

 <p>Cree School Board Commission scolaire crie</p>	<h2>Policy on Special Education</h2>	
	<p><b>Department responsible:</b> Special Education Services  <b>Effective date:</b> January 1, 2006  <b>Amended on:</b> July 1, 2014 and March 17, 2016  <b>Approved by Resolution # EC 2016-090</b></p>	
	<p><b>References:</b></p>	<p>Council Policy Manual: E, E-1, E-2, E-3, E-4, EL, EL-1, EL-2, EL-5</p> <ul style="list-style-type: none"> <li>▪ “Special Education Policy and Plan of Action: Adapting our Schools to the Needs of All Students”</li> <li>▪ Article 8-11.00 / Teachers’ Collective Agreement</li> </ul>
<p><u>Other policies</u></p>	<ul style="list-style-type: none"> <li>▪ Educational Assistance Program / Off-Community Elementary and Secondary Education (EDU-01)</li> <li>▪ Policy and Procedures on the Access to Information and the Protection of Personal Information (SG-01)</li> </ul>	

The Cree School Board recognizes that within the student population a broad spectrum of educational needs does exist. Addressing these needs involves using a wide range of programming approaches, placements and supports. Responsibility for a student’s education is shared by the student, the parents, the school, the School Board and the community. The Board supports integration as the placement of first choice.

The Board endorses the 6 lines of action proposed by the Ministry of Education’s “Adapting our Schools to the Needs of All Students” adapted as follows:

- Recognizing the importance of prevention and early intervention by the creation of an environment conducive to learning and by intervention at the first manifestation of problems.
- Making the adaptation of educational services a priority for all those working with students with special needs by continuously adjusting or modifying existing methods and by offering various options to students.
- Placing the organization of educational services at the service of students with special needs by basing it on the individual evaluation of their abilities and needs, by ensuring that these services are provided in the most natural environment for the students, according to the cycle of instruction favouring the student’s integration into regular classes.
- Creating a true educational community, starting with the child and the parents and continuing with outside partners and community organizations working with young people, in order to provide more consistent intervention and better coordinated services.
- Devoting particular attention to students at risk, and those with learning disabilities or behavioural difficulties, and determining methods of intervention that better meet their needs and abilities.
- Developing methods for evaluating students’ educational success in terms of knowledge, social development and qualifications, assessing the quality of services and reporting results.

### **1) General provisions**

[Purpose](#)

**1.1.** This Policy establishes rules pertaining to special education in order to provide assistance and services that enable students with special needs to meet their educational goals.

[Application](#)

**1.2.** This Policy applies to all Cree School Board students enrolled in the youth sector.

[Definitions](#)

**1.3.** In this Policy, the following words or expressions mean:

- a) **Accommodations:** the required teaching and assessment strategies or supports that enable a student to learn or demonstrate learning. Accommodations do not alter the curriculum;
- b) **At Risk Students:** students who display characteristics likely to affect their learning or behaviour that will place them in a vulnerable situation, particularly with respect to academic failure or socialization, without immediate intervention. At risk students are not included in the definition “students with handicaps, social maladjustments or learning disabilities”;
- c) **Designate:** a person assigned by the principal to perform administrative duties related to this Policy (e.g. Vice-Principal, Special Education Department Head);
- d) **Individual Education Plan (IEP):** a written plan developed for a student with special needs which describes the educational goals, modifications, and/or adaptations for the student, evaluation timeline and the services that are to be provided;
- e) **Integration:** is one of the major strategies used to achieve an inclusive philosophy. It provides the opportunity for students with special needs to be included in a regular classroom setting. These students receive the necessary accommodations and modifications to enable them to achieve their full academic potential and be successful;
- f) **Local Support Team:** a school based team that supports teachers in determining strategies and interventions for students experiencing difficulties as further defined in section 5;
- g) **Parents:** mother or father of a student, guardian or foster parents of a student;
- h) **Principal:** school Principal or his designate;
- i) **School-Based Resource Personnel:** Student Affairs Technician (SAT), Educator Assistants, Special Education Technician, Readaptation Officer, Guidance Counselor, School Nurse and Social Worker;
- j) **Resource teacher:** a teacher who offers remedial instruction;
- k) **Student with special needs:** a student with handicap(s), social maladjustment(s) or learning difficulty(ies);
- l) **Teacher:** it includes:
  - i. Classroom teacher; a teacher assigned to a regular class
  - ii. Resource teacher: a teacher who offers remedial instruction
  - iii. Special Education Department Head (SEDH): may have 2 functions-educational and administrative. The administrative function is

required by all SEDH in order to implement the special education policy. The SEDH can also perform the duties of a resource teacher. When requested he acts as the principal's designate;

- iv. Special Education Teacher: a teacher who works with a group of student who have severe to profound difficulties and for whom inclusion does not necessarily mean mainstreaming.

Commitments

**1.4.** The Cree School Board is committed to the following principles:

- a) each child is entitled to a system of education that supports his learning, development and cultural integrity in the least restrictive environment, from pre-kindergarten to 21 years of age;
- b) the school has a fundamental role in the identification and intervention processes for each student;
- c) a partnership between the school and the community is important in meeting the needs of students;
- d) students with special needs are integrated in the regular classroom and in school activities according to their needs and respecting the rights of other students;
- e) early intervention is an essential element of school success for all students;
- f) the provision of an environment in which all students can develop to their potential and become active community members.

In order to achieve these principles, the Board must ensure that:

- g) there is a framework in place that will enable all students to be included as part of the mainstream for the length of time and for the subjects that are most beneficial for them;
- h) each student's case will be analyzed individually to determine the most beneficial services, considering academic, social, emotional and physical needs;
- i) environmental and pedagogical adaptations will be made as required to facilitate student success;
- j) the services of an educator care worker / special education technician may be provided to students with special needs when prescribed and when requested by the Principal and approved by the Board.

The above principles are subject to sufficient funding and the availability of appropriate resources.

## **2) Participation and Responsibilities**

### Parents

**2.1.** Parents have the primary responsibility for their child and as such they have an important role in their child's education; therefore, the parents:

- a) must notify the Principal of any special need that could affect their child's progress in school and that could require the school to adapt its services. They must then provide professional reports (psychologist, speech therapist, guidance counsellor, psycho-educator, social worker, medical doctor. etc.), if any;
- b) must inform the Principal of services that their child has received or is receiving from external resources (social services, health agencies, re-adaptive centres, etc.);
- c) have the right to access their child's file according to Board's procedures and to contribute to the information kept within it;
- d) are expected to participate in the Local Support Team and any other meeting related to their child.

### Students

**2.2.** Students must take an active role in their own learning, if they are able to do so, and they:

- a) must engage in the learning and evaluation process determined to promote their success;
- b) are supported to participate in the creation of their IEP and to advocate for their needs;
- c) should attend the Local Support Team meeting, when appropriate.

### Teachers

**2.3.** Teachers are responsible for ensuring that all students are provided with the appropriate instruction and support measures that meet their learning requirements. . Therefore, the teachers:

- a) shall review the students' confidential file(s) at the beginning of the school year;
- b) have the primary responsibility for evaluating the student's progress and providing appropriate learning opportunities to promote academic and social success;
- c) must inform the Principal and the parents as soon as a student begins to experience difficulty;
- d) must participate in the Local Support Team as required in section 5 below and in the implementation of an IEP or any other measures when required.

### Special Education Department Head

**2.4.** The Special Education Department Head has an important role in the application of the special education policy. As such he is namely responsible for the following tasks:

- a) Administrative Tasks  
In conjunction with the Principal:
  - i. ensure the implementation of this Policy
  - ii. ensure the effective operation of the Local Support Team

- iii. participate in the creation, implementation and monitoring of IEPs
- iv. maintain and up-date special needs student files
- v. organize and prepare appropriate documentation and schedules for external resources

b) Teaching tasks

- i. evaluate and assess students experiencing difficulties
- ii. offer remedial instruction to At Risk and special needs students
- iii. offer support to classroom teacher
- iv. provide assistance to educator care workers / technicians.

[Special education consultants](#)

**2.5.** The regional special education consultants and counsellors in reeducation offer support services to the Principal, teachers, School-Based Resource Personnel and other departments within the Board with regard to special needs. Therefore they are namely responsible for supporting, advising and offering training to them.

[Principal](#)

**2.6.** The Principal or his designate is namely responsible for providing leadership and direction in implementing the Special Education Policy. Therefore he must

- a) ensure that all teachers and School-Based Resource Personnel are made aware of the Policy ;
- b) provide teachers with available and relevant information about students with special needs;
- c) encourage the participation of the parents and of their child in the creation of an optimal learning situation;
- d) ensure that confidentiality is respected by all personnel in the school
- e) ensure the referral process is implemented effectively.

Where deemed appropriate by the Principal, articles 2.6 b) and c) may be assumed by the Special Education Department Head.

## EARLY SCREENING

### **3) Screening Pre-K and K Students**

[Purpose](#)

**3.1.** The purpose of the screening process is to identify children who may benefit from an early intervention program or specific skill-developing activities in order to help them reach their full intellectual, social, emotional and academic potential.

[Questionnaire](#)

**3.2.** At the time of registration for the following school year parents of Pre-K and K students are required to complete the questionnaire “Pre-K and K Registration (Complementary Information)”. (See **Annex B**)

[Screening profile](#)

**3.3.** At the beginning of each school year, the Pre-K and K teachers are responsible for:

- a) reviewing their students’ Registration (Complementary Information) form. This information will supplement the screening process for the early detection of special needs;

- b) when applicable, reviewing the notes from the transition for special need students from Daycare to preschool (see section 9);
- c) collecting observational data for the screening process of their students.

[Screening procedure](#)

**3.4.** The screening will initially take place about one month after the students begin school. All children in Pre-K and K will be screened.

The Principal will distribute the Pre-K and K screening form to the teachers who will conduct the screening process with, when necessary, the assistance from the SEDH (See **Annex C**). If the teacher is concerned about a student who is experiencing difficulties, he must provide the child with additional opportunities to promote development in those areas. The teacher will monitor the child's progress by repeating the screening process 2 to 3 months later.

### **Referral Process for the Identification of Students with Special Needs**

See **Annex A** for a summary of the steps for the Referral Process

## **4) Initial Recognition & Assistance**

[Initial recognition](#)

**4.1.** The identification phase begins in the classroom, through in depth systematic observation and evaluation. This enables the teachers to identify students' strengths and weaknesses and establish learning objectives that address students' individual needs.

[Parental](#)

**4.2.** When a student is experiencing difficulties at school, whether they are academic, behavioural or both, the teacher shall discuss them with the parents.

[Consent form](#)

If additional information (medical, psychological evaluation, etc.) is available outside the School Board, the Principal must receive authorization from the parents to request release of the information (See **Annex D, E and F**).

[Strategies](#)

**4.3.** The classroom teacher will identify and implement targeted instructional strategies and support measures to assist the student. The teacher will monitor the student's responsiveness to these approaches.

[Request for assistance](#)

**4.4.** If the student is not responding to the classroom strategies and support measures, the teacher may request assistance from the principal and other School-Based Resource Personnel to develop additional intervention strategies.

[Referral to the Local Support Team](#)

**4.5.** Many students will respond positively to initial interventions; however if students continue to experience difficulties the teacher shall report to the Principal for referral to the Local Support Team by submitting the referral form (**Annex G**) to the Principal.

## **5) Local Support Team<sup>1</sup>**

### Local Support Team

**5.1.** Under the responsibility of the Principal, the Local Support Team is a consultative committee that provides recommendations and support to classroom teachers. The Principal or his designate will chair and coordinate the work of the Local Support Team.

### Composition

**5.2.** The Local Support Team shall be composed of the Principal or vice-Principal, the teacher or teachers concerned, SEDH and, at the Team's request, a professional. The Team shall invite parents to take part in the work of the Team; however, their absence cannot prevent the Team from carrying out its work.

A specialized education technician or an interpreter-technician may also take part upon request in the Team meetings when a student for whom he is responsible is specifically mentioned on the agenda, in particular when establishing or revising the individualized education plan.

Any other concerned employee can take part in these meetings upon invitation from the school principal.

### Responsibilities

**5.3.** The responsibilities of the Local Support Team are to:

- a) help teachers individualize instruction to meet the needs of all students;
- b) support teachers in mainstreaming handicapped students;
- c) provide an efficient pre-referral screening for special education services;
- d) make recommendation on the measures to be taken;
- e) decide if the establishment of an IEP is required.

### Call for a meeting

**5.4.** Within 15 workdays of receiving the teacher's report, the Principal shall call a meeting of the Local Support Team in order to ensure that the case is studied and ensure the student's progress is monitored to determine if there is a handicap, social maladjustment or learning disability.

### Process

**5.5.** The Local Support Team engages in a structured process of analyzing the student's assessment data, reviewing the teacher's intervention strategies and recommending further actions to be taken.

### Decision

**5.6.** The Local Support Team either recommends the continuation of classroom interventions without an IEP or requires the establishment of implementation of an IEP. If the recommended interventions that were created collaboratively between the local support team and the teacher enable student progress these interventions should be continued with regular monitoring. If the support measures implemented do not enable the student's progress, the Local Support Team will require the establishment of an IEP.

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<sup>1</sup> Teachers' collective agreement : 8-11.04 B)

## 6) The Individual Education Plan

- [The IEP process](#) **6.1.** In order to establish an IEP, the Local Support Team will follow the 4 phases of the IEP process: data collection and analysis, planning of interventions, application of the interventions and review of the plan.
- [Implementation / IEP](#) **6.2.** Barring uncontrollable circumstances, the IEP must be implemented no later than 30 working days after the teacher submitted his report.
- [Monitoring Progress](#) **6.3.** In order to ensure the student's progress is evaluated, the Team will reconvene at the date set on the IEP or at the end of each term. The student's IEP goals and plan will be evaluated to determine if the objectives have been achieved or if there is need to revise the IEP. The student's IEP goals and plan will be revised accordingly. When appropriate, students are referred for further evaluation. This process will continue for the duration of the student's education or until he no longer requires an IEP.
- [Evaluation / adapted IEP](#) **6.4.** When a student has an adapted IEP and is following a regular program the evaluation and reporting will remain the same. During ministerial examination the Principal is authorized to allow the student to use certain support measures that are noted in their IEP (e.g., extended time, attendant, voice synthesizer, etc. / see exam handbook).
- [Evaluation / modified IEP](#) **6.5.** When a student has a modified IEP, the evaluation will be based on the learning objectives outlined in the student's IEP.

## 7) Referral to Special Education Services and External Resources

- [Request for external Resources](#) **7.1.** Upon analysis of the student's file, the Local Support Team may submit a request to the Coordinator of Special Education Services for a referral to external specialists (See **Annex H** / Referral Form to Special Education Services).
- [Role of the Special Education Services](#) **7.2.** When the Local Support Team recommends a referral for external specialists services, the Special Education Services will review the documentation and process the request. If the request for external services is viable, the Coordinator will grant approval.
- [Role of the Coordinator of Special Education Services](#) The Coordinator of Special Education will:
- make the appropriate arrangements with the required resources;
  - coordinate specialized services not available in the community;
  - collaborate with the Cree Board of Health & Social Services of James Bay.
- [Role of Special Education Department Head](#) **7.3.** Once the referral has been approved, the Special Education Department Head must contact the student's parents to complete and sign the respective questionnaires and the required consent forms. (See **Annex I** / Parent's Permission for Evaluation, **Annex J** / Parental Authorization for Psychological Services, **Annex K** / Client Referral Form - Parental Authorization and **Annex L** / Parents'

*Questionnaire*). The Special Education Department Head is also responsible for organizing and preparing the appropriate documentation and schedules for external specialists.

[The Role of the Principal / Follow-up](#)

**7.4.** The Principal is responsible for determining follow-up procedures to help the teacher(s) implement any recommendations issued by the external specialists. If a special education support person is required, the Principal will first redistribute existing resources personnel if possible and, with the assistance of the regional office, evaluate the possibility of other alternatives.

## **8) Confidential Student Files**

[Confidential files](#)

**8.1.** The law obliges everybody to respect the confidential nature of personal information. When working with students of special needs and their families, employees of the Board must share information judiciously to protect the privacy of the students and their families. There is a permanent record file for all students, and there is also a confidential file for students with special needs. The following information is included in the special needs file:

- a) all reports such as psycho-educational, psychological, speech and language, occupational, etc. provided by professionals<sup>2</sup>;
- b) medical, psychiatric, psychological or other reports from hospitals or private professionals;
- c) reports of observations or consultations by a professional concerning the student;
- d) record of meetings with parents/guardians or school teams;
- e) individual Education Plans;
- f) copies of referral forms;
- g) copies of completed parental questionnaires;
- h) consent and release of information forms.

[Location and access](#)

**8.2.** Confidential files must be kept in a locked cabinet at the school. Files cannot be removed from the area in which they are located and cannot leave the school board premises unless a student transfers and specified procedures are followed. Parents, administrators, teachers of students with special needs and appropriate professionals can access the confidential files on a need to know basis. The Special Education Department Head can copy the files' recommendations for teachers and educators who work with specific students.

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<sup>2</sup> In this section, the word "professional" means: (psychologist, speech therapist, guidance counsellor, psycho-educator, social worker, medical doctor. etc.)

## **9) Transition from Daycare to Elementary and Elementary to Secondary**

### Meeting

**9.1.** Before the end of the school year, the Principal convenes a meeting to discuss the transition of special needs students with:

- a) the SEDH, all pertinent school personnel, parents, daycare personnel and special needs consultant(s)<sup>3</sup> for the transfer of special needs files from the Daycare to preschool;
- b) the Local Support Team and other resource school based personnel for the transfer of special needs files from the elementary school to the high school.

## **10) Rules Governing the Formation of Groups and Integration of Students**

### Integration

**10.1.** The harmonious integration of a student with special needs into a regular class or group takes place on the basis of the evaluation of the student's abilities and needs, in order that such integration would facilitate the student's learning and social integration.

This should not significantly undermine the rights of the other students. If so, the Board may provide the student with alternative educational services.

### Type of groups

**10.2.** The Board will determine the different types of groups it requires on the basis of the anticipated numbers and needs of the students concerned.

The types of groups may be defined annually by the Board to reflect the abilities and needs of the students concerned.

## **11) Application of this Policy**

### Previous provisions

**11.1.** The present Policy replaces all other Policies of the Board pertaining to this subject, while respecting the Council of Commissioners Policies/Ends where applicable.

### Official version

**11.2.** The official version of this Policy is kept by the Secretary-General of the School Board.

### Responsibility

**11.3.** Any person referred to in this Policy must abide by all its provisions and all managers of the School Board are responsible to ensure that all its provisions are applied and respected.

The Coordinator of Special Education Services is the person responsible for providing support in the interpretation of this Policy and to ensure its revision when necessary.

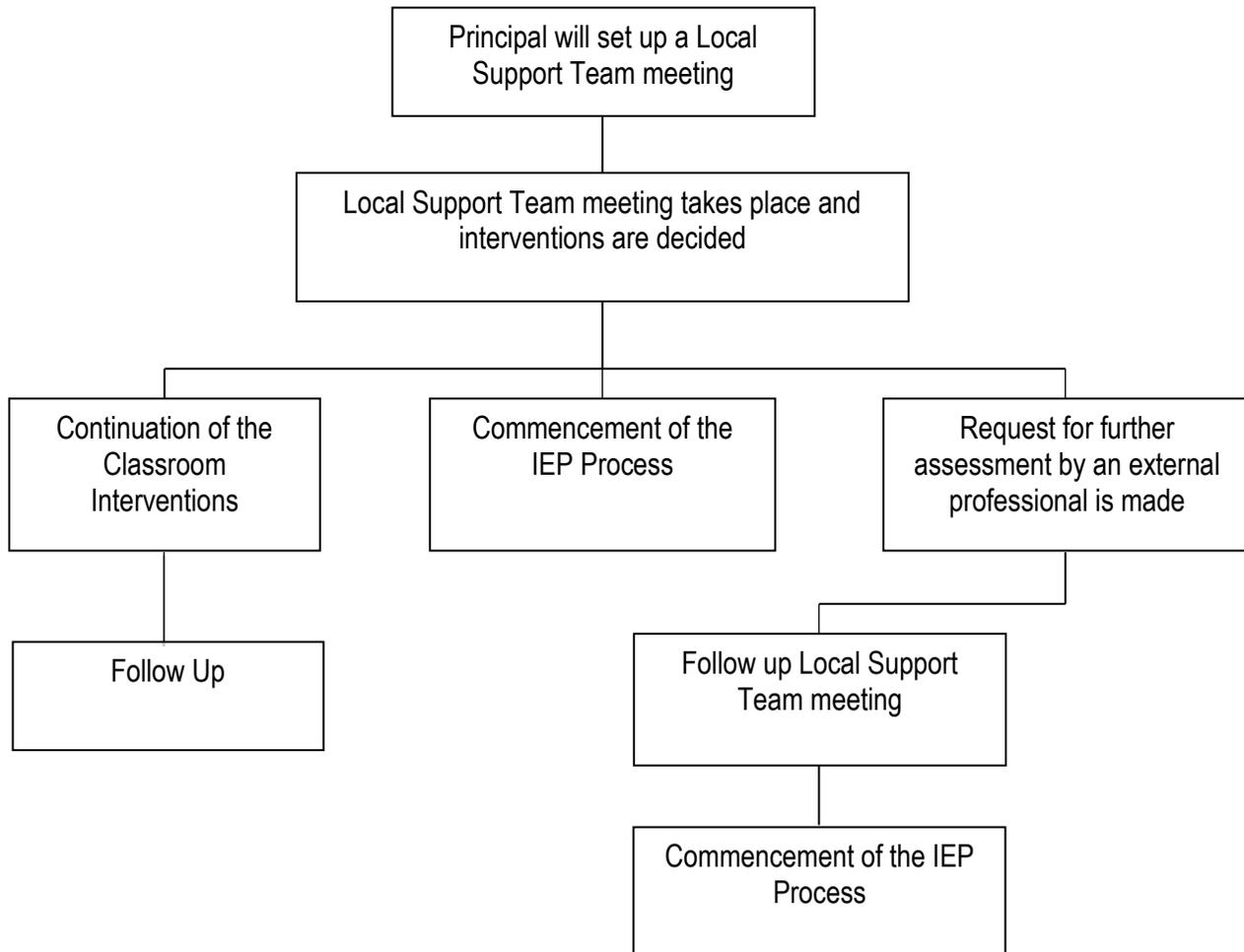
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<sup>3</sup> Cree School Board and Cree Nation Government (CNG)

**Annex A**  
*Summary /  
Procedure for the Identification of At Risk  
and Special Needs Students*

The identification phase begins in the classroom:

- Teacher observes the student
- Teacher intervenes with the student
- Teacher contacts the parents
- Teacher writes a report describing actions taken, frequency of observations, and summary of existing assessments by filling out the Annex G
- Teacher submits Annex G to the principal





## Annex B

### Pre-K & K REGISTRATION (Complementary Information)

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

List siblings living at home in order of birth:

	<u>Name</u>	<u>Gender</u>	<u>Birth date</u>	<u>School Attended</u>	<u>Grade</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Are there other people living in your home? Please specify: \_\_\_\_\_

Did your child attend daycare? No  Yes

### Medical Information

1) Does your child suffer from allergies? No  Yes  specify: \_\_\_\_\_

2) Does your child have seizures? No  Yes  how often do they occur: \_\_\_\_\_

At any specific time? \_\_\_\_\_

3) Is your child on medication on a regular basis? No  Yes  complete the following table:

Name of Medicine	Dosage	Times	Reason for Taking It

4) Has your child had an eye examination? No  Yes  where and when? \_\_\_\_\_

results: \_\_\_\_\_

5) Has your child had a hearing test? No  Yes  where and when? \_\_\_\_\_  
results: \_\_\_\_\_

6) Has your child had a neurology check-up? No  Yes  where and when? \_\_\_\_\_  
results: \_\_\_\_\_

7) Has your child had a dental check-up? No  Yes  where and when? \_\_\_\_\_  
results: \_\_\_\_\_

8) Have there been any serious illnesses or chronic conditions in the child's history? No  Yes   
What is the actual status now? \_\_\_\_\_

9) Are there any health precautions that must be taken? \_\_\_\_\_

10) Is a specialist presently treating your child? No  Yes  complete the following table:

Reason	Specialist's Name	City

### Communication Skills

11) What is your child's main language of communication? Cree French English \_\_\_\_\_

Does your child speak other languages? \_\_\_\_\_

12) Do you have any concerns about your child's communication skills? No  Yes  specify:

a) Tell you what he/she wants (asks for a toy, ask for help, etc.)? No  Yes

b) Name people/things? No  Yes

c) Express that s/he does not want something? No  Yes

d) Get your attention? No  Yes

- e) Ask a question (e.g.: "what's that?", "where's nana?") No  Yes
- f) Greet someone (hi, bye, etc.)? No  Yes
- g) Make a choice? No  Yes

13) Does your child make a full sentence? No  Yes

14) When is your child at his/her happiest? \_\_\_\_\_

15) What, if anything puts him/her in a bad mood? \_\_\_\_\_

### Life Skills

16) Can your child dress himself/herself? Does he/she have any difficulties? No   
 Yes  specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17) Can your child feed himself/herself? No  Yes  specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18) Hygiene skills, personal care - Is she/he independent? No  Yes  specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Play

19) Complete the following:

	<u>Child plays independently</u>	<u>Needs help from parents</u>	<u>Does not occur</u>
Plays alone:	_____	_____	_____
Plays with Others:	_____	_____	_____
Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares toys:	_____	_____	_____

Plays Table Games: \_\_\_\_\_

If yes, please elaborate.

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## Annex C Pre-K and K Screening Form

### A) Gross Motor Skills

- |  |  |
|--|--|
| <input type="checkbox"/> Walks up and down stairs easily | <input type="checkbox"/> Runs without falling    |
| <input type="checkbox"/> Balances on one foot            | <input type="checkbox"/> Throws a ball           |
| <input type="checkbox"/> Catches a ball                  | <input type="checkbox"/> Rides wheeled equipment |

CONCERNS: \_\_\_\_\_  
\_\_\_\_\_

### B) Fine Motor Skills

- |   |  |
|---|--|
| <input type="checkbox"/> Draws O, X         | <input type="checkbox"/> Twists a nut into a bolt        |
| <input type="checkbox"/> Cuts with scissors | <input type="checkbox"/> Pours a liquid without spilling |

CONCERNS: \_\_\_\_\_  
\_\_\_\_\_

### C) Social Emotional Skills

1. Works on emotional tasks that are appropriate for his/her age:
- achieving independence
  - choosing what he/she wants to do
  - generating his/her own ideas with zest and enthusiasm

CONCERNS: \_\_\_\_\_  
\_\_\_\_\_

2. Learning to separate from his/her family without a lot of stress and to form an attachment with at least one other adult at school.

**CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_

3. Learning to conform to routines at school without a lot of fuss.
- It is normal and healthy for children to say no once in a while.
  - Always say no to everything is different.

**CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_

4. Able to involve him/herself deeply in play.
- The child's ability to enjoy participating in play by him/herself or with other children not only shows that he/she is emotionally healthy but it also helps the child to stay mentally healthy.

**CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_

5. Developing the ability to settle down and concentrate.
- Does the child never seem to settle down? Does he/she move quickly from place to place, seeming to give only surface attention to what he/she is doing?
  - There may be many reasons for this, a common cause is tension or anxiety.

**CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_

6. Is not unusually withdrawn or aggressive for his/her age.
- Withdrawn behaviour is easy to overlook.
  - Either behaviour is a signal from the child that he/she is emotionally out of balance and needs some extra thought and plans devoted to helping him/her resolve this problem.

**CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_

7. Smiles and seems happy much of the time.

**CONCERNS:** \_\_\_\_\_

8. Shows pride in his/her accomplishments.

**CONCERNS:** \_\_\_\_\_

**D) Speech/Language and Cognitive Skills**

1. Is the child's pronunciation of words what you expect for his/her grade ?

**CONCERNS:** \_\_\_\_\_

2. Does the child speak in sentences as you expect for his/her grade ?

**CONCERNS:** \_\_\_\_\_

3. Can tell what to do when she or he is cold/tired/hungry.

**CONCERNS:** \_\_\_\_\_

4. Understands your instructions, stories etc. as you would expect for his/her grade?

**CONCERNS:** \_\_\_\_\_

5. Can point to pictures you describe.

**CONCERNS:** \_\_\_\_\_

6. Sorts objects by shape or colour.

**CONCERNS:** \_\_\_\_\_

**Which section of this form does the child need support with?**

A (Gross Motor)	B (Fine motor)	C (Social-Emotional)	D (Speech/Language and Cognitive)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any additional comments, please write them below:

\_\_\_\_\_

\_\_\_\_\_

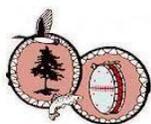
\_\_\_\_\_

\_\_\_\_\_

Teacher signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Annex D Parental Consent Form - Release of Information



Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

YYYY-MM-DD

Chart Number: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_

## Parental Consent Form Consent to the Release of Information

CREATED IN PARTNERSHIP WITH THE CREE BOARD  
OF HEALTH AND SOCIAL SERVICES, CREE NATION  
GOVERNMENT AND CREE SCHOOL BOARD

Name of Parent(s)/Guardian:

I the undersigned, authorize:

- Cree School Board
- Cree Board of Health and Social Services of James Bay
- Cree Nation Government Child and Family Services Childcare

Centers To release/share information with:

- Cree School Board Special Education Services
- Cree Board of Health and Social Services of James Bay
- Cree Nation Government Child and Family Services

The information of medical, social and educational results, records and documents will be shared for a period of **12 months**. I, the undersigned understand that the information will be collective **between the involved** entities mentioned above and will be used to my advantage in developing and following up on an intervention and care-plan, using a multi-disciplinary approach.

Signature of Parent or Guardian:

Signature of Student/Client (if 14 years old or over):

Beginning: \_\_\_\_\_  
YYYY-MM-DD

Ending \_\_\_\_\_  
YYYY-MM-DD



**Annex E**  
**Parental Consent Form - Release of Information**  
*Other school boards, etc.*

Name of student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Requested by: \_\_\_\_\_

I give the authorization to the \_\_\_\_\_ school to:

Request information, including copies of reports of the appropriate specialists working or who have worked with my child, including the daycare, Clinic and other School Boards.

Provide information, including copies of reports to \_\_\_\_\_

This authorization is valid until the end of the school year following the date this document was signed.

\_\_\_\_\_  
Parent's or Guardian's name (printed)

\_\_\_\_\_  
Parent's or Guardian's signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness



**Annex F**  
**Parental Consent Form – Transfer of student files**

**REQUEST FOR TRANSFER OF STUDENT FILES**

Name of student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This student is now registered in:

\_\_\_\_\_  
(Name of School)

Please transfer all pertinent records, including photocopies of the contents of the student's Special Education file.

Signed: \_\_\_\_\_      \_\_\_\_\_  
(Principal of receiving School)      Date

Consent for transfer of photocopies of Special Education file contents:

Signed: \_\_\_\_\_      \_\_\_\_\_  
(Parent or Guardian)      Date



**Annex G**  
Request for Assistance to the Local  
Support Team  
Report from the teacher

Date received: \_\_\_\_\_

Annex G number: \_\_\_\_\_

Date of LST meeting: \_\_\_\_\_

**TEACHER REPORT**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

I have read the Special Needs File:    Yes     No     Date: \_\_\_\_\_

Does the Child have a Code? \_\_\_\_\_

Has the Student transferred sector? \_\_\_\_\_ to \_\_\_\_\_    Date: \_\_\_\_\_

Has the student repeated a grade? :    Yes     No     Which Grade: \_\_\_\_\_

Students Attendance Rate: \_\_\_\_\_%

**Intervention and Teaching Strategies**

**Describe in detail the intervention and teaching strategies you have implemented to assist this student.**

**Principal Decision:**                      Referral to LST                          Not Referred to LST      
If not, explain the reason(s):

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Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Problem</b>	<b>Suspected</b>	<b>Yes</b>	<b>No</b>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility/Co-Ordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other / Comments: _____			
_____			
_____			
_____			

**Please check the appropriate box to indicate the student's level of ability.**

### **Academic Profile**

	Excellent	Good	Fair	Poor
<b>Oral Language</b>				
Comprehends orally presented material	<input type="checkbox"/> Cree <input type="checkbox"/> English <input type="checkbox"/> French			
Follows oral directions	<input type="checkbox"/> Cree <input type="checkbox"/> English <input type="checkbox"/> French			
Uses grade level vocabulary	<input type="checkbox"/> Cree <input type="checkbox"/> English <input type="checkbox"/> French			
Pronounces words clearly	<input type="checkbox"/> Cree <input type="checkbox"/> English <input type="checkbox"/> French			
Communicates ideas	<input type="checkbox"/> Cree <input type="checkbox"/> English <input type="checkbox"/> French			

	Excellent	Good	Fair	Poor	N/A
<b>Reading/Writing</b>					
Letter/sound relationship	<input type="checkbox"/>				
Decoding ability (syllables, root words)	<input type="checkbox"/>				
Knowledge of short vowel sounds	<input type="checkbox"/>				
Knowledge of consonant sounds	<input type="checkbox"/>				
Spelling	<input type="checkbox"/>				
Ability to recall material just read	<input type="checkbox"/>				
Ability to understand the main idea in reading material	<input type="checkbox"/>				
Ability to recognize sight vocabulary	<input type="checkbox"/>				
Ability to copy letters	<input type="checkbox"/>				
Ability to use punctuation	<input type="checkbox"/>				
Ability to write complete sentences	<input type="checkbox"/>				
Ability to perform fine motor tasks (cutting, printing)	<input type="checkbox"/>				
Ability to copy from the board or textbook	<input type="checkbox"/>				
Ability to complete written assignments	<input type="checkbox"/>				
Ability to organize ideas into paragraphs	<input type="checkbox"/>				
Ability to complete paper/pencil tasks	<input type="checkbox"/>				
Ability to hold a pencil	<input type="checkbox"/>				

PM Benchmark Level: \_\_\_\_\_

Empower Reading Level: \_\_\_\_\_

	Excellent	Good	Fair	Poor	N/A
<b>Mathematics</b>					
Ability to recognize numbers	<input type="checkbox"/>				
Ability to count objects	<input type="checkbox"/>				
Ability to perform basic addition facts	<input type="checkbox"/>				
Ability to count	<input type="checkbox"/>				
Ability to understand place value	<input type="checkbox"/>				
Ability to perform basic subtraction facts	<input type="checkbox"/>				
Ability to perform basic multiplication facts	<input type="checkbox"/>				
Ability to perform basic division facts	<input type="checkbox"/>				
Understands money value	<input type="checkbox"/>				
Ability to solve word problems	<input type="checkbox"/>				
Ability to understand new math concept	<input type="checkbox"/>				
Ability to understand mathematical terms	<input type="checkbox"/>				
<b>Memory</b>					
Visual (short term )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual (long term)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Behaviour Observation Grid

According to the indicators, identify the behaviour in terms of capability*	Adequate		If not adequate, please identify														
			CONSISTANCY			FREQUENCY			PERSISTENCY			INTENSITY					
	Yes	No	1 situation	2 or 3 situations	More than 3 situations	Occasionally	Many times a week (3 or 4 times)	Many times a day	For a few days	For a few weeks	For a few months	Annoying	Disturbing	Disruptive	Annoying	Disturbing	Disruptive
<b>On task</b>																	
<input type="checkbox"/> Attentive to instructions																	
<input type="checkbox"/> Has the necessary material to carry out his work																	
<input type="checkbox"/> Appropriately use of his material																	
<input type="checkbox"/> Starts working without teacher's intervention																	
<input type="checkbox"/> Completes the work according to instructions																	
<input type="checkbox"/> Works without getting distracted and without wasting time																	
<input type="checkbox"/> Demonstrates efforts when faced with a difficulty																	
<input type="checkbox"/> Completes the work within the allotted time																	
<b>In class</b>																	
<input type="checkbox"/> Regular attendance in class																	
<input type="checkbox"/> On time for classes																	
<input type="checkbox"/> Remains silent when requested by the teacher																	
<input type="checkbox"/> Raises his hand and waits for teacher's permission to make a comment or ask a question																	
<input type="checkbox"/> Calmly moves around in the class																	
<input type="checkbox"/> Takes responsibility and accepts the consequences of his actions																	

\* Capability: The student shows the ability and put in place the means to do something.

According to the indicators, identify the behaviour in terms of capability	Adequate		If not adequate, please identify														
			CONSISTANCY			FREQUENCY			PERSISTENCY			INTENSITY					
	Yes	No	1 situation	2 or 3 situations	More than 3 situations	Occasionally	Many times a week (3 or 4 times)	Many times a day	For a few days	For a few weeks	For a few months	Annoying	Disturbing	Disruptive	Annoying	Disturbing	Disruptive
												For himself			For others		
<b>During transition</b>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<b>Interaction with adult</b>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<b>Interaction with peers</b>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	
<input type="checkbox"/>																	

Inspired and adapted from Annexe 1 : Grille d'Observation du comportement de la C.S. Marguerite-Bourgeoys

**Additional Comments on Behaviour**

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**Student's Additional Strengths and Interests**

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**Latest Assessments and Dates**

**Psycho Educational Assessments:**

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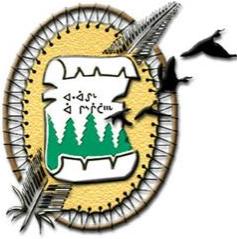
**Psychological Assessments:**

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**Other Assessments:**

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## Annex H Referral Form to Special Education Services



Cree School Board  
Commission scolaire Crie  
SPECIAL EDUCATION SERVICES / SERVICES EN ADAPTATION  
SCOLAIRE P.O BOX / C.P. 729  
CHISASIBI (QUEBEC) JOM 1E0  
TEL.: (819) 855-2230 FAX: (819) 855-2519

### REFERRAL FORM TO SPECIAL EDUCATION SERVICES

Student name		Grade		Date					
Permanent code		Date of birth		Day			Month		Year
				Day	Month	Year	Age		
School				Gender					
Primary Language in Home									
Parent/Guardian Name(s)			E-mail address						
Address			Community						
Home Phone			Cell Phone						
Place of Work			Work Phone						
Person who made referral			Position						

<b>REASON FOR REFERRAL</b> <i>(check all that apply):</i>	
<b>Instructional Concerns</b>	<b>Behavioural Concerns</b>
<input type="checkbox"/> Pre-literacy skills <input type="checkbox"/> Basic reading skills <input type="checkbox"/> Pre-numeracy skills <input type="checkbox"/> Basic math skills <input type="checkbox"/> Written language skills <input type="checkbox"/> Cognitive learning strategies <input type="checkbox"/> Communication skills	<input type="checkbox"/> Attention and concentration <input type="checkbox"/> Non-compliance with teacher directives <input type="checkbox"/> Following directions <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Extreme mood swings <input type="checkbox"/> Social/peer interaction skills <input type="checkbox"/> Adaptive behavior skills <input type="checkbox"/> Attendance Issues
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> No instructional concerns noted	<input type="checkbox"/> No behavioural concerns noted

**Review of Medical Information/Records** *(describe any medical concerns currently impacting the student. Consider whether the student has any medical diagnoses, if the student is currently taking any medication at school and/or at home, is the student currently using any assistive technology devices, does the student wear glasses, does the student wear a hearing aid, etc.):*

**Pre-referral Interventions** *(describe any current or past services or interventions provided to the child, individualized interventions with the resource teacher, etc. please outline the results):*

**Educational History** *(describe the student's educational history,, school attendance/absences, whether the student has ever repeated a grade, any home/environmental factors that might affect the student's performance in school, whether the student has been previously referred for special education services, etc.):*

**Other Relevant Information** *(describe any other relevant information from the parent, school, other agencies, etc.):*

**Referral from the Local Support Team – Recommendations:**

- Recommended for psychoeducational evaluation.
- Recommended for Behavioural/social emotional evaluation.

**Additional Comments:**

**ANNEXES TO BE COMPLETED**

Completed Annex I	Parent/Guardian/Permission for evaluation
Completed Annex L	Parent/Guardian/Questionnaire
Completed Annex G	Request for Assistance to the Local Support Team- Teacher Report



## Annex I

### PARENT (GUARDIAN) PERMISSION FOR EVALUATION

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Cycle/Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Your child is being referred for an individualized evaluation to assist in planning a program of instruction and as part of considering eligibility for special education services.

The individual evaluation we are proposing can include a variety of tests and evaluation methods. Depending on area(s) of difficulty, the evaluation **MAY** include tests of general ability, academic achievement, developmental skills, speech and language skills, social and behavioral skills, as well as projective tests (used to identify issues that may be affecting a student's school or social adjustment).

If external resources are required to complete the evaluation, these will be arranged as soon as possible and you will be informed regarding the details. When all evaluations have been completed, you will be contacted to attend a conference to discuss academic/adjustment needs and, if necessary, plan a suitable program. Should you have any questions about these assessments, please call your school principal.

Family, school, developmental and medical histories are an important part of this evaluation. Please complete the enclosed Parents' Questionnaire and sign the permission form below. Return this page and the questionnaire as soon as possible.

Working as a team is the best way to meet your child's needs. Thank you for your cooperation.

I give my permission for \_\_\_\_\_ to be evaluated.  
(student's name)

I do not give my permission for \_\_\_\_\_ to be evaluated.  
(student's name)

\_\_\_\_\_

Date:

(signature of parent/guardian or student aged 14 years or over)



## Annex J

### **Parental Authorization for Psychological Services Autorisation parentale pour Services psychologiques**

I, the undersigned \_\_\_\_\_  
Je, soussigné \_\_\_\_\_

Authorize \_\_\_\_\_  
Autorise \_\_\_\_\_

To Provide Psychological and/or Counselling Services to:  
À fournir des services psychologiques et/ou thérapeutiques à:

\_\_\_\_\_  
Name/Nom

\_\_\_\_\_  
Address/Adresse

\_\_\_\_\_  
Signature of the client or his/her guardian  
Signature du client ou son représentant légal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to the signature  
Témoin à la signature

\_\_\_\_\_  
Date

**Annex K**  
**Client referral**



Client Name: _____
DOB: _____ YYYY-MM-DD
Chart Number: _____
Phone #: ( ) _____ - _____

**CLIENT REFERRAL FORM**

CREATED IN PARTNERSHIP WITH THE CREE BOARD OF HEALTH AND SOCIAL SERVICES, CREE NATION GOVERNMENT AND CREE SCHOOL BOARD

**CONFIDENTIAL**

- REFERRAL TO:
- Cree School Board: specify your department: \_\_\_\_\_
  - Cree Nation Government – Childcare Centers and Head Start Programs
  - Cree Health Board: specify which program under the CMC:  
     Awash  Uschinichisuu  Chishaayuu  Social Services  other \_\_\_\_\_
  - Other Specify: \_\_\_\_\_

REFERRAL FROM: \_\_\_\_\_

**SECTION I – CLIENT’S PROFILE**

**IDENTIFICATION**

Client’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
                  YYYY-MM-DD

Community: \_\_\_\_\_ Telephone/Contact Info: \_\_\_\_\_

Childcare educator or school teacher’s Name: \_\_\_\_\_

Group or Grade: \_\_\_\_\_

**DIAGNOSIS** (if Known): \_\_\_\_\_

**FAMILY STATUS**

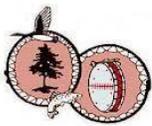
Client lives with:  Birth Parents  Boarding Home  Foster Home  Other

Name of Father: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Mother: \_\_\_\_\_

**If not living with birth parents:**

Name of Guardian: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_



**SECTION II – CONSENT FOR REFERRAL**

*I, the undersigned, agree and authorize this referral to be made.*

	<i>Date:</i>	
<b>CLIENT (if 14 years of age or over)</b>		YYYY-MM-DD
	<i>Date:</i>	
<b>PARENT (S) OR GUARDIAN</b>		YYYY-MM-DD

**SECTION III – REASON FOR REFERRAL**

*This client is being referred for:*

- Health/Developmental Concerns: Check all areas that might be of concern for this client:*
  - Fine motor skills:*      *ex. Dexterity, cutting with scissors, feeding, etc.*
  - Gross motor skills:*      *ex. Crawling, walking, coordination, etc.*
  - Physical autonomy:*      *ex. Eating or dressing on his/her own, hygiene, using the toilet, etc.*
  - Nutrition:*                      *ex. Eating too little, change in eating habits, difficulty chewing / swallowing, etc.*
  - Cognitive:*                      *ex. Following instruction, learning delays, drawing, etc.*
  - Communication*              *ex. Talking, understanding, pronunciation, stuttering, voice problems...*
  - Other:*                              *ex. Vision, hearing, etc*
- Social or Emotional Concerns, etc*                      *ex. Isolation, difficulty interacting with others*
- Behaviour*                      *ex. Aggressivity, hyperactivity, anxiety, etc.*
- Educational Concerns*
- Others*

**DETAILS ON REASON FOR REFERRAL:**




**FORM COMPLETED BY:**

Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone #: ( ) -

Fax Number: ( ) - Email: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

YYYY-MM-DD

**PLEASE RETURN THIS COMPLETED SECTION TO:**

Name: \_\_\_\_\_ Fax: ( ) -

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) -

**SECTION IV – RESULTS AND RECOMMENDATIONS**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

YYYY-MM-DD

Community: \_\_\_\_\_

**ACTION TAKEN:**


**RECOMMENDATIONS:**


PREPARED BY: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ -  
\_\_\_\_\_



## **ANNEX L** **Parent/Guardian Questionnaire**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Child lives with parents: Yes / No If no, Guardian's name: \_\_\_\_\_

Address where report is to be sent: \_\_\_\_\_

Number of brothers and sisters: \_\_\_\_\_ Language used at home: \_\_\_\_\_

What does your child have the most difficulty with? \_\_\_\_\_

What is your child good at? \_\_\_\_\_

Are you concerned about your child's behaviour or friends? \_\_\_\_\_

Do other family members have the same difficulties as your child has? \_\_\_\_\_

Were there severe problems during pregnancy? \_\_\_\_\_

Was alcohol consumed during pregnancy? Yes / No If so, how much? \_\_\_\_\_

Were there problems with (circle) *breathing, feeding or convulsions, head injuries* after birth? \_\_\_\_\_

At what age did your child learn to walk? \_\_\_ Talk? \_\_\_ (circle) Right handed/Left handed

Has your child had repeated ear infections? \_\_\_\_\_

Has your child had any special testing? *Eyes, ears, psychology, speech-language, neurology* (Circle).  
If yes, give results or reports \_\_\_\_\_

\_\_\_\_\_

What do you hope to learn from this evaluation? \_\_\_\_\_

\_\_\_\_\_

As the Parent/Guardian of \_\_\_\_\_, I understand s/he will be evaluated to help my child to do better in school. The report is my property and I will allow the school to have a copy of the report.

Signature \_\_\_\_\_ Date: \_\_\_\_\_