberts, Easter Seals**

COVID-19 has put a hold on any in-person events we had planned. Our Snowarama is still happening, but we are changing the venues to virtual and online events. They can be shared at: <https://www.snowarama.org> We are at the preparation stages for March, as it is Easter Seals Month and when the Easter Seals Telethon occurs.

### **Helen Simson, Learning Disabilities Association of Kingston**

Learning Disabilities Association of Kingston will be holding our annual Speak Up for Ability Forum in April (no firm date yet). The theme will be literacy, as the Right-to-Read Report should be available at that point. Participants will include parents/families, educators, and other professionals. Attendance at the forum tends to be high and offers the opportunity to promote information to a broad local audience.

## **9. OTHER BUSINESS - Administrative Report: Superintendent's Report (Pages 14-26)**

- 9.1 Ministry Updates** - Superintendent Scot Gillam
- 9.2 Educational Services Update** – Superintendent Scot Gillam

## **10. NEXT MEETING DATE**

March 23, 2022

## **11. ADJOURNMENT**



## SPECIAL EDUCATION ADVISORY COMMITTEE MEETING MINUTES

January 19, 2022

### PUBLIC MEETING

#### Roll Call:

Trustees:	Members:
B. Godkin K. McGregor (Chair)	<p>Present:</p> <p>S. Henderson-Todd, Lennox and Addington Resources for Children</p> <p>A. Martin, Member-at-Large (Queen's University)</p> <p>Z. Rogers, Community Living Kingston</p> <p>H. Simson, Learning Disabilities Association of Kingston</p> <p>C. Carriere-Prill, Member-at-Large</p> <p>C. Norwich-Stevenson, Member-at-Large</p> <p>Regrets:</p> <p>N. Carson, Epilepsy South Eastern Ontario</p> <p>C. Tooley, Down Syndrome Assoc. Kingston</p> <p>C. Roberts, Easter Seals Ontario</p>
	Staff:
	<p>M. Blackburn, Principal of Educational Services</p> <p>H. Box, Special Education Program Coordinator</p> <p>L. Conboy, Mental Health Lead</p> <p>W. Fisher, Educational Services and Safe Schools Coordinator</p> <p>S. Gillam, Superintendent, Learning for All</p> <p>J. Grasse, Vice-Principal of Educational Services</p> <p>C. Snider, Special Education Program Coordinator</p> <p>T. Vail, Special Education Program Coordinator</p>
Guests:	Recorder:
J. Lalonde, Assistive Technology Resource Teacher	J. Senior, Administrative Assistant

## 1. WELCOME

Chair McGregor called the meeting to order and welcomed everyone to the meeting including our new Member-at-Large, Caitlin Norwich-Stevenson.

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 – December 15, 2021

*MOVED BY: Trustee Godkin that the December 15, 2021 SEAC Minutes be approved.*

## 5. BUSINESS ARISING FROM MINUTES

None at this time.

## 6. EDUCATION SERVICES UPDATE

### 6.1 Presentation: LDSB IEP Presentation for SEAC 2022

Assistive Technology Resource Teacher, Jessi Lalonde, clarified that an Individual Education Plan (IEP) is more than paperwork or a task for teachers to update on a regular basis; it is important that we keep our students and their needs at the centre of our thinking.

An IEP is not automatically developed at the first sign that a student is struggling with a piece of work. There are many steps that teachers and school teams take to support the student prior to the development of an IEP. The following are some of the steps that happen before we would get to the point where we would create an IEP:

- Gather information
- Collect data
- Talk to the student, family
- Talk to other teachers and the principal
- Develop a student learning profile
- Try strategies and resources based on the information collected
- Refer to the In-School Team
- Create a plan for focused intervention
- Monitor and document the student's progress
- Go back to the In-School Team to report on progress and discuss next steps

At that point, if all the above steps haven't resulted in the student not needing more support, that is when we might look at putting an IEP in place.

In-depth data regarding the following categories within LDSB was shared:

- Identified exceptionalities within LDSB
- Students with no exceptionality by grade
- Students with Autism Spectrum Disorder (ASD) by grade
- Students with Learning Disabilities by grade

The number of students in LDSB with a diagnosis of ASD is more consistent across grades. This is due in part to the fact that some students enter school with a diagnosis of ASD already in place. A great deal of development will happen for these students as they settle into the first years of school. To support teachers to write personalized and precise IEPs for these students, the LDSB Autism Team has created a document about best practices when writing IEPs for students with ASD. There is an emphasis on PPM 140 which talks about incorporating Applied Behaviour Analysis (ABA) into the IEP.

There are several ways that the Special Education Team supports staff with writing exemplary IEPs, including the following:

- Presentations at staff meetings
- IEP drop-in work sessions for teachers
- Individual support for teachers
- Emphasis on IEPs during the SST/LPS course
- Workshops around advocacy for students and classes
- Providing opportunities for student voice to be included in IEPs and IEP capacity building
- IEP Minds Online Resource

Superintendent Scot Gillam added that the Educational Services Team is working to create parent and student friendly guides for IEPs and will design these guides with the universal design in mind to make sure that they are completely accessible.

Chair McGregor called upon SEAC Members for questions regarding the IEP Presentation and Assistive Technology Resource Teacher, Jessi Lalonde, answered their questions.

## 7. CORRESPONDENCE

**7.1 Halton District School Board** Letter to Minister of Education requesting that Attention Deficit Hyperactivity Disorder (ADHD) be included in the list of categories of exceptionalities, dated December 16, 2021. Provided for information.

**7.2 Halton District School Board** Letter to Minister of Education to consider amending the Immunization of School Pupils Act to include Covid-19 as a “designated disease”, due to the high impact of COVID on the disruption of learning for students with special education needs, dated December 13, 2021. Provided for information.

**7.3 Halton District School Board –** Letter to Minister of Education endorsing Bill 172, the Education Statute Law Amendment Act (Fetal Alcohol Spectrum Disorder), dated December 13, 2021. Provided for information

**7.4 District School Board of Niagara –** Letter to the Minister of Health and the Minister of Education addressing the nursing shortage, dated December 20, 2021. Provided for information.

## 8. ASSOCIATION UPDATES

### **Zoe Rogers, Community Living Kingston and District (CLKD):**

Family Support Virtual Presentations 2022: We are excited to be able to continue to offer virtual learning opportunities related to Assistance for Children with Severe Disabilities (ACSD) funding, Special Services at Home (SSAH) funding, and the Disability Tax Credit. There will be three presentations offered each quarter. Flyer with the dates and details attached. Provided for information. \*Anyone who comes if you have questions or parents that have questions—please share this information.

## 9. OTHER BUSINESS – Administrative Report: Superintendent's Report

### 9.1 Ministry Updates:

#### **Ministry of Education Update**

On January 3, 2022, the government of Ontario announced a range of time-limited public health actions to help curb the spread of COVID-19 variants in Ontario. As part of this announcement, starting January 5, 2022, students at all publicly funded and private schools will pivot to teacher-led remote learning until at least January 17, subject to public health trends and operational considerations.

#### **Remote Learning**

Remote learning will be provided for all students in alignment with [Policy/Program Memorandum \(PPM\) No.164: Requirements for Remote Learning](#). This PPM provides standards for synchronous learning so that parents and students know what to expect and there is a consistent approach across the province to ensure students are fully engaged in their learning. School boards are asked to distribute technology to students and staff to support remote learning, as required and to ensure that staff working from home have access to technology and the teaching materials they need. School boards should complete these arrangements as expeditiously as possible and endeavour to communicate with parents and students to ensure a smooth transition to remote learning.

All staff who are able to work from home should do so. Staff who are unable to provide remote instruction from home will be permitted to do so in schools. Any staff required to provide remote instruction in schools must not congregate with other staff and should avoid use of school space outside the classroom. Any staff that are required to take rapid antigen screening 3 times per week must continue to do so if they are working in-person.

## **Student Supports**

As in previous shifts to remote learning, boards must ensure that plans are in place to support students with special education needs to learn remotely. These plans should leverage the capacity of education workers and board professionals (e.g., behavioural experts, speech language pathologists, and other professionals) to support remote learning.

School boards are expected to make provisions for in-person support for students with special education needs who cannot be accommodated through remote learning. While students with special education needs will be learning remotely during this period, all attempts should be made to accommodate those children that cannot learn from home.

In-person learning should be reserved for students who cannot be accommodated through remote learning. School boards are best positioned to determine which students with special education needs may require this accommodation. School boards have flexibility in determining how to deliver in-person instruction in such circumstances, based on local conditions. However, consideration should be given to limiting overall movement and limiting the number of sites that will be open. School boards should prioritize schools with modern ventilation to support safety. School board staff who are supporting in-person learning will be eligible for emergency childcare.

The Ministry continues to encourage school boards to work closely with local First Nations and take steps to ensure continuity of learning for enrolled First Nation students who may live on reserve and/or require additional supports.

It is important that school boards have safety plans in place for those students who are experiencing or could be expected to experience mental health challenges. Safety plans should include provisions for students to have continued remote access to services, through the school, community child and youth mental health or local healthcare partners. In addition, students and families should be provided with information about the mental health resources that are available to them.

School Mental Health Ontario also has a number of great resources for students, parents and families on their website at [www.smho-smso.ca](http://www.smho-smso.ca). In addition, child and youth mental health agencies across the province continue to provide services.

## **Student Transportation**

While elementary and secondary students are learning remotely, student transportation services will only be provided for special needs students who cannot be accommodated through remote learning based on student needs.



## 9.2 Educational Services SEAC Update:

### In-Person Learning Update

A big thanks to Principal Blackburn and Vice Principal Grasse for their efforts in ensuring that students with significant special education needs could continue with in-person learning. Principal Blackburn, Vice Principal Grasse, Educational Services staff, LDSB teachers and support staff, and Tri-board are to be commended on their efforts. We had students start as early as Wednesday. The criteria for in-person learning is as follows:

- Students who attend a self-contained special education or mental health partnership program.
- Students who access School to Community services.
- Students who require direct and intensive support from an Educational Assistant. (at least 50% of the school day) to access curriculum and alternative learning expectations.

Administration then reached out to parents/guardians to gauge their interest in having their child(ren) return.

As of Tuesday, January 11th, we had 505 students returned to in-person learning at 53 Elementary and Secondary schools. We had 418 teaching and support staff supporting these students.

## 10. NEXT MEETING DATE

Wednesday, February 16, 2022

## 11. ADJOURNMENT

*MOVED BY: Trustee Godkin that the meeting adjourn.*

*The meeting adjourned at 6:32 pm.*



RECEIVED  
Limestone District School Board

JAN 27 2022

Scot Gillam

January 13, 2022

Renfrew County  
Catholic District  
School Board

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Honorable Stephen Lecce  
Ministry of Education  
Mowat Block, 900 Bay Street  
Toronto, ON, M7A 1L2

Honorable Stephen Lecce,

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

We are deeply concerned about our students who do not have convenient access to wireless connections, as all areas in Renfrew County 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 to an uncertain future, and virtual needs may diminish school populations, we acknowledge that on-line learning may become the best choice for some students, and that their learning experience is as worthy of proper resources that adhere to the universal design for learning as their in-school peers. The pandemic has shown gaps in our provinces 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,

Pat O'Grady  
Chair, Special Education Advisory Committee  
Renfrew County Catholic District School Board

Cc: Chairs of all Ontario Special Education Advisory Committees

*...as an inclusive Catholic  
educational community, we  
are called to express our  
mission as church, to pass  
on the Good News of Jesus  
Christ, to make it relevant in  
the world today, and to be  
the hope for the future.*



## Algoma District School Board

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Sault Ste. Marie  
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CHAIR  
Jennifer Sarlo

DIRECTOR OF EDUCATION  
Lucia Reece

January 11, 2021

The Honourable Stephen Lecce  
Ministry of Education  
5th Floor 438 University Ave. Toronto, ON  
M5G 2K8

Dear Minister Lecce:

The Special Education Advisory Committee (SEAC) for the Algoma District School Board has received letters from a number of Special Education Advisory Committees regarding their support of Bill 172, the Education Statute Law Amendment Act for Fetal Alcohol Spectrum Disorder (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 accommodation in the classroom and school boards need to develop policies and guidelines with respect to FASD for the academic environment.

This proposed legislation would require district school boards throughout Ontario to develop policies and guidelines with respect to FASD and require Ontario College of Teachers programs to provide training with respect to FASD.

The members of the Algoma 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 well-being.

We appreciate your time and consideration.

Sincerely,

Pat Mick, Chair  
ADSB SEAC

February 3, 2022

Hon. Stephen Lecce, Minister of Education

Ministry of Education

15<sup>th</sup> Floor, 438 University Ave.

Toronto, Ontario M5G 2K8

Dear Minister Lecce,

**Re: Special Incidence Portion Claim Funding**

I am writing to you on behalf of the members of Durham District School Board's (DDSB) Special Education Advisory Committee (SEAC). Our SEAC includes eight parent associations, who represent thousands of families in Durham Region.

In the spring of 2018, the previous government announced an increase to the Special Incidence Portion (SIP) claim funding of \$11,016.00, bringing that funding amount up to \$38,016.00 per student from the previous funding amount of \$27,000.00. On August 24, 2018, after school board budgets were prepared and approved, the Ministry announced that that increase would be clawed back to \$28,518.00, bringing the net increase to \$1,518.00 per student.

SEACs across the province were dismayed by the Ministry of Education decision to claw back that increase given that the true costs of supporting a student with a SIP claim are significantly higher than that amount. For example, the average cost, including salary and benefits, for an Educational Assistant is \$58,870. A student who requires 2 plus Educational Assistants to support their learning needs would be at a cost of \$117,740 plus. The Ministry of Education's SIP amount covers approximately 24.2 percent of the cost to support a student with significant learning needs. The DDSB covers the remaining 75.9 percent of the cost from other Special Education and operational grants.

The budget gap at the DDSB between Special Education revenues and expenditures for the last three years has averaged 5.6%. This currently school year alone, the DDSB allocated \$6,699,588 more than was given in Special Education Grants to Special Education services. Some of the money the DDSB uses to fund this gap is the Local Priorities Funding, which is not funding that is guaranteed to be received annually from the Province.

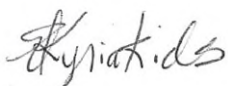
Our SEAC has previously expressed our concerns that the amount the Ministry of Education provides for the Special Incidence Portion (SIP) is inadequate. The claw back of the SIP increase announced on August 24, 2018, along with the reallocation to the Special Education Per Pupil Amount resulted in a net decrease in funding, further increasing the DDSB's Special Education deficit. As the Auditor General highlighted in 2017, the Ministry of Education's "[f]unding formula uses out-of-date benchmarks and is due for a comprehensive external review." Our SEAC is extremely concerned by the direction funding for special education is taking, leaving our most vulnerable children further at risk.

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Inadequate funding of Special Education at the DDSB puts our most vulnerable children at risk by cutting the services that they need to be successful. Our entire system is strained when the DDSB takes revenues from other areas to meet its statutory commitment to children accessing Special Education services.

We urge the Minister to evaluate the true costs associated with SIP claims to support our students and increase funding accordingly. We further request, once again, that the Special Education funding model be reviewed and changed to accurately reflect the increasing and more complex needs of students with special needs.

Sincerely,



Eva Kyriakides

SEAC Chair

Durham District School Board

cc: Chairs of Ontario Special Education Advisory Committees  
Hon. Rod Phillips, MPP  
Hon. Marit Stiles, MPP  
Hon. Kathleen Wynne, MPP

# **ADMINISTRATIVE REPORT: SUPERINTENDENT'S REPORT**

## **SPECIAL EDUCATION ADVISORY COMMITTEE**

02/16/2022

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### **9.1 Ministry Updates:**

#### **PPM 81: Invitation to Engagement**

On October 29, 2021, the government announced that it would be revising Policy/Program Memorandum 81: Provision of health support services in school settings (PPM 81). Some of the key objectives of the review are;

- Strengthening evidence-based practices;
- Improving access to health, rehabilitation, and other community-based clinical services for students with special needs in schools; and
- Clarifying roles and responsibilities to address gaps in services.

A roundtable discussion took place with English school boards on February 7, 2022. Superintendent Scot Gillam and Principal Michael Blackburn took part in this discussion. Limestone Speech and Language Pathologists have also provided input and Educational Services Leadership will also be submitting feedback prior to February 11, 2022. The draft PPM 81 has been included in the SEAC package and members are encouraged to submit their feedback as per the instructions on the draft copy.

### **9.2 Educational Services SEAC Update:**

#### **Educational Services – Support Staff PA Day Sessions – Feb. 2, 2022**

On February 2, 2022, Educational Services Staff provided ten workshops that Support Staff could access, based on 45-minute sessions throughout the day. Over 100 Support Staff enjoyed presentations that included:

- Supporting Students with Executive Functioning Needs – Jessi Lalonde
- Simple Strategies to Build Success for Secondary Students with ASD – Tagget Bonham-Carter, Hugh Box and Julie Burrows
- Person-Centred Care for Students with Complex Needs – Tiiu Vail, Jennifer St. Onge, Rachel Doornekamp and Kate Mann (KidsInclusive)

- Tech Tools, Strategies, and Platforms – Joseph Hamilton
- Essential for Some, Good for ALL! Making Instructional Decisions with a UDL Lens – Jessi Lalonde and Cheryl Snider
- Simple Strategies to Build Success for Elementary Students with ASD – Katherine Coles, Nancy Gourdier-Golle and Stephanie Waitson
- Building and Strengthening Relationships with Vulnerable Children and Youth – Sabrina Tripolitano
- Part One: Self Regulation – A Starting Point – Christa Cox
- Part Two: Supporting Students with Fetal Alcohol Syndrome Disorder (FASD) – Catherine Hudson
- Equity 101 – Laura Conboy and Rachael McDonald

### **Student Support Teacher (SST)/Learning Program Support (LPS) PD**

The February 8, 2022, SST/LPS Professional Development session focused on Numeracy/Literacy Intervention, Universal Design for Learning (UDL), and Multi-Disciplinary Teams. The SST/LPS course is facilitated by Educational Services Consultants and Coordinators and the Leadership Team. The SST/LPS Course is ongoing and on it's third session.

### **Behaviour Management Systems (BMS) Training**

BMS Training took place on Wednesday, February 2, 2022 (PA Day) for new Educational Assistants and Student Support Counselors. A big thanks to Wendy Fisher, Kevin Hulton and Cathy Hudson for their support of this course.

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

Feedback may be provided using this [form](https://forms.office.com/r/j4A4RSu4Z0) (URL: <https://forms.office.com/r/j4A4RSu4Z0>) or by writing to [specialeducation@ontario.ca](mailto:specialeducation@ontario.ca)

## Policy/Program Memorandum No. 81, Provision of health support services in school settings

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**Date of Issue:** XX

**Effective:** XX until revoked or modified

**Subject:** Provision of health support services, rehabilitation services and other community-based clinical services in school settings

**Application:** Directors of Education  
Supervisory Officers and Secretary-Treasurers of School Authorities  
Principals of Elementary Schools  
Principals of Secondary Schools  
Principals of Provincial and Demonstration Schools  
Center Jules-Léger Consortium

**Reference:** This memorandum replaces Policy/Program Memorandum 81: Provision of health support services in school settings, July 19, 1984; Interministerial Guidelines for the Provision of Speech and Language Services (as applicable to the Education Act), September 1988; and Catheterization and Suctioning: Clarification of Policy/Program Memorandum No. 81, Model for Provision of School Health Support Services, Group III, August 14, 1989.

### Purpose

The Ministry of Education is committed to supporting students' access to the services that will assist them to meaningfully engage with their learning and be successful in school and in life.

The purpose of this memorandum is to provide expectations on the delivery of evidence-based health services, rehabilitation services and other community-based clinical services in schools and to clarify the roles and responsibilities of school boards



and community partners as they relate to the provision of these services in school settings in Ontario.

School boards are expected to work collaboratively with community partners to support students to access their education through a learning environment that empowers students to reach their full potential.

## **Context**

Students may require a range of health services, rehabilitation services, and/or community-based clinical services to participate in school. Responsibility for these services is shared across the education, health, and community sectors.

At a system level, the Ministry of Education, Ministry of Health, and Ministry of Children, Community and Social Services share responsibility for the development of policy for the provision and planning of health, rehabilitation and other community-based clinical services that are delivered in schools.

Responsibility for the implementation of this policy, including the development of local processes and the direct provision of these services at the local level, is shared by school boards and community service providers funded by the Ministries of Health and Children, Community and Social Services.

## **Health Supports**

Health supports can be crucial to a student's ability to attend school. Supporting access to these services enables students to meaningfully participate in their education. These services may include supports that require the intervention of a regulated health professional, direction of a regulated health professional, or support with activities of daily living.

Delivery of health supports and services is shared between organizations funded by the Ministry of Health or Ontario Health and school boards. These services are provided at the request of a school board or parent(s)/caregiver(s). The chart below is provided to clarify roles and responsibilities with respect to the delivery of health supports and services in schools:

## Framework for the delivery of health services in schools

<i>Intervention</i>	<i>Administration</i>	<i>Training and/or Direction</i>	<i>Consultation</i>
Oral Medication	Student, parent(s)/ caregiver(s) or school board personnel as authorized	Primary Care Provider or school board	Organizations funded by the Ministry of Health or Ontario Health to deliver health services in schools
Injection of Medication	<ul style="list-style-type: none"> <li>• Student or parent(s)/ caregiver(s) as authorized</li> <li>• Health professional</li> <li>• School board personnel as delegated by health professional</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Provider</li> <li>• Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools</li> </ul>	<ul style="list-style-type: none"> <li>• Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools</li> <li>• School Board</li> </ul>
<ul style="list-style-type: none"> <li>• Manual expression of bladder/stoma</li> <li>• Tube feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Health professional</li> <li>• School board personnel as delegated by health professional (tube feeding)</li> </ul>	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools
Catheterization 1) Clean Intermittent	School board personnel	<ul style="list-style-type: none"> <li>• Parent(s)/ caregiver(s); or</li> <li>• Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools</li> </ul>	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools
Catheterization 2) Sterile Intermittent	Health professional	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools
Suctioning 1) Shallow Surface (e.g. oral or nasal suction)	School board personnel	<ul style="list-style-type: none"> <li>• Parent(s)/ caregiver(s); or</li> <li>• Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools</li> </ul>	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools

<i>Intervention</i>	<i>Administration</i>	<i>Training and/or Direction</i>	<i>Consultation</i>
Suctioning 2) Deep (e.g. Throat &/or Chest Suction or Drainage)	Health professional	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools	Organizations funded by Ministry of Health or Ontario Health to deliver health services in schools
<ul style="list-style-type: none"> <li>• Lifting and positioning</li> <li>• Assistance with mobility</li> <li>• Feeding</li> <li>• Toileting</li> </ul>	School board personnel	School Board	Ministry of Health

Notes:

- Indwelling Care of an indwelling catheter is usually performed by the parent(s)/caregiver(s) and not required in the school setting. School board personnel should make arrangements with respect to emergency needs.
- Where a child is admitted to a treatment program operated and/or funded by the Ministry of Health or the Ministry of Children, Community and Social Services and attends an educational program offered by the school board in the treatment facility, it is expected that the policies under PPM 81 will continue.

For guidance on emergency medical interventions, please see below.

From time-to-time, based on local health human resources capacity, school-based service providers funded by the Ministry of Health may authorize students in receipt of other publicly funded nursing services to use these services to support school attendance. Similarly, based on local collective agreements and human resources capacity, controlled acts performed by a nurse may be delegated and other procedures may be assigned or carried out under supervision or in a teaching context where appropriate and in accordance with any service standards established by law according to regulated health professions legislation.

## Local Protocols and Procedures

School board procedures will follow an approach that prioritizes healthy child development and should be developed in consultation with organizations funded by the Ministry of Health or Ontario Health for the purposes of delivering nursing services in schools at the request of a school board or parent(s)/caregiver(s). Boards may use similar protocols when service providers funded by the Ministry of Health authorize children in receipt of other publicly funded nursing services to use these services to support school attendance.

School boards' procedures, developed in consultation with organizations funded by the Ministry of Health or Ontario Health for the purposes of delivering nursing and dietetics services in schools at the request of a school board or parent(s)/caregiver(s), are expected to include the following components.

### **School board and service provider collaboration:**

- Clearly articulated roles and responsibilities for service delivery.
- Identification of health and safety requirements for entering school sites (e.g. background check).
- A process for annual training of school board staff.
- A formal mechanism, while complying with legal requirements respecting student privacy, for health agencies to share information with the school board about the schools that are currently receiving nursing services to support service planning and provision for students.

### **Student-specific Plans of Care:**

- A process for referrals that allows either the parent(s)/caregiver(s) or principal to request service.
- A process for developing the student's Plan of Care and updating it annually. This should build on existing policy as laid out in PPM 161, as applicable. Parent(s)/caregiver(s) should be included in this process, as well as students where appropriate.
- A plan for safe storage of any required medical equipment or medication.
- A process for scheduling, taking into consideration space availability, provider schedules, and student educational programming.
- A plan for supporting students when the health professional is not available.
- How schools will communicate roles and responsibilities clearly to parent(s)/caregiver(s), students, and school staff.

### **Planning for Emergency Medical Interventions:**

Boards are expected to work with service providers, parent(s)/caregiver(s), and staff to develop emergency protocols into a student's Plan of Care, including what actions staff will take and when emergency services will be contacted.

When developing local protocols and procedures, boards may wish to consult their legal counsel (e.g. respecting any implications of the *Good Samaritan Act, 2001*, which

protects individuals from liability with respect to voluntary emergency medical or first aid services).

## **Rehabilitation Services and Other Community-Based Clinical Services for Students with Special Needs**

### **School-Based Rehabilitation Services**

School-Based Rehabilitation Services (SBRS) are provided in publicly funded schools to support student access to learning and their general development. These services include speech and language pathology, occupational therapy, and physiotherapy provided to students with rehabilitation service needs from school entry to exit. Delivery of SBRS in schools rests primarily with Children's Treatment Centres (CTCs), who are responsible for clinical decision-making and service planning based on students' needs.

School boards are expected to collaborate with CTCs to develop a framework for the delivery of a continuum of SBRS that meets the needs of students. The service delivery model may include a range of treatment modalities, as well as defined responsibilities to support provision of the service continuum, consultative services, group and/or classroom interventions, small groups and 1:1 intervention, delivered in-person and virtual settings. It is the Ministry of Education's expectation that school boards work with their local partners to facilitate access to schools by CTCs and their delivery partners so that students can receive access to the support services they need to be successful in school. School boards and children's treatment centres should work together to determine where service in schools may most effectively be provided (e.g. in the classroom, through withdrawal), given the educational and clinical needs of the students and with consideration for the needs of other students in the class.

In some cases, school boards may provide rehabilitation services and supports as part of the partnership framework determined locally with CTCs, for example by providing consultative support, based on local needs. In some regions with unique geographic or linguistic profiles, services may also be delivered by regional consortia, for example *Consortium pour les élèves du nord de l'Ontario (CÉNO)*.

In areas where more than one organization (e.g. CTC and school board) is providing services in school, wherever possible and appropriate, students should receive all their interventions in a single therapy from a single therapist, in alignment with best practices (e.g., one speech language therapist would support speech and language services) and in support of service continuity, achievement of goals for students, and coordination of their clinical service plan and Individual Education Plan.

Additionally, some students may receive rehabilitation services through the Ontario Autism Program. School boards are encouraged to work with families and providers to facilitate access by these therapists under agreements negotiated between boards, families and providers.

## Community-Based Clinical Services

In addition to SBRS, community-based clinical services, including those funded through the Ontario Autism Program (OAP), may be provided in publicly funded schools to support students' access to learning in accordance with board policy and with consideration of PPM 149, *Protocol for partnerships with external agencies for provision of services by regulated health professionals, regulated social service professionals, and paraprofessionals*.

OAP services may include core clinical services, such as applied behaviour analysis, speech-language pathology, occupational therapy and mental health services, including counselling and/or psychotherapy.

In general, and in keeping with PPM 149, rehabilitation services providers and OAP service providers would not include providers who offer educational services and would not duplicate the functions of school board staff. With respect to ABA services, boards are expected to follow PPM 140, *Incorporating methods of applied behaviour analysis (ABA) into programs for students with autism spectrum disorders (ASD)*, concerning the use of ABA educational methods.

The chart below is provided to clarify which providers may be involved in the delivery of services in schools, including who is responsible for assessing the need for service and who may deliver clinical interventions:

<i>Clinical Service</i>	<i>Assessment</i>	<i>Clinical Intervention (including direct therapy, consultative approaches, etc.)</i>
Physiotherapy (PT)	Children's Treatment Centre PTs	<ul style="list-style-type: none"> <li>Children's Treatment Centre PTs (Therapy)</li> <li>School board personnel (Assist/Support Therapy)</li> </ul>
Occupational Therapy (OT)	<ul style="list-style-type: none"> <li>Children's Treatment Centre OTs</li> <li>OAP service providers</li> <li>School Board OTs</li> </ul>	<ul style="list-style-type: none"> <li>Children's Treatment Centre OTs</li> <li>OAP service providers</li> <li>School board OTs</li> </ul>

<p>Speech and Language Pathology (SLP)</p> <p>Note: Best practice is for a single therapist to provide concurrent interventions, i.e. unified provision of speech and language therapy.</p>	<ul style="list-style-type: none"> <li>• Children's Treatment Centre SLPs</li> <li>• OAP service providers</li> <li>• School Board SLPs</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Treatment Centre SLPs</li> <li>• OAP service providers</li> <li>• School board SLPs</li> </ul>
Applied Behaviour Analysis Services	<p>For therapy: OAP service providers.</p> <p>For instructional methods: School board personnel.</p>	<p>For therapy: OAP service providers.</p> <p>Instructional methods are delivered by educators and supported by education workers.</p>
Other Community-Based Clinical Services	External service provider	External service provider

Notwithstanding the roles set out in the framework above, organizations may choose to assign their responsibilities where appropriate and in accordance with any service standards established by law. The assigning organization remains accountable for ensuring the service is being provided.

## Local Protocols and Procedures

School board procedures will support an approach based on the strengths and needs of students, that prioritizes healthy child development and is developed in consultation with parent(s)/caregiver(s) CTCs, local health agencies, and appropriate health and other community-based professionals. It should include the following components:

### School board and service provider collaboration:

- A formal mechanism, while complying with legal requirements respecting student privacy, for information-sharing between MCCSS funded SBRS providers, other community-based clinical service providers, and school boards to support service planning

- Safety measures, including undertaking background checks as applicable to support in-person, in-school delivery of services for students.
- A formal mechanism to support remote access, while complying with legal requirements respecting student privacy. This includes giving consideration to technical platforms not currently in use by boards, for students learning remotely or for whom remote service is the most clinically appropriate choice.
- Where appropriate to support the delivery of services, school boards may establish Memorandums of Understanding with individual service providers who are contracted by parent(s)/caregiver(s).

### **Service delivery considerations:**

- Identification of roles and responsibilities across sectors with respect to service delivery (e.g. by intervention and therapy type).
- A description of the range of service interventions offered (e.g. universal/consultative services, small group therapy, 1:1 therapy) and where those services may be delivered, including which may be offered in the classroom setting
- How educators and clinicians will communicate and collaborate at the school level.

### **Student-specific service plans:**

- A process for referrals that allows either the parent(s)/caregiver(s) or principal to request service.
- A process for families to request their child's publicly or privately funded individually contracted service provider (i.e. OAP) to enter school for the purpose of delivering services.
- A protocol to plan for service delivery in the school setting, in collaboration with schools, service providers and parent(s)/caregiver(s) to best meet students' needs as defined through their Individual Education Plan and clinical service plan. The protocol should address a plan for annual updates.
- A process for addressing student transitions (e.g. into school, to community-based service settings, etc.).
- A process for scheduling, taking into consideration space availability, provider schedules, and student educational programming.
- A process and protocols for information sharing and expectations among parent(s)/caregiver(s), providers, and educators.
- How schools will communicate the roles and responsibilities clearly to parent(s)/caregiver(s), students, and school staff.



## **Additional Considerations**

### **Education and Community Partnership Programs and School Authorities**

Board protocols should include provisions for enabling access to health, rehabilitation, and community-based clinical services in Education and Community Partnership Programs classrooms and hospital authority classrooms, where appropriate.

Implementation of the guidelines in this policy does not preclude the provision of services by other established sources of service to students who are enrolled in schools, for example, hospitals or Education and Community Partnership Programs, when students are enrolled there.

### **Labour Relations**

Boards are expected to work with local bargaining agents as outlined in their collective agreements and PPM 149. Where any direction of the PPM conflicts with applicable laws and collective agreement provisions, applicable laws and collective agreement provisions prevail.

## **Implementation**

It is expected that boards have been working toward meeting or have met the ministry's previously communicated expectations that they facilitate service provider access to schools and support local agreements unifying delivery of speech and language services.

Upon release of this memorandum, school boards will work toward implementation of their own policies and procedures with full implementation by September 2022.

Boards are encouraged to work with community partners to implement their new procedures or components as soon as practical.

## Monitoring

School boards in collaboration with their partners will be expected to report annually to the ministry on:

- Number of children receiving services;
- Number of children waiting for services; and
- Average wait times from referral to service initiation.

Additional monitoring and reporting requirements may also be identified for service providers by their funding ministry.

**Feedback may be provided using this [form](https://forms.office.com/r/j4A4RSu4Z0) (URL: <https://forms.office.com/r/j4A4RSu4Z0>) or by writing to [specialeducation@ontario.ca](mailto:specialeducation@ontario.ca)**