Learning Support Handbook

2024/2025

Greater VICTORIA School District

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Territorial Acknowledgement

The Greater Victoria School District No. 61 (GVSD) resides on the traditional territory of the ləkʷ̓əŋən (Lekwungen) people. We would like to acknowledge the Songhees First Nation and the Esquimalt First Nation on whose traditional territory we live, work and play. Hay'sxw'qa—thank you.

Images and acknowledgement taken from GVSD Indigenous Education Department

Preface

This document is best viewed online as it contains a number of links and will be revised as additional information becomes available. Terms in bold text indicate that additional information is available in the **appendix** and **glossary**.

The Greater Victoria School District acknowledges and recognizes the work of other British Columbia school districts in the development of this resource.

Introduction

The Greater Victoria School District (GVSD) promotes an inclusive education system where the many ways in which diversity is expressed in our classrooms and throughout our school communities is celebrated. Every learner is welcomed, given opportunities to participate and achieve, and has equitable access to a rich and authentic educational experience.

Our diversity is significantly enhanced by our commitment to giving space to and engaging with the final report of the Truth and Reconciliation Commission of Canada. In Greater Victoria, we are privileged to live, learn, work, and play on the traditional territory of the ləḱ ʷəŋən people and are grateful to the Songhees and Esquimalt First Nations.

The GVSD Student Support Handbook outlines a framework for support that maximizes success and independence for all learners by encouraging children and youth to reach their full potential; engaging all learners in challenging programming; providing opportunities for access to all areas of the curriculum; and recognizing, acknowledging, and celebrating our differences.

As a district, we are committed to celebrating and supporting diversity at the classroom level and throughout our school communities by creating inclusive learning environments which include meaningful differentiation, instruction

> "We have described for you a mountain. We have shown you the path to the top. We call upon you to do the climbing."
>
> —The Honourable Murray Sinclair, Lawyer, Judge, former Senator, Manitoban

We are diverse, all of us. We all have strengths, we all have stretches, and we all need to get better at something. The difference in teaching to diversity, however, is that we don't start with our deficits; we start with our strengths. —Shelley Moore

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and assessment. We view inclusion as a way of thinking and acting, grounded in the belief that every learner can be successful in their classrooms and school communities. Inclusion in our schools is supported through a continuum of student support that has students and families at the centre, is strength-based and relies on strong school-based team practices.

The purpose of this resource is to provide a single point of reference regarding policy and best practice to support schools, school staff and **school based teams** to create inclusive learning cultures and environments in their schools. It is hoped that this resource supports all school staff in understanding learning support procedures, services and supports that are available in GVSD. The information contained in this handbook will be updated regularly and reflects the best practices, protocols, and standards described in the BC Ministry of Education document Special Ed Policy Manual.
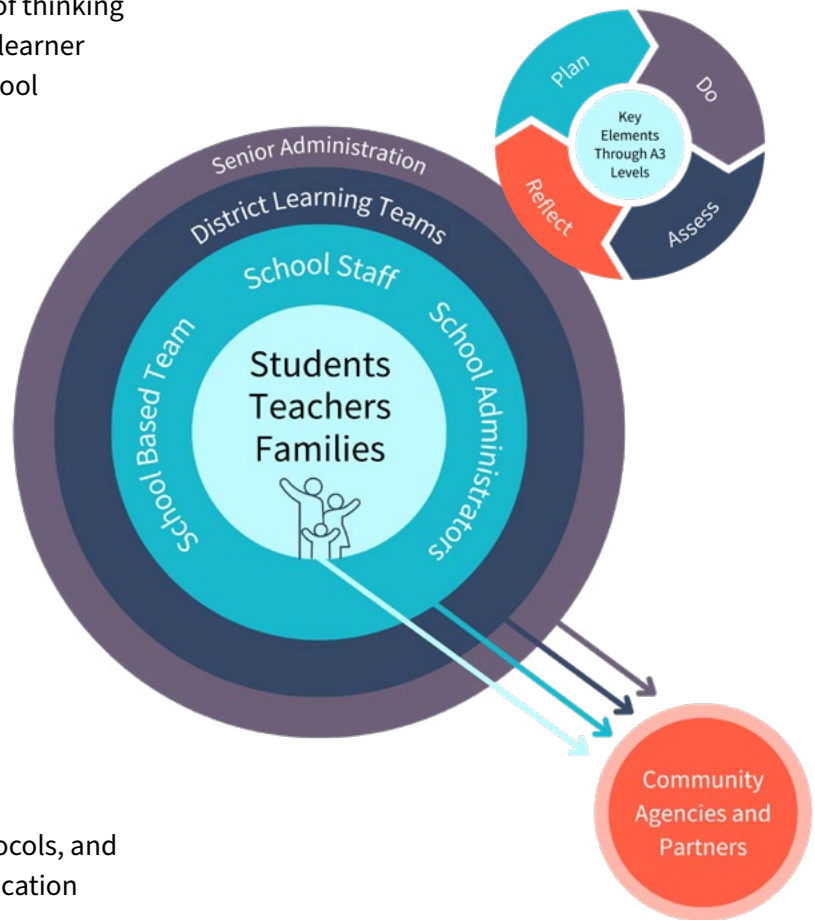
Diversity among people is one of the prominent features of British Columbia and our schools. Honouring diversity is based on the principle that if differences are acknowledged and utilized in a positive way, it is of benefit to the quality of our [relationships], learning and working environments.

The school system is expected to create and maintain conditions that foster success for all learners and promote fair and equitable treatment for all. Boards of school trustees, school district officials and other school leaders have a unique responsibility and duty to address the vast diversity in both the educational and operational aspects of schooling.

—BC Ministry of Education

MY INCLUSION ABC'S

@kwiens62

ALL MEANS ALL

BEHAVIOUR IS COMMUNICATION

CHOICE

BE A BEHAVIOUR **D**ETECTIVE

EVERYONE STARTS TOGETHER — START

FAIR MEANS EVERYONE GETTING THEIR NEEDS MET

CHILD **H**ONOURING

GROWTH MINDSET

INDEPENDENCE

JOYFUL LEARNING

KIDS DO WELL IF THEY CAN

LEAD WITH STRENGTHS

MOVEMENT BREAKS

NEEDS BASED

OPEN MINDEDNESS

PLAN & **P**URPOSE

QUESTION UNEXPECTED BEHAVIOUR WHY? WHY NOW?

RELATIONSHIP

SELF **R**EGULATION

T ASSISTIVE **T**ECHNOLOGY

UNCONDITIONAL POSITIVE REGARD

UNIVERSAL DESIGN FOR LEARNING — UDL

VISUALS — FIRST THEN

WORDS MAKE **W**ORLDS

X-TRA PROCESSING TIME

THE POWER OF **Y**ET!

ZONE OF PROXIMAL DEVELOPMENT

Understanding Laws and Policies

British Columbia promotes an inclusive education system in which students with complex needs are fully participating members of a community of learners. **Inclusion** describes the principle that all students are entitled to equitable access to learning, achievement and the pursuit of excellence in all aspects of their educational programs. **The practice of inclusion is not necessarily synonymous with full integration in regular classrooms, and goes beyond placement to include meaningful participation and the promotion of interaction with others.** Laws and policies in Canada and BC have been established over time to ensure that all children and youth have rights and equitable access to an inclusive education system.

Canadian Legislation

Since signing the Universal Declaration of Human Rights (UDHR) in 1948, the Canadian government has worked diligently to incorporate universal human rights into Canadian law. In Canada, there are currently five systems to protect human rights, including the UDHR: the Canadian Charter of Rights and Freedoms, the Canadian Human Rights Act, the Canadian Human Rights Commission, and Bill C-81, An Act to Ensure a Barrier-Free Canada.

British Columbia Legislation

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

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

The School Act

The School Act was created to ensure that all members of society receive an education that enables them to "become literate, personally fulfilled and publicly useful, thereby

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increasing the strength and contributions to the health and stability of that society," within the context of a school system that enables all learners to "become literate, to develop their individual potential and to acquire the knowledge, skills and attitudes needed to contribute to a healthy, democratic and pluralistic society and a prosperous and sustainable economy." The School Act addresses a number of areas that are particularly relevant here:

► **Access to Educational program**

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

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

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

► **Student Progress Report Order M191/94** describes progress reporting requirements for students with special needs.

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

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

British Columbia Ministry of Education Special Education Policy

The province of British Columbia Ministry of Education affirms that "all students with special needs should have equitable access to learning opportunities for achievement, and the pursuit of excellence in all aspects of their educational programs," and provides guidelines in the Special Ed Policy Manual.

School Completion Certificate ("Evergreen")

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

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

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

Adult Dogwood

An adult high school diploma is the British Columbia Adult Graduation Diploma (BCAGD), also known as the "Adult Dogwood." It is for adult learners, 18 and older, who want to take courses in order to complete high school and obtain their adult high school diploma. It should be noted that some post-secondary institutions may require students to write assessments/examinations for admission purposes where an Adult Dogwood exists. For additional information, please refer to the Ministry of Education webpage, British Columbia Adult Education Diploma Program.

All GVSD Policies and Regulations related to inclusive education are available for review on the district website. This includes topics such as inclusion of students with special needs, discrimination, student placement, health and safety, transportation, student transition, and others.

Celebrating and Supporting Diversity and Inclusion
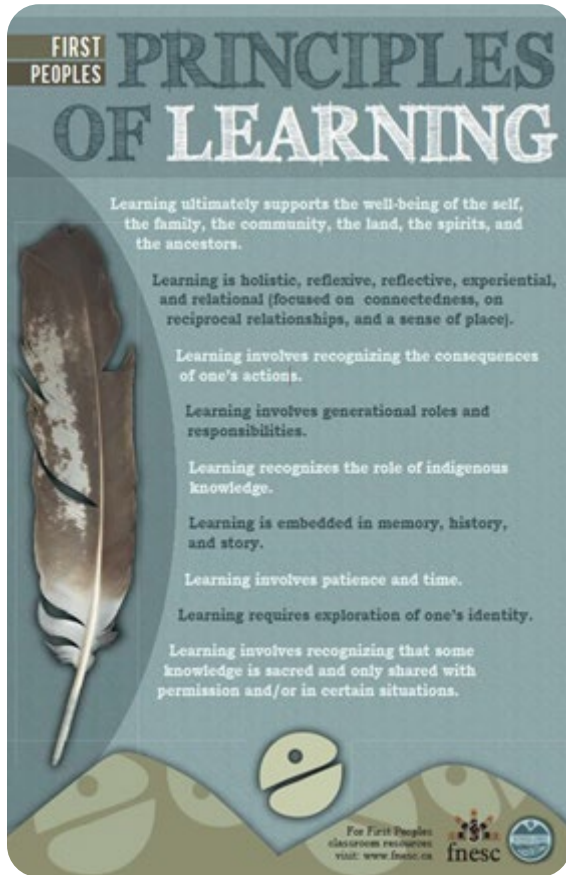
Most of us think of Inclusive Education in terms of meeting the needs of learners with academic, social, or emotional exceptionalities. The Greater Victoria School District is committed to recognizing and supporting the many ways in which diversity is expressed in our classrooms and throughout our school communities. This rich expression of diversity includes, but is not limited to, differences in physical, cognitive, social, emotional and behavioural abilities, socioeconomic status, race, language and ethnicity, religion and culture, sexual orientation, and gender or gender identity.

We acknowledge the significant role of the First Peoples Principles of Learning (FPPL) within the BC Curriculum in furthering our collective understanding that learning requires patience, is holistic, experiential, and relational. Inclusive educational practices reflect Indigenous perspectives, knowledge, and pedagogies; we strive to ensure that Indigenous identities, cultures, languages, values, and ways of knowing can flourish within GVSD classrooms and schools.

Our learners who are Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer and Queer Questioning (2SLGBTQ+) richly enhance all aspects of our school district. We are committed to establishing and maintaining safe and inclusive learning and working environments for all learners, employees, and their respective families regardless of sexual orientation or gender identity and/or gender expression.

GVSD strives to support students from a place of appreciation for our differences and in a way that is culturally responsive. This calls on educators

When educators design learning opportunities that allow all members of the classroom community to learn and participate together, they create environments that are safe, caring and foster social acceptance.

to know, value and respect each and every student's background (cultural identity), their home and community experiences. The uniqueness of each student cannot just be acknowledged; it must be nurtured and celebrated in everyday teaching and learning experiences.

With such diversity in our schools, GVSD has developed a range of policies and practices designed to promote equity of opportunity and participation for all learners. We strive to embrace and celebrate the uniqueness within each individual learner, ensuring that all learners find a safe and welcoming learning environment in which to thrive. Our goal is to make school communities welcoming and equitable by encouraging understanding, acceptance, mutual respect, and inclusion for all. This will support the work towards closing the opportunity and achievement gaps for all learners.

> "We as educators have to understand that we have to respect diverse cultures of students. Students don't have to adapt and adhere to our school culture, we have to adapt our school culture to include theirs."
>
> —*Educator Asia Ali-Hawkins*

Supporting Diversity and Inclusion

To support our commitment to celebrating and supporting diversity at the classroom level and throughout our school communities we have inclusive schools. Inclusive schools welcome, value and celebrate all learners, and create learning opportunities and provide supports that meet their unique needs and provide equitable access to learning and meaningful social interactions.

GVSD's guiding principles for inclusive learning:

- We believe that success for each and every student is our work.
- We believe inclusion equitably supports and appropriately challenges all students.
- We anticipate, celebrate and purposefully plan for diversity.
- We use our comprehensive resources and supports in a cohesive, coordinated manner to support success for all students.
- We create flexible and accessible inclusive environments that support age appropriate placement of students in their catchment schools.
- We seek to understand and foster strengths while supporting the diverse learning needs of all.
- We nurture collaborative partnerships with parents/guardians and all education partners.
- We create flexible learning opportunities that address the diverse needs of students through relevant, accessible and appropriate use of curriculum and resources.

Inclusive schools hold students and families at the centre, are strength-based and rely on strong school-based team practices. As student needs evolve over time, a fluid and flexible approach is needed to determine which supports, including resources and staff, and education partners are involved to maximize each student's participation in a classroom setting with his/her peers and complement regular education services. Support for learners with disabilities or diverse abilities exists on a continuum that maximizes each learner's participation in their neighbourhood school with their peers and does not preclude the appropriate and judicious use of learning support rooms, or community-based programs.

Research shows that most students (75% to 80%) will not require support beyond the classroom teacher to be successful. Some students (5% to 20%) will require targeted instruction support at some point in their school career, and a few students (1% to 5%) will require short or long-term intensive supports throughout their school career.
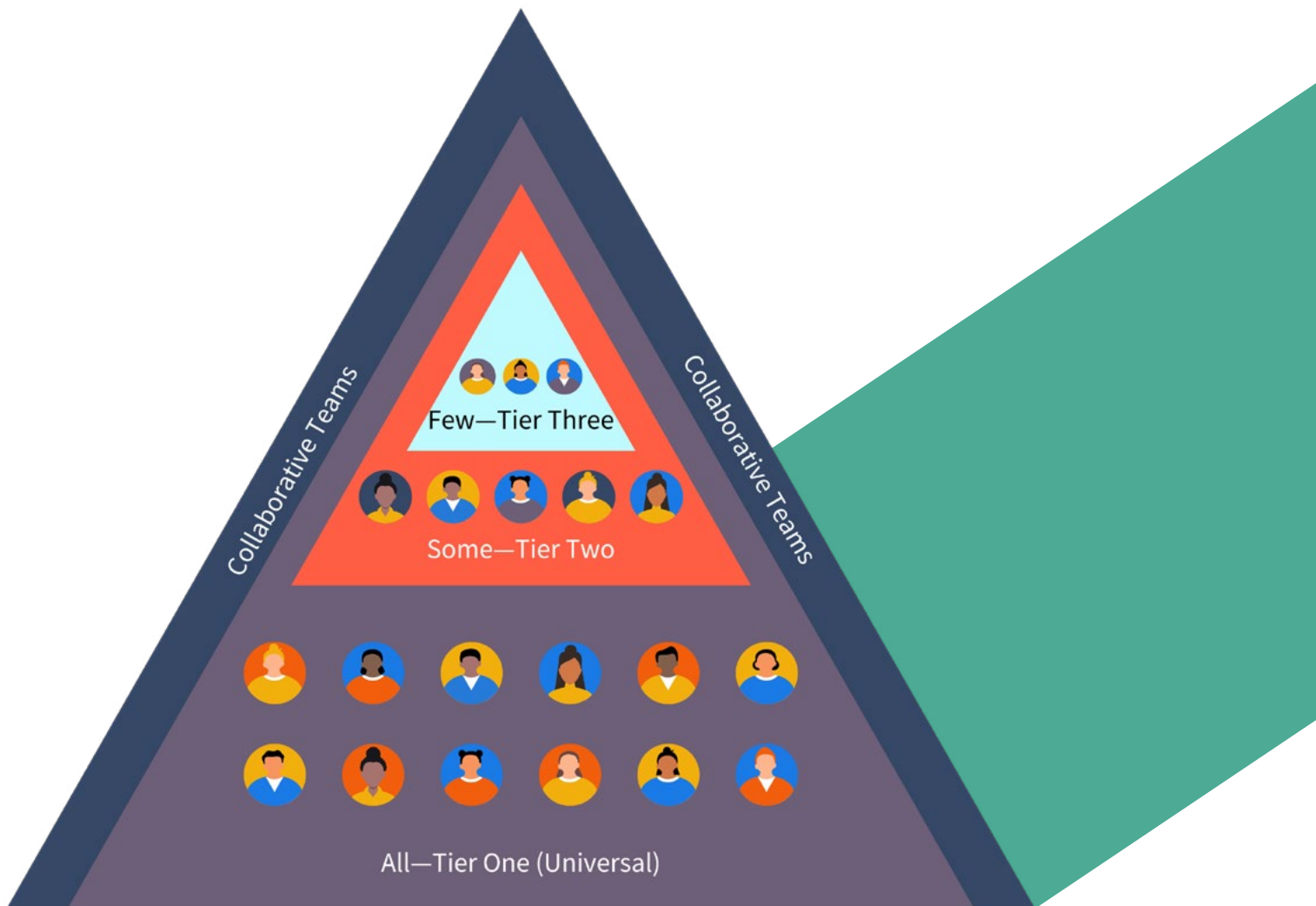
In GVSD, supporting this diversity begins with a universal approach that is based on the fundamental principles of **Universal Design for Learning**, Differentiated Instruction and the Response to Intervention model.

- Universal Design for Learning (UDL) utilizes proactive planning that anticipates and reduces barriers that students with diverse learning needs may face when accessing curriculum, instruction and assessment.
- Differentiated Instruction (DI) shapes content, process, products and learning environments according to diverse learner needs.
- Response to Intervention (RTI) provides a model for organizing and responding to diverse needs through a multi-tiered system of prevention and intervention.

These principles from UDL, DI and RTI guide the universal approaches implemented in our schools to support all students through an assessment - planning - programming iterative cycle. This cycle includes:

- using assessment, both informal and formal, to inform effective planning, instruction and programming
- identifying and building on student strengths to provide responsive instruction, learning opportunities and supports
- implementing high quality, evidence-based instruction that is designed and differentiated in response to student needs
- providing opportunities for meaningful collaboration with parents, guardians and families
- creating and fostering flexible learning environments, spaces and places both in classrooms and across the entire school
- leveraging coordinated and cohesive supports between all team members (classroom, school, district, and community based)
- supporting collaborative problem solving and decision making among all team members

Student Support Continuum

Regardless of the universal approaches and supports for learning implemented in the classroom, student concerns will sometimes arise. These may be academic and/or social emotional in nature, or based on an observed change in presentation. They may be short lived or more long term. With this in mind, GVSD relies on a student support continuum which focuses on three phases to address the needs of students from the perspective of all, some and few through our assessment - planning - programming iterative cycle. This can serve as a map for school staff as they collaborate to support student needs. A **graphic representation of the Student Support Continuum** can be found in the appendix.

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Phase 1: Initiating Support

The classroom teacher begins the assessment - planning - programming cycle by gathering and reviewing information about the student to clarify the key concern and identify next steps.

Student information or data can be obtained from previous transition notes, **learner profile**, student file and/or speaking with former teachers. It can also be gathered through **informal assessments** such as, student observations, classroom assessments, talking with the student, completing an interest inventory, etc.

Based on collected student information and subsequent analysis, the classroom teacher may make changes to the classroom environment, revise the learner profile, implement a number of **universal supports** and interventions, administer additional informal assessments and continue to monitor the effectiveness of implemented strategies and interventions.

In addition, the need for consultation and collaboration to guide next steps may be required, which begins with parent(s)/guardian(s) who know a great deal about their child, and can be helpful team members in understanding and problem solving around concerns. Conversations with family are an opportunity to share concerns and inquire about student health, including vision, hearing, diet, sleep patterns, community support, family dynamics, developmental history and other relevant information.

For most students, the steps taken in Phase 1 will resolve the concern. For some students, more support will be needed. Once next steps (e.g., changes to classroom environment, identifying and implementing interventions and strategies) have been actioned and the collection and analysis of data indicates that they have not been effective, additional problem solving may be beneficial. Collaborating and consulting with school staff (e.g., administrators, **LST**, **counsellor** or others) who have relevant expertise and knowledge would be the next step as outlined in Phase 2.

Phase 2: Consultation and Collaboration

As part of the Student Support Continuum, the classroom teacher continues the assessment - planning - programming cycle by revisiting, refining, and revising the information gathered and subsequent actions taken in Phase 1. When the analysis of data gathered through Phase 1 indicates that the strategies and interventions implemented have not been effective, it can be helpful in the case of some students to gain additional perspectives through consultation and collaboration.

Consultation and collaboration in Phase 2 of the continuum begins with the teacher consulting with school staff (e.g. administrators, LST, counsellor or others) who may have relevant knowledge and/or expertise. This collaborative consultation starts by reviewing all of the Phase 1 actions and information, clarifying the key concern and problem solving possible next steps.

Potential next steps may include administering additional informal assessments, collecting additional data for analysis, revising and implementing additional universal strategies and interventions, and revising the student learner profile to reflect current understanding of the student.

For a few students, all of the information (e.g., data analysis, expansion and revision of learner profile, documentation of implementation of interventions and strategies, etc.) documented during these two phases will support the development of a fulsome referral to School Based Team as outlined in Phase 3.

Phase 3: Referral to School-Based Team

When the analysis of data gathered through Phase 2 indicates that the strategies and interventions implemented have not been effective, it can be helpful in the case of a few students to complete a referral to **School Based Team (SBT)** for additional problem solving. On occasion, a student may enter the continuum of support directly at phase 3, possibly due to significant new information, presenting with significant attendance concerns, or as a student with complex needs who is enrolling at the school from out of district or out of province.

The completion of a referral to SBT formalizes the need for student support and recognizes the impact of presenting concerns on student learning. The SBT is a collaborative problem-solving group that meets on a weekly or bi-weekly basis for the purpose of planning for the few students in a school who require additional supports, and who may or may not have a Ministry of Education **designation(s)**. All of the information documented during the two earlier phases of the Student Support Continuum can be used to complete the SBT referral.

Referrals to SBT may result in any of a wide range of possible outcomes. These include:
- identification of targeted strategies and interventions to implement and trial using an ongoing plan-do-assess-reflect cycle
- assignment of a **case manager**
- submission of a designation request
- creation of an **IEP**/**CBIEP**
- submission of a referral for district services for the purpose of consultation, collaboration, and/or assessment with **OT**, **PT**, **SLP**, **PSYCH**, **Itinerant Teachers**
- organization of an **Integrated Case management** meeting
- submission of a request for district collaborative support

Building Collaborative Relationships

Building and nurturing collaborative relationships is essential to creating learning opportunities that meet the unique needs of all learners, and provide equitable access to both learning and meaningful social interactions.

Collaborative relationships are strengthened through ongoing communication, a common goal and authentic opportunities for all partners to contribute their knowledge, expertise and resources in respectful and meaningful ways that honour the different experiences, values and worldviews everyone brings. A range of collaborative partners exist in our schools with students and family always at the centre.

Parents are entitled under the School Act to be informed of a student's attendance, behaviour and progress in school. Further, the **Special Needs Students Order**, requires that parents be consulted regarding the placement of their student with special needs. This includes accessing learning assistance or counselling, as well as placement in an Alternate Program.

Collaborating with Parents and Families

Parent and family engagement in learning is supported when teachers and schools build partnerships that connect learning at home and school. Involving parents/guardians early and often in the planning, development and implementation of educational programming for their children, and acknowledging and respecting their input, is an important part of student success. Parents/guardians know their children best, and their insights and information are critical.

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Consider the following to support meaningful collaboration with families:
- Take a strength-based approach when thinking about a child's abilities and skills. For example, perhaps a child is not yet reading independently, but can follow print and pay attention to a story when others read aloud.
- Keep behavioral observations to descriptive language that is as matter-of-fact and non-judgemental as possible in order to invite collaboration. It is more accurate, and more useful, to carefully describe an observed event, as in "On Tuesday morning the student threw a chair at another student."
- Adopt a thoughtful, planned and purposeful approach, whether through a phone call, email or face-to-face conversation:
  - identify the purpose of the conversation
  - invite parents to share any updates or any concerns they would like to discuss
  - identify a start and finish time for any planned meetings; when more time is required, set a second meeting date and time
  - as part of identifying next steps, discuss how progress will be monitored and what will be indicators of success

Family Support BC offers additional information on supporting meaningful consultation with parents.

School Based Teams

The **SBT** is a collaborative problem-solving group that meets on a weekly or bi-weekly basis for the purpose of planning for the few students in a school who require additional supports, and who may or may not have a Ministry of Education designation(s). While the role of the SBT may vary from school to school, the primary function of the team is to:
- Provide extended consultation, problem-solving, and planning
- Coordinate and allocate interventions, services, district and community services and resources, including the scheduling of **educational assistants**
- Recommend and organize assessment (**Level A,B,C**)
- Appoint a **case manager**, if applicable
- Provide community planning information to staff members
- Plan transitions for learners

SBT members usually include:
- Referring teacher
- Case manager
- Learning support teacher
- School counsellor
- Youth and Family counsellor
- School administrator

We've also learned that cooperation works better than confrontation and that effective partnerships between parents and professionals take time and commitment. To participate confidently and knowledgeably in planning our children's education, we must be informed. We must also be seen as equal partners with school personnel and other professionals within the system.

—Inclusion BC A Parent's Handbook on Inclusive Education; page vii

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This collaborative problem-solving can be supported and enhanced by the expertise, knowledge and perspectives of additional educational partners if needed, depending on the needs of the student being discussed. These partners can be accessed by submitting a referral through the GVSD Referral App for the purpose of consultation, collaboration, and/or assessment. Partners could include:

- Speech & Language Pathologist (SLP)
- Occupational Therapists (OT)
- Physical Therapist (PT)
- Itinerant teachers for the Visually Impaired or Deaf and Hard of Hearing
- School Psychologist
- District Learning Support Team
- Other community partners

Typical school-based team activities include:

Pre-Meeting	Meeting	Post-Meeting
• Teacher completes SBT referral form	• The meeting chair reviews the agenda	• Follow-up meeting date is recorded in the SBT calendar
• Teacher gathers data for meeting (e.g., assessments, observations)	• A member of the team is identified as the recorder	• Team members follow through on the action plan
• Teacher informs parent/guardian of the referral to SBT	• Learner strengths, interests and preferences, and areas of concern are discussed	• Ongoing assessment occurs to demonstrate learner response to suggested interventions
• SBT referral form is completed and stored confidentially with other SBT notes	• Recommendations are made by the team • A case manager may be assigned	• Documents related to the meeting are stored confidentially with other SBT notes

Effective SBTs support purposeful collaboration by:
- clearly sharing SBT's purpose, members, processes and forms with all school staff
- setting consistent and regular meeting dates and times
- creating an internal SBT referral process and form
- designating a chairperson who shares the meeting agenda and chairs the meeting
- recording meeting minutes that document relevant details and action plans for each student discussed, and ensures that SBT documentation is stored confidentially
- setting date(s) for SBT to review progress, share new developments, and provide updates related to action items

Changes in student needs, new staff and SBT members, and structural or scheduling changes can shape the workings of SBT as a system and its impact within the school community. As a result, scheduling regular time, perhaps at year-end or year-beginning, to review the processes and function of a school's SBT may help to maintain consistency and continuity of SBT work from year to year.

> A school-based team is an ongoing team of school-based personnel which has a formal role to play as a problem-solving unit in assisting classroom teachers to develop and implement instructional and/or management strategies and to coordinate resources for students with special needs within the school.
>
> —*BC Ministry of Education Special Education Services: A Manual of Policies, Procedures and Guidelines*

Integrated Case Management Meetings

In some instances, community partners are needed to support collaboration and problem solving around a student with complex needs. In these cases, SBT may decide to organize an **Integrated Case Management (ICM)** meeting to coordinate various services for a child and their family with a goal of developing a cohesive plan. Participants in the ICM would include any service providers currently involved with the student and their family, as well as parent/guardian, school team and where appropriate, the student. The ICM team works together to share information, develop and implement an action plan and schedule review dates.

Additional information on ICMs can be accessed at: **Integrated Case Management (ICM) Wraparound (WRAP) Working Together Guide.**

Community Partners

Greater Victoria School District enjoys strong, reciprocal relationships with various partners in our greater community, including those from health, Indigenous, and provincial agencies and others. The partnerships established between school and community are proven to be a key factor in successful schools, often supplementing supports and resources to meet the needs of staff, families and students beyond what

The **GVSD SBT self-assessment rubric** can support identifying areas of strength within the SBT as well as areas needing improvement. This self-assessment process can play an important role in establishing goals to improve the SBT process and experience within your school community for years to come.

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might be available within the school. Refer to the **appendix** for a list of many of the community partners that can be accessed to support the work of the LST and SBT in schools, as well as the resource: **Community Supports for Students with Complex Needs**.

District Collaborative Support

When an SBT is seeking support for individual students with priority support needs, a request for district collaborative support may be submitted. Typically these requests are submitted by SBTs after collecting and analyzing data from interventions implemented and additional questions remain. This request facilitates an opportunity for collaboration between district team members and the school team to support student programming and planning. This may include consideration of a flexible schedule, modifications to the learning environment, **mental health** supports, scaffolding learning to create multiple entry points, enhanced CPI support, a DBT meeting, outreach support, etc., all with the goal of the student attending school full-time. This can be submitted at District Collaborative Support on our website.

Case Management

The teacher who coordinates a student's educational plan is referred to as the **case manager**. Alongside the classroom teacher, the case manager collaborates with the student, family and other school-based staff and professionals to plan supports and programming to meet the student's needs. In most schools, a **Learning Support Teacher** or **School Counsellor** is assigned the role of case manager by the principal in consultation with SBT, and as appropriate to the student's needs. This role can include:

- coordinating the development, documentation and implementation of the **CBIEP**, including the writing of the **IEP**
- managing records and documentation including ensuring the student file is up-to-date, accurate and complete; includes meeting minutes, IEP/CBIEP and assessments
- completing referral paperwork and designation requests
- facilitating evidence collection related to strategies outlined in the IEP/CBIEP, including the collection and analysis of data
- planning for transitions between grades, schools and into community
- liaise and collaborate with staff, parents, and community partners
- supporting staff, including educational assistants, to access resources, and implement strategies as outlined in the IEP/CBIEP
- playing an important role as another connected adult for students while at school
- attending SBT meetings to provide updates on a student's progress

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Strong collaboration between case managers and classroom teachers is essential, as their role in supporting students are so closely intertwined. An example of potential opportunities for collaboration is outlined in the following chart:

Classroom Teacher	Case Manager
• Assessment, planning and implementation of supports and strategies as per the student educational programming including IEP/CBIEP • Reporting to parents/guardians on student progress and achievement • Supporting all students in the class including those with an IEP/CBIEP • Providing targeted instruction for groups of learners identified through assessment and collaborative planning • Identifying individual learners and groups of learners who need intensive instruction • Communicating with parents /guardians	• Conducting additional assessment and observation • Co-planning and coordinating instruction and interventions, including teaching other staff specific strategies • Collaborating with the principal and SBT to coordinate support • Supporting differentiated instruction • Sharing information about research-based practices • Providing small group instruction in/out of class • Teaching specific students to develop learning strategies (as outlined in IEP/CBIEP) for use in classroom settings or for independent learning • Consulting with community supports / agencies

Educational Assistants

Educational Assistants are an important member of a student's support team and play a key role in collaborating with classroom teachers and case managers in supporting students with disabilities or diverse abilities. Having clear and transparent communication and documentation processes as well as clearly defined roles and responsibilities will enhance collaboration and create a strong student support team.

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Teacher and Case Manager	Shared Work	Educational Assistants
• use assessment data to identify student strengths and stretches, determine curricular access points, design instructional programming, determine needed supports, resources and materials	• discuss learners' strengths and stretches and priority areas for programming focus	• share relevant observations and information regarding day-to-day experiences and progress of students
• participate in developing IEP/CBIEP with case manager • identify responsibilities of individual members of student specific support teams in terms of participating in the development, implementation and monitoring of programming set out in the IEP/CBIEP	• discuss learners' strengths and stretches and priority areas for programming focus • attend and/or contribute, as appropriate, in meetings to assist with developing IEPs/CBIEPs and/or other student plans	• share relevant observations and information regarding day-to-day experiences and progress of individual learners in support of IEP/CBIEP planning and program design
• plan learning activities	• discuss goals & objectives • discuss and clarify ways in which the EA can support the teacher with instructional programming, classroom management and expectation setting for students	• gather relevant information through working with student(s) to provide feedback into the planning process

Teacher and Case Manager	Shared Work	Educational Assistants
• design learning and skill development goals for worksites and other community-based settings	• develop activities to meet goals • share resources and concerns	• support learning and skill development activities in worksite and community-based settings
• develop individualized, appropriate behavioural programming • model techniques for EAs to use in providing instructional and behavioural assistance	• discuss specific philosophy, techniques, strategies and appropriate language	• implement the techniques and strategies as demonstrated • document, monitor and report to teacher/team on implementation of the programming
• define the use of specific techniques, strategies and appropriate language, as required in individual situations (e.g. self-care, specialized technology)	• discuss specific techniques, strategies and appropriate language	• implement specific techniques, strategies and appropriate language
• establish work plan priorities	• review plan daily and weekly	• follow priority plan • inform teachers regularly on the implementation of the program
• instruct, supervise and facilitate student learning	• discuss successful practice	• facilitate student learning individually, both in small group and whole class activities

Teacher and Case Manager	Shared Work	Educational Assistants
• review and reinforce learning activities for concept and skill development	• review learning resources together to clarify and share experiences and expectations	• review and reinforce learning activities with specific students using lesson plan and learning strategies developed by the teacher/team
• provide the EA with the requisite information regarding classroom management structures and expectations for students	• discuss and clarify classroom management structures and expectations for students	• carry out work within developed structures and plans, being consistent with expectations for student (IEP/ CBIEP)

Developing Assessment, Planning and Programming

Introduction

To celebrate and support the diversity that exists in all our classrooms in a way that promotes success and independence for all students, we need to know about our students as learners, including where they are at in their learning journey and where they want to go. The iterative cycle of assessment, planning and programming provides a road map that guides and informs the journey.

The cycle of assessment, planning and programming is built upon the principles of **Universal Design for Learning**, Differentiated Instruction and the Response to Intervention model. It anticipates the diversity of learners and lays the foundation for responding in a multi-tiered approach of prevention and intervention. Assessment is the starting point in the iterative cycle, and is an ongoing process of collecting student data that guides all planning and programming including instruction, supports and intervention. Planning involves reviewing the data gathered through consultation and assessment to develop goals, determine resources and tailor learning experiences. Programming is implementation of the plan, including actioning resources and strategies. As this is an iterative cycle, reflection and refinement are essential elements.

Assessment

Assessment is a collaborative ongoing process that involves the learner and may also include parent/guardian, school staff, district staff and community agencies. Assessment can occur in both formal and informal ways. Information gathered through assessments informs us about our student as a learner, where they are at and where we need to go next in our plan. This could include developing student support plans, IEP/CBIEPs, educational interventions, resources, learning environments, etc. The purpose of any assessment is always to understand the learner as a learner and make any adjustments that will improve achievement.

Informal and Formal Assessment

Informal Assessment occurs in a range of environments, may be administered by a number of educators and examples include surveys, one-to-one conversations, interviews, self-assessment, exit-surveys, student presentation, etc. Formal assessment is typically norm-referenced or criterion-referenced and examples include classroom tests and quizzes, mid-term exams, Provincial Foundation Skill Assessments and individualized standardized assessments such as the KTEA III. A balanced approach to assessment is considered best practice and determining whether to use informal and formal assessment depends on what information is needed.

Formal vs. Informal Assessment: Key Differences

Features	Formal Assessment	Informal Assessment
Definition	Formal assessment refers to a grading system-based evaluation to monitor students' knowledge.	Informal assessment refers to a method of student evaluation that does not have any standard grading criteria.
Types	Norm-referenced: teacher measures student performance based on their average performance in class Criterion-referenced: student performance is evaluated individually	Quizzes, writing samples, project-based assignments, presentations, etc.
Examples	• Tests, K-TEA, PM Benchmarks, oral presentations and questionnaires	• Exit surveys, teacher-student interviews, student/classroom observations, self-reflections, etc.
Uses	When teachers want to measure student performance based on specific standards or criteria	When teachers want to have immediate feedback on the student's knowledge, understanding, and/or skill development so far
Advantages	• Minimum chances of examiner bias due to criteria standards • Makes students pay more attention in classes • Acts as a pass for students to move further with the next learning stages	• Teachers have better look at student learning abilities • They can observe performance at various learning stages • Gives a chance for improvements • Allows students to approach a subject from various angles
Grading System	Uses a rubric or standard assessment criteria	Teachers use student past performance to judge current performance
Purpose	To know students' overall performance or their current level of performance	To track student learning progress and to guide instruction
Scope	• Provides a broader view of student knowledge • Evaluate the performance at surface level to assign a grade or score in the end	• Focuses on individual student improvements • Teachers can modify their teaching methods according to student performance from time to time

Features	Formal Assessment	Informal Assessment
Score comparison	Student performance is compared to other students in the same class or age group.	Current individual student performance is compared to their own past performance.

https://www.voxco.com/blog/formal-vs-informal-assessment-differences-and-similarities/

Formal and informal assessments can be further broken down into three types of assessment: diagnostic, formative, and summative. Although all three are generally referred to simply as assessment, there are distinct differences between them.

	Purpose	Examples
Diagnostic	• Identify students' current knowledge of a subject, their skill sets and capabilities • Provide pre-planning and pre-teaching information • Leverage student strengths and stretches to target planning and teaching strategies	• Pre-tests (on content and abilities) • Self-assessments (identifying skills and competencies) • Discussion board responses (on content-specific prompts) • Interviews
Formative	• Identify areas that may need improvement • Provides feedback and information during the instructional process • Measures student progress • Measures students' learning progress • Guides instruction including methods and activities	• Observations during in-class activities • Homework exercises as review for exams and class discussions • Reflection journals that are reviewed periodically • Question and answer sessions, both formal—planned and informal—spontaneous • Student-teacher conversations • In-class activities where students informally present their results • Student self-reflection/evaluation

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	Purpose	Examples
Summative	• Provides information and feedback after instruction is completed (unit, semester, year end) 　◦ Often rubrics, developed around a set of standards or expectations, are used. For more information on rubrics, please go to <u>Jennifer Katz's - BC Curriculum Rubrics in ELA, Math, Science and Social Studies from K - 12</u> 　◦ more product-oriented and assesses the final product	• Examinations (including final exams) • Term papers, projects, portfolios (drafts submitted throughout the semester would be a formative assessment) • Performance evaluations (e.g., recital, solo, monologue, etc.)

Functional Behaviour Assessment

A Functional Behaviour Assessment (FBA) is a specialized assessment process that assists schools and families in understanding and responding to challenging learner behaviour, particularly when the behaviour is impeding a learner's ability to learn or when the behaviour is disrupting the classroom environment. The underlying premise of an FBA is that when a learner's behaviour is understood, it can be changed.

A School-Based Team may determine that an FBA is appropriate when:
- a learner's pattern of behaviour is of concern to teachers and/or parent/guardian
- the behaviour continues despite targeted instruction and interventions
- the frequency, intensity or duration of the behaviour is preventing the learner from being successful at school
- the behaviour has a significant impact on the learner's academic or social progress

> When planning for learner success, assessments enable teachers to identify strengths, describe needs and determine appropriate educational interventions.

Level A, B and C Assessments

Standardized assessments are categorized into three levels to identify the qualifications required for the assessor to administer the assessment. Qualifications ensure assessments are administered and interpreted correctly.
- **Level A assessments** may be administered by classroom teachers
- **Level B assessments** can only be administered by individuals who have had formal training (senior undergraduate or graduate level) under the direction of a qualified supervisor
- **Level C assessments** may be administered and interpreted by individuals with a master's degree in school psychology, education, or a closely related field

- For more information, **please refer to Level A,B and C Assessments in the Appendix**. If you have any questions regarding an assessment tool, please consult with your **school psychologist**.

Planning

Planning starts with analyzing the assessment data gathered to develop hypotheses, wonders or questions that can support next steps. Based on the information gathered to date from a student **file review**, assessment data, and data collection on specific concerns, sample questions could include:

- Has a positive relationship been established with parent and student with key staff including administration, teacher, educational assistant, counsellor?
- Does the student feel safe and cared for at school?
- Are differentiated instruction and triangulated assessment in place?
- Does the student have multiple ways to access learning and demonstrate knowledge?
- Are classroom structures and routines clear and consistent?
- Have academic, behavioural, and social-emotional expectations been well-defined and clearly communicated?
- Is praise (5:1 ratio), acknowledgement and reinforcement, both academic and behavioural, provided for this student?
- Has the classroom environment (use of consistent visuals, schedule, work spaces) taken student needs into consideration?
- What targeted strategies have been implemented? What data has been collected regarding the effectiveness of these strategies?

Using questions to frame a collaborative problem-solving discussion as per the **Student Support Continuum**, the next step is developing a plan. For more information, please see **Building Collaborative Relationships**. Planning outcomes could include the development or revision of a learner profile, an IEP/CBIEP and/or a student support plan. It may also lead to requests for further assessments, a request for a **Ministry Designation** and the involvement of other **educational partners**.

> Planning should be collaborative and can take the form of being either formal or informal.

Learner Profile

A **Learner profile** is a student centric document that highlights and celebrates student strengths and can be used to support and guide growth in stretch areas. This document typically includes the student's interests, strengths and stretches, learning preferences, social-emotional and personal/background information as well as any other information that the student wishes to share. Most importantly, learner profiles are written in strength-based and first person language, focus on what the student can do and are inclusive of the voices of student and family.

Additionally, the development of the learner profile presents an opportunity to connect students and families with community supports and is a valuable step before creating an IEP/CBIEP and/or requesting a designation. More information and examples of learner profile templates can be found on the Support for Learning web page under Staff Resources—Planning.

Competency Based Individual Education Plan (CBIEP)

A CBIEP is a collaborative student plan written by the case manager and developed with input from the student and parent/guardian. It identifies learning goals and objectives related to the learner's academic, social, emotional and/or behavioural learning, as well as strategies (deemed essential and/or universal) and resources that a student will need for successful learning. The CBIEP is written with the student at the centre, reflecting the complexity of the student's needs, along with their strengths and interests, and is revised over the course of the year as needed. CBIEPs have seven sections or tabs, each of which contribute to an understanding of the learner's strengths and stretches and fosters a shared understanding of how best to meet their unique needs.

My Personal Profile	• Includes a description of the learner and their learning preferences • The learner and/or the family and school team should complete or contribute to this section
My Learning Profile	• Includes learner's core competency areas, focus areas, strengths and stretches • Core competency are sets of intellectual, personal and social proficiencies that all learners need to develop • Focus areas indicate the competency that is a priority for the learner

Support and Plans	• Includes any supplemental plans that may exist (e.g., student support plan, medical support plans, etc.)
	• Includes universal and **essential supports**:
	  ◦ Universal supports foster greater inclusion in the classroom for all learners (e.g., visual schedules, graphic organizers)
	  ◦ Universal supports listed in the plan should be those that are most helpful to the specific learner
	  ◦ Essential supports are specific to the learner for accessing the curriculum and should be determined through formal and informal assessments (e.g., **ASL**, Personal **FM system**, learning contract)

Core Competency Goals	• Reflect the needs of the learner related to their **Ministry designation** • Include the goals or outcomes that are learner specific, use triangulated data and have actionable strategies

Curricular Competency Goals	• Curricular competencies include big ideas and curricular goals pulled from the BC Curriculum learning standards. These goals can be supplemental or replacement:
	  ◦ Supplemental goals are in addition to lesson/instruction not instead of a program area or subject. They may be remedial in nature, specific to literacy/numeracy, specific to the learner or goals of enrichment.
	  ◦ Replacement goals are only for learners who have needs that prevent them from accessing grade level curriculum (e.g., learners with multiple medical and cognitive needs). Replacement goals enable these learners to work towards appropriate and achievable goals. The decision to incorporate replacement goals is made by the education team.

Student Support Team	• A place where individual education team members may contribute to the plan.
Plan Details	• Contains basic information including name of case manager, plan status, start and end dates, yearly review date, parents/guardians consulted, etc.

Additional information on all sections of a Competency Based Individual Education Plan can be accessed through the Google folders on the Support for Learning web page.
A CBIEP must:
- align with the same curriculum as peers
- allow learners to focus on their own strengths, growth and stretches through self-evaluation
- be specific to the changing contexts of a learner's day
- show authentic progress over time
- shift focus to strengths and the development of competencies
- include and value learner and parent/guardian voices in the process

A CBIEP should also include:
- current levels of performance
- setting where the educational plan is to be provided
- names of all staff/personnel who will be supporting the educational plan
- services for the learner that will be provided during the school year
- a review process for the CBIEP
- evidence of evaluation or review, which could include revisions made to the plan and progress tracking in relation to goals (see **K-8 CB IEP reporting Guidelines - April 2023 in appendix**)
- plans for the next transition in the learner's education (including transitions beyond school completion)

All learners with Ministry identification require a CBIEP except for those Ministry identified learners:

- who require only minor adaptations
- whose program does not include supplemental and replacement goals, **and**
- who are receiving in any one school year, 25 hours or less remedial instruction by a person other than the classroom teacher

Student Support Plan

For some students, it may be necessary to have a supplemental student support plan that is aligned with their IEP/CBIEP. This plan may be created for students presenting with behaviour(s) of concern that are not addressed by classroom level interventions. These can include externalized behaviours (e.g. defiance, physical aggression, disruptive behaviours) or internalized behaviours (e.g. withdrawal, avoidance, anxiety, somatic complaints). More information can be found on the Support for Learning web page under Staff Resources—Planning.

Best Practices in Planning

Universal Design for Learning (UDL) and Differentiated Instruction

Inclusive practices are founded on the principle that all learners should have opportunities to access the curriculum. UDL creates the learning conditions that promote learner engagement and success for all students by proactively changing the design of the learning environment rather than trying to change the learner to fit the environment.

UDL removes or reduces barriers to learning by addressing the variety of learning needs of learners during the planning process rather than retrofitting the curriculum when a learner is unable to engage successfully. UDL is founded on 3 key principles:

- Give learners different ways to acquire information through multiple means of representation
- Give learners different ways to demonstrate learning through multiple means of expression
- Tap into a learner's motivation and interests through multiple means of engagement

In addition to UDL, differentiated instruction as an approach may mean teaching the same material to all students using a variety of instructional strategies, or it may require the teacher to deliver lessons at varying levels of difficulty based on the ability of each student.

Adaptations and Modifications

As per the Ministry of Education document [Special Education: A Guide to Adaptations and Modifications](#), accommodations in the form of adaptations occur when teachers differentiate instruction, assessment and materials in order to create a flexible learning environment.

Adaptations are teaching and assessment strategies especially designed to accommodate a student's needs so he or she can achieve the learning outcomes of the subject or course and to demonstrate mastery of concepts. Essentially, adaptations are "best practice" in teaching. A student working on learning outcomes of any grade or course level may be supported through use of adaptations.

Adaptations are:
- curriculum, instruction and assessment strategies
- used to accommodate student learning needs
- designed to help students achieve the learning standards
- used to create a flexible learning environment
- designed to offer students choice in their expression, representation and engagement with the curriculum; examples may include:
  - multiple and diverse texts
  - flexible seating arrangements
  - multiple and varied working spaces
  - scaffolded learning
  - visuals and graphic organizers
  - extended time
  - **assistive technology**
  - scribing

Four ways to differentiate instruction

Content
- Match vocabulary words to definitions.
- Read a passage of text and answer related questions.
- Identify an author's position; provide evidence to support this viewpoint.
- Create a PowerPoint presentation summarizing the lesson.

Process
- Provide textbooks for visual and word learners.
- Allow auditory learners to listen to audio books.
- Give kinesthetic learners the opportunity to complete an interactive assignment online.

Product
- Read and write learners write a book report.
- Visual learners create a graphic organizer of the story.
- Auditory learners give an oral report.
- Kinesthetic learners build a diorama illustrating the story.

Environment
- Break some students into reading groups to discuss the assignment.
- Allow students to read individually if preferred.
- Create quiet spaces where there are no distractions.

Adaptation	
Who	Students requiring significant changes to instruction and assessment but course goals continue to be drawn from the Curricular Competencies.
What	Differentiated instruction that is routinely part of planning for all students. Significant adaptations are outlined on an IEP/CBIEP, e.g., use of readers, special technology, calculator. These adaptations are necessary for specific purposes as they allow the student to demonstrate learning in alternate ways. Dogwood Graduation is the goal.
When	Assessment information indicates the student is not able to follow the curriculum in the usual way, e.g., needs to use different approaches in areas where the student consistently demonstrates difficulty in achieving the Curricular Competencies, e.g., Math and Language Arts, where a calculator or word processor are routinely used.
Where	In class, groups, individually and for both teaching and assessment purposes. The assessment is graded with the adaptation, e.g., students take tests using technology, calculator—the assigned grade reflects the content with the adaptation.
Why	Students have general abilities within the "average range". They have age appropriate skills in other areas, e.g., language and social skills. A **psycho-educational assessment** indicates, e.g., LD rather than intellectual impairment.

Modifications are instructional and assessment-related decisions made to accommodate a student's educational needs that consist of individualized learning goals and outcomes which are different from learning outcomes of a course or subject and change what a student learns in relation to peers.

Modifications:

- are individualized learning goals that are significantly different from the learning standards of a course or subject
- are required to be identified in an IEP/CBIEP
- include functional life skills, foundational academic skills
- should be considered for those who are unable to access the curriculum
- are for students who have limited awareness, may have fragile mental/physical health, or have medical/cognitive/multiple challenges
- should be a rare practice
- may comprise only part of an educational program
- need not be a permanent or long-term solution
- need not be agreed until grade 10
- should be carefully and thoughtfully agreed in consultation with parents, administration and other professionals
- should address longer term education, career and life goals

It is important for all staff and parents to understand the specific use of Adaptations and Modifications as relates to the Graduation outcomes for students.

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Modification

Who	Students assessed as having medical, language, cognitive, social/emotional behavioural/ needs that significantly impact their ability to meet the Curricular Competencies.
What	When an alternative curriculum and alternative teaching, learning and evaluation strategies are used to meet alternative learning outcomes, e.g., life skills curriculum that teaches functional financial literacy and washroom signs instead of novel reading. The goal is a School Completion Certificate.
When	The student will likely have a life skills component to their program at secondary school. As young adults they may not be completely independent. They are likely to require ongoing services through Health and/or **MCFD**.
Where	In most if not all curriculum areas. The student consistently has difficulty meeting the Curricular Competencies despite the use of significant levels of adaptation. Functional life skills need to be taught. Learning Services teachers and therapists are likely to be involved.
Why	There is a psycho-educational assessment that indicates intellectual disabilities. The student requires a curriculum that builds functional skills for a meaningful life. Modifications take place in a combination of inclusive and small group settings.

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Transitions

Learners experience multiple transitions throughout their schooling. Most often these transitions involve changes in locations, expectations, rules and services, as well as peer groups, staff and lifestyle.

The transition process for a student with diverse needs is best supported through collaborative planning and problem solving under the leadership of the SBT and case manager. Collaboration is an essential component of successful transition planning and could involve school personnel, district staff and representatives from community services such as pre-schools, and post-secondary institutions, professionals from other ministries, parent/guardian and the student themselves.

Programming

Programming is the implementation step in the iterative cycle of assessment, planning and programming. Along with implementing the interventions and supports as determined through the planning phase, a plan for revisiting and reviewing these interventions should be developed.

Scheduling time to review and revisit programming effectiveness could identify if further assessment and/or programming changes (i.e., minor revisions) are needed. It also provides the opportunity to celebrate successes.

For reference, transition support documents are listed on the Support For Learning web page.

Supporting Student Well-Being

The Greater Victoria School District (GVSD) is committed to supporting student well-being from a whole student perspective. We know that giving children the best possible start is key to better long-term mental health outcomes. Wellness promotion and prevention needs to be the focus, starting in the early years and spanning throughout a child's life. Given this, our schools are focused on creating a sense of belonging for all students and staff, teaching social emotional skills, developing **mental health literacy**, and taking an integrated service approach to **mental health**. Embedding mental well-being and Indigenous Knowledge and Perspectives throughout all learning environments helps to lay the foundation to creating safe, nurturing and caring school communities. Further, research shows that adults involved in implementing instruction and strategies and who maintain a regular practice in the areas of social emotional well-being also benefit in terms of their own mental wellness.

Mental Health and Well-being

Mental well-being, or positive mental health, involves the capacity to think, feel and act in ways that improve our ability to enjoy life and deal with its challenges. Schools play an important role in supporting students to build the skills and knowledge that contribute to their overall well-being. Each area of **SEL** support is beneficial on its own, but the development of strategic action across the continuum provides a comprehensive focus and best meets the needs of all students.

What Schools Can Do to Support Mental Health & Well-Being

Disruptions in mental health and the wellbeing of our students can interfere with their learning. The role of the school is to ensure that all students, including children with mental health challenges, have equitable access to learning opportunities, and to achieve success in their learning to the best of their abilities. Our partnership with parents in developing a plan that maximizes their child's success at school plays a vital role in the education of students.

- Many stressors and expectations at school can impact a child's ability to manage and cope that looks different than it does at home. Communicating with parents/guardians about a student's difficulties at school is an opportunity for both school and family to work together on the child's behalf.
- Implementing a range of tools and strategies to support the student, such as:
  - Teaching healthy coping strategies (breathing techniques, taking a walk, accessing key staff member, identifying and understanding emotions, practicing gratitude, etc.)
- Seeking assistance from other school-based services (e.g., school counsellor, **YFC**, psychologist, etc.) can be a next step when consultation with parents/guardians and attempted strategies prove unsuccessful.
- A referral to **SBT** for collaborative problem solving, confirming a case manager if one is needed (designated or not), developing a student support plan or supporting decision making around next steps.
- Connecting student and family with community resources; see **Appendix** for a list of possible community services.
- **Integrated Case Management** (ICM) meeting—may be considered as a means to coordinate various services for a child and their family with a goal of developing a cohesive plan. Participants in the ICM would include any service providers currently involved with the student and their family, as well as parent/guardian, school team and where appropriate, the student. The ICM team works together to share information, develop and implement an action plan and schedule review dates.
- Sharing information around a student's presentation at school and the supports, strategies and interventions that are in place may provide further insight to a family and their health care provider; with parent/guardian consent a student's case manager and/or the SBT can write a letter to the health care provider summarizing what is currently in place for the student and what is being observed at school.
- Further educational assessments by the **LST**, counsellor, school psychologist, or other may help identify any learning problems that might be contributing to a student's challenges.

Behaviour Support Ministry Designations

Identifying a student with a Moderate Behaviour Support (MBS) designation or Intensive Behaviour Interventions or Students with Serious Mental Health (IBI) Ministry designation is a potential outcome of our **assessment - planning - programming** cycle and begins with the classroom teacher and parent, extends to the school-based team (SBT) and then moves to a district designation review team which includes psychologists, SLPs, DLSTs and is led by the District Principal—Learning Support.

- Classroom teacher and parent(s)
- School-based team (SBT)
- District designation review team
  - Psychologists
  - Speech-Language Pathologists
  - District Learning Support Team
  - District Principal-Learning Support
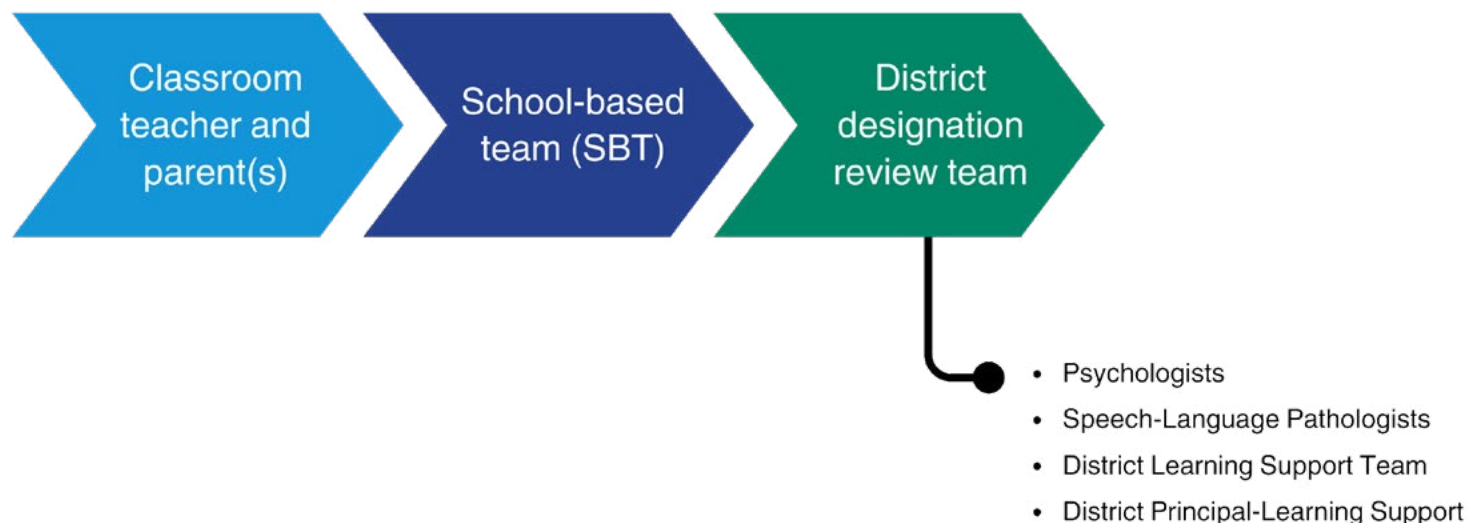
Students who are being considered for an MBS or IBI Ministry designation must have current assessment documentation confirming the diverse ability and/or medical diagnosis/es, and clearly documented evidence of the severity and impact on the student's learning.

An MBS designation may be considered first before an IBI designation request based on:
- Moderate severity of presentation of significant behaviours impacting their learning
- Not have a formal medical diagnosis and/or
- Not receiving social emotional support from a community agency, if the student has a medical diagnosis of a social emotional disorder and is working with a community agency

An IBI designation may be considered as a next step from MBS or may be the initial designation request based on:
- Moderate to severe presentation of significant behaviours impacting their learning
- Have a formal medical diagnosis

- Be receiving social emotional support from a community agency and the school is collaborating with the community agency in a shared planning manner to support the student together
- Providing additional information about the interventions and supports that are currently in place or that are being considered is also helpful when considering a ministry designation
- Designation requests are submitted via the GVSD Referral App to the district review team by case managers for review

Behaviour Needs or Mental Illness: Quick Guide Table

Category	Students Requiring Moderate Behaviour Supports or Students with Mental Illness	Students Requiring Intensive Behaviour Interventions or Students with Serious Mental Illness (Special Education Funding Supplement)
Assessment Criteria Related to Student	- Must have documentation of a behavioural, mental health and/or psychological assessment which indicates needs related to behaviour or mental illness - Demonstrate aggression, hyperactivity, delinquency, substance abuse, effects of child abuse or neglect, anxiety, stress related disorders, depression, etc. - Severity of the behaviour or condition has disruptive effect on classroom learning, social relations or personal adjustment - Behaviour exists over extended time and in more than one setting - Regular in-class strategies not sufficient to support behaviour needs of student; beyond common disciplinary interventions - Rule out other conditions which may be contributing to the behaviour (for example, side effects of medication, **learning disabilities**) - For Mental Illness, the diagnosis must be made by a qualified mental health clinician	- Must have documentation of a behavioural, mental health and/or psychological assessment which indicates the need for intensive intervention beyond the normal capacity of the school to educate - Demonstrate antisocial, extremely disruptive behaviour or profound withdrawal or other internalizing conditions in schools - Behaviour or mental illness serious enough to be a risk to themselves or others and/or significantly interfere with academic progress of self and others - Behaviour persistent over time in most other settings - Behaviour or mental illness serious enough to warrant extensive interventions beyond the school - For Serious Mental Illness, the diagnosis must be made by a qualified mental health clinician (psychologist with appropriate training, psychiatrist or physician)

Category	Students Requiring Moderate Behaviour Supports or Students with Mental Illness	Students Requiring Intensive Behaviour Interventions or Students with Serious Mental Illness (Special Education Funding Supplement)
Criteria Related Planning and Service	• Must develop IEP/CBIEP with goals that address student's behaviour or social/emotional needs and measures for student achievement of the goals • Must provide support services and adaptations/modifications as indicated on the IEP/CBIEP • No requirement for shared planning, implementation or funding with other service providers or agencies, but does not preclude such arrangements	• Must develop IEP/CBIEP with goals that address student's behaviour or conditions of the mental illness and measures for student achievement of the goals • Must provide support services and adaptations/modifications related to the behaviour or mental illness as indicated on the IEP/CBIEP • Documentation to show that school district has already exhausted resources normally used for moderate behaviour interventions • Requirement that both plan and delivery of service is coordinated with community service provider (i.e., mental health clinician, **Ministry of Children and Family Development**, Mental Health, First Nations Social Worker). Not enough that another agency or ministry is "involved".

Chart taken from BC Special Education Policy Guide p. 62

To support student well-being and resiliency, adults must have the tools and practices to support their own well-being. Engaging in ongoing self-reflection and reflective practices, and prioritizing authentic connections between self, others and the broader system support demonstrating examples of healthy management of our social emotional needs and well-being.

Mental Health and Well-being in Schools

Intervention/
Referrals

Referrals
to supports
and services

Purpose: People supporting
the mental well-being of children
and youth and school staff will
use this model to understand
and communicate a whole school
community approach so that
they can focus or shift their
efforts as needed.

Targeted
Prevention
and Early
Intervention

Supportive
spaces

Identification
of signs and
symptoms

School
based
supports

- Social and Physical Environments
- Teaching and Learning
- Partnerships and Services
- Healthy Policy

Universal
Health
Promotion

Supportive
school culture
and climate

Formal and
informal learning

Community
and family
partnerships

**Healthy Policy and Practice (provincial, district, school)
that Supports Equity and Well-being are Foundational**

Similar to the tiered approach to the Student Support Continuum there are mental
health supports that are available in schools for all students. As well, and as reflected
in the graphic, Mental Health and Well-being in Schools, targeted prevention and early
intervention will be in place for some students. And, finally, for a few students, further
individual interventions and referrals will be accessed. There are several key areas that we
can focus on that support the development of student social emotional well-being.

Social Emotional Learning

Social Emotional Learning (SEL) is embedded in our BC Curriculum's Core
Competencies, which focus on sets of intellectual, personal and social and emotional
proficiencies that all students need in order to engage in deep, lifelong learning. While
they manifest themselves uniquely in each area of learning, the Core Competencies,
along with Indigenous Knowledge and Perspectives, are often interconnected and are
foundational to all learning.

The Collaborative for Social and Emotional Learning (CASEL) offers a definition of **SEL** as the process through which all young people and adults acquire and apply the knowledge, skills and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships and make responsible and caring decisions.

Research shows us that SEL as an integrated approach across the school environment can:
- act as a protective factor for mental health, enhancing coping skills and increasing emotion identification skills
- build resilience
- create positive connections to school, improving school engagement and achievement
- reduce absenteeism
- improve students' attitudes about self and others
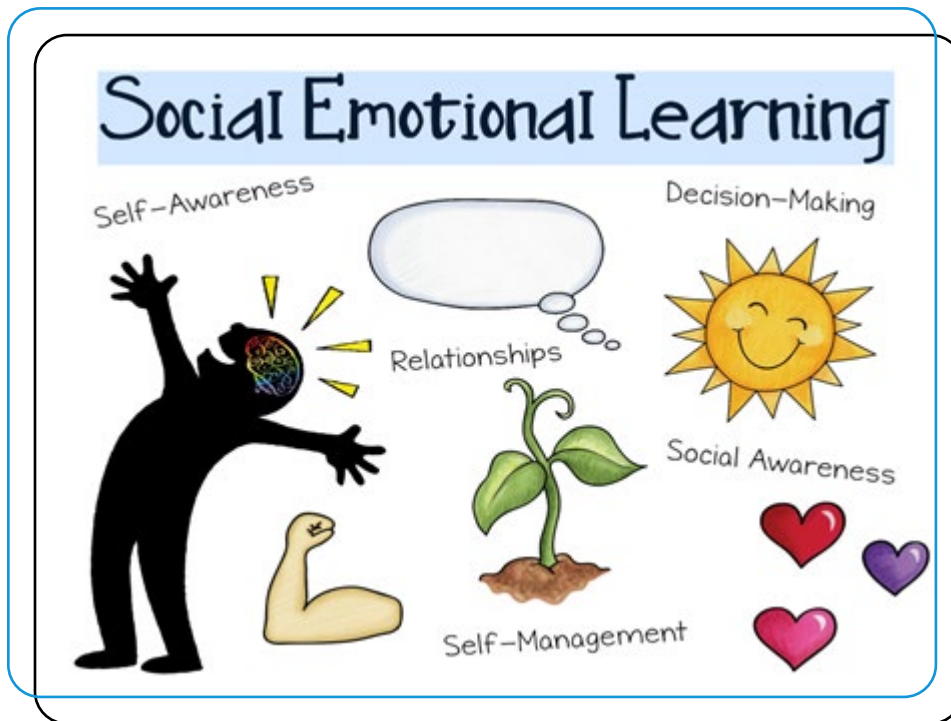
Implementing SEL in schools can start with building positive relationships among students and adults, working more closely with families and community partners, dedicating time to learn social and emotional skills and weaving in opportunities for students to practice reflection and collaboration during academic subjects. A range of SEL resources are used in GVSD schools including:
- Second Step (grades K to 8)
- Everyday Anxiety Strategies for Educators (EASE)
- 25 Quick and Easy Ways to Embed Social Emotional Learning

Creating a Sense of Belonging

Connection, belonging and relationships are foundational to feeling safe, feeling seen and heard, and feeling valued and known. When a sense of belonging is securely in place students are open and available to engage in learning. Research tells us that having a warm healthy relationship with an adult can be healing for children who have experienced trauma. These relationships provide safety and grounding, and fostering them creates safety for all students. Adopting a trauma sensitive lens enables us to compassionately support all students, whether we know their whole story or not.
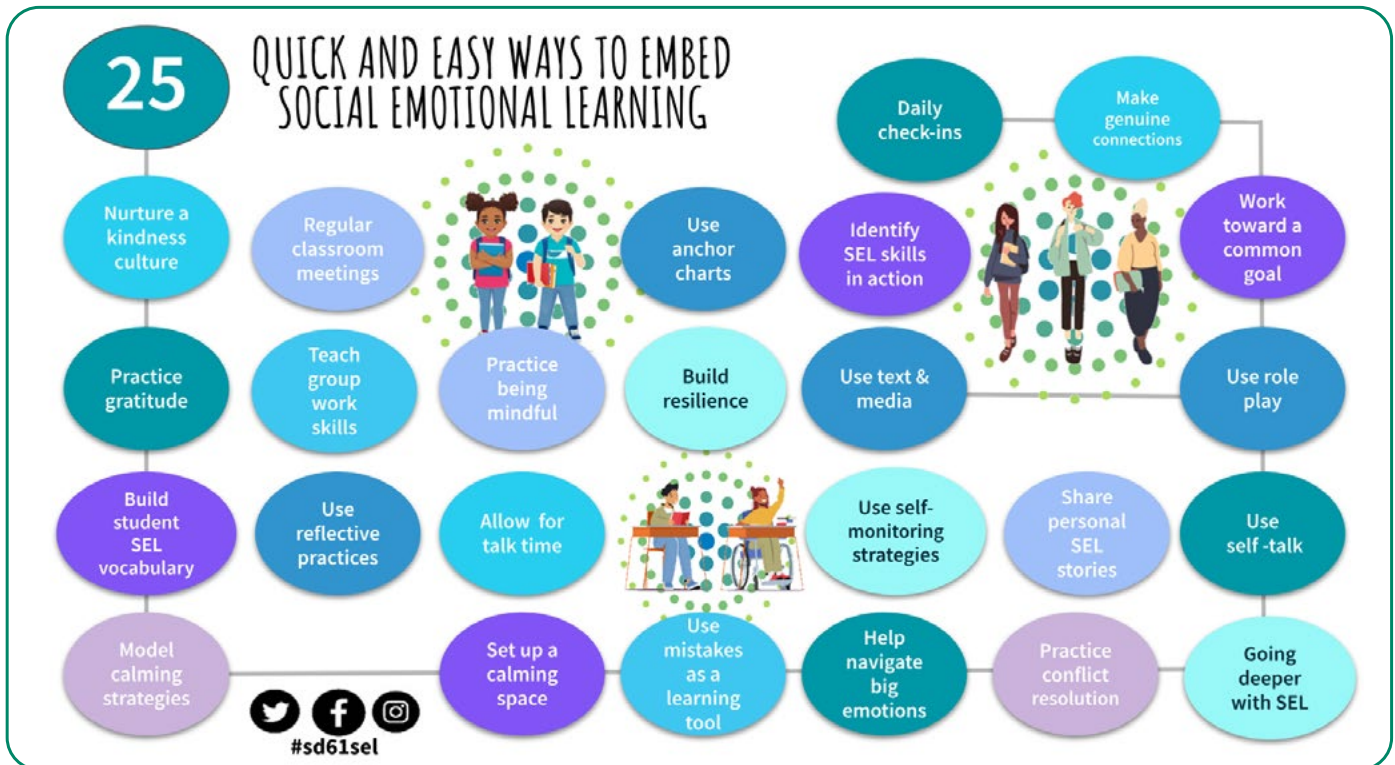
What Schools Can Do:
- Foster relationship
    - Focus on student strengths and interests
    - Be fully present in your interactions
    - Validate their voice and feelings
    - Engage with students from a place of compassion and understanding
    - Be kind in your tone, words and body language
    - Bring authenticity into your conversations with students
    - Extend relationship and compassion to families
    - Maintain unconditional positive regard towards all students

- Create a safe environment
  - Practice self-regulation and self-care in order to be able to be more available to support and co-regulate students
  - Be predictable; establish routines and incorporate visual supports
  - Incorporate choice in materials, learning activities, seating, etc.
  - Establish alternative spaces that support self-regulation and calming
  - Remain neutral and calm
  - Ensure physical safety; be aware of personal space
  - Develop classroom community and a culture of caring (e.g., incorporate class based rituals and celebrations)
  - Be culturally responsive

> "Change for these children will come more easily if the focus is on the relationship, rather than on behaviour management strategies."
>
> —*Child Safety Commissioner, 2007*

A **trauma sensitive approach** builds coping skills and self efficacy which are helpful whether they have experienced trauma or not. Further, this practice creates a shared understanding and shared language about how to create welcoming, caring, respectful and safe schools.

Self-Regulation

Self-regulation is a practice that supports developing and enhancing skills in the areas of resilience, motivation, learning and well-being. It facilitates the ability to understand and manage behaviour and reactions to strong emotions and varying environmental conditions. Building self-regulation skills allows learners to navigate the demands of day to day within the 5 domains of self-reg: biological, emotional, cognitive, social and pro-social. Challenges in any of the 5 domains can influence everything from sensory responses to friendships to engagement in learning.

What Schools Can Do:
- Consult with **occupational therapists** and other involved professionals to determine the most appropriate strategies to support an individual student whose needs are significant
- Assess for basic needs being met (e.g., hydration, snack, washroom, temperature, etc.)
- Recognize early signs of stress response (e.g., agitation, physical fidgeting, clenching, yawning, disrupting, etc.)
- Use physical movement as a means to up or down regulate
- Help students to understand the link between their needs and their behaviours, as well as choice outcomes (use of a visual such as contingency mapping may support this)
- Take students outside
- Time with animals or a class pet

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- Look for multiple sources of evidence of learning; design learning for multiple brain pathways
- Assess the learning environment to consider potential stressors (e.g., bright and cluttered bulletin boards, artificial lighting, fan noise)
- Explicitly model self-regulation strategies and/or share stories that show how you use self-regulation strategies
- Consider ways you can support a student through **co-regulation** (e.g., taking a walk together, draw students into the present …hey, do you hear those birds? etc.)

There are many self-regulation resources and helpful information online. The MEHRIT Centre is one online resource that includes practical toolkits, professional learning opportunities and podcasts.

Behaviour as Communication

At times despite all that we do to support student well-being in a proactive and preventative way, some students may present with challenging behaviour at school. This could include external behaviours (e.g., defiance, physical aggression, disruptive behaviours, etc.) or internal behaviours (e.g., withdrawal, anxiety, somatic complaints). We know that all behaviour is a form of communication, and it surfaces when we don't have the language to say something in words. Typically what we see is just the tip of the iceberg.
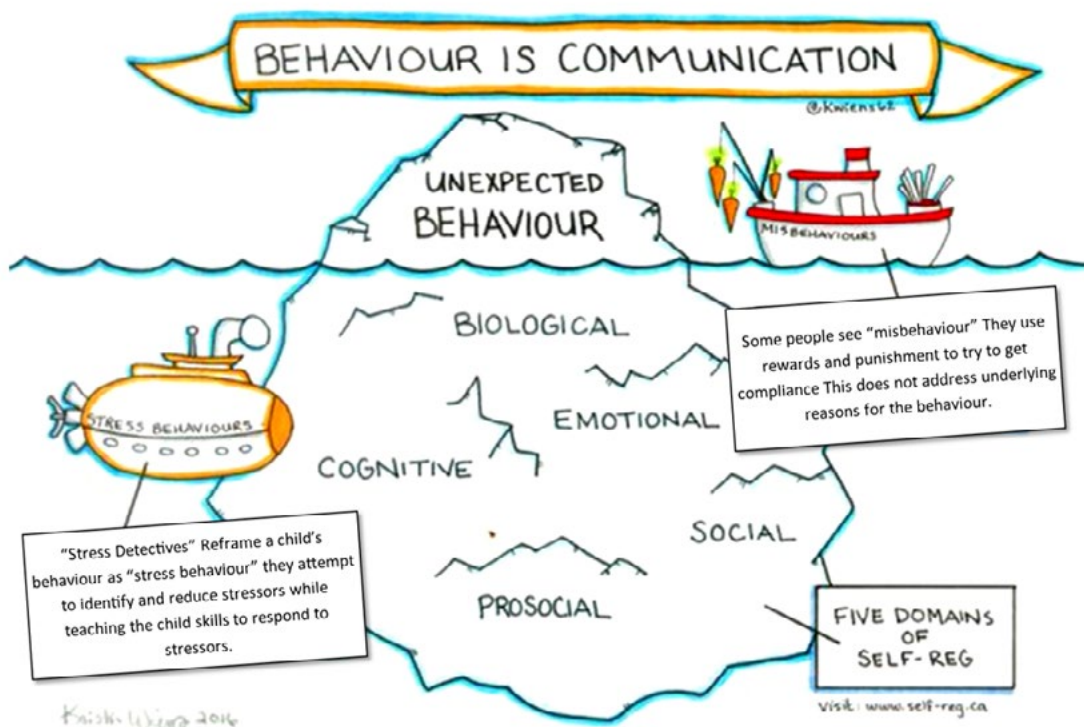
When a student displays behaviour(s) of concern that have not been alleviated by classroom level interventions, further planning is necessary. This planning involves information gathering, support planning and debriefing, as mentioned above. If worker safety becomes medium to high risk, ensure the District Violence Prevention Program (VPP) is followed (indicated below). Sometimes other instances of more concerning behaviour or critical incidents occur and are supported by the following supports and processes outlined below.
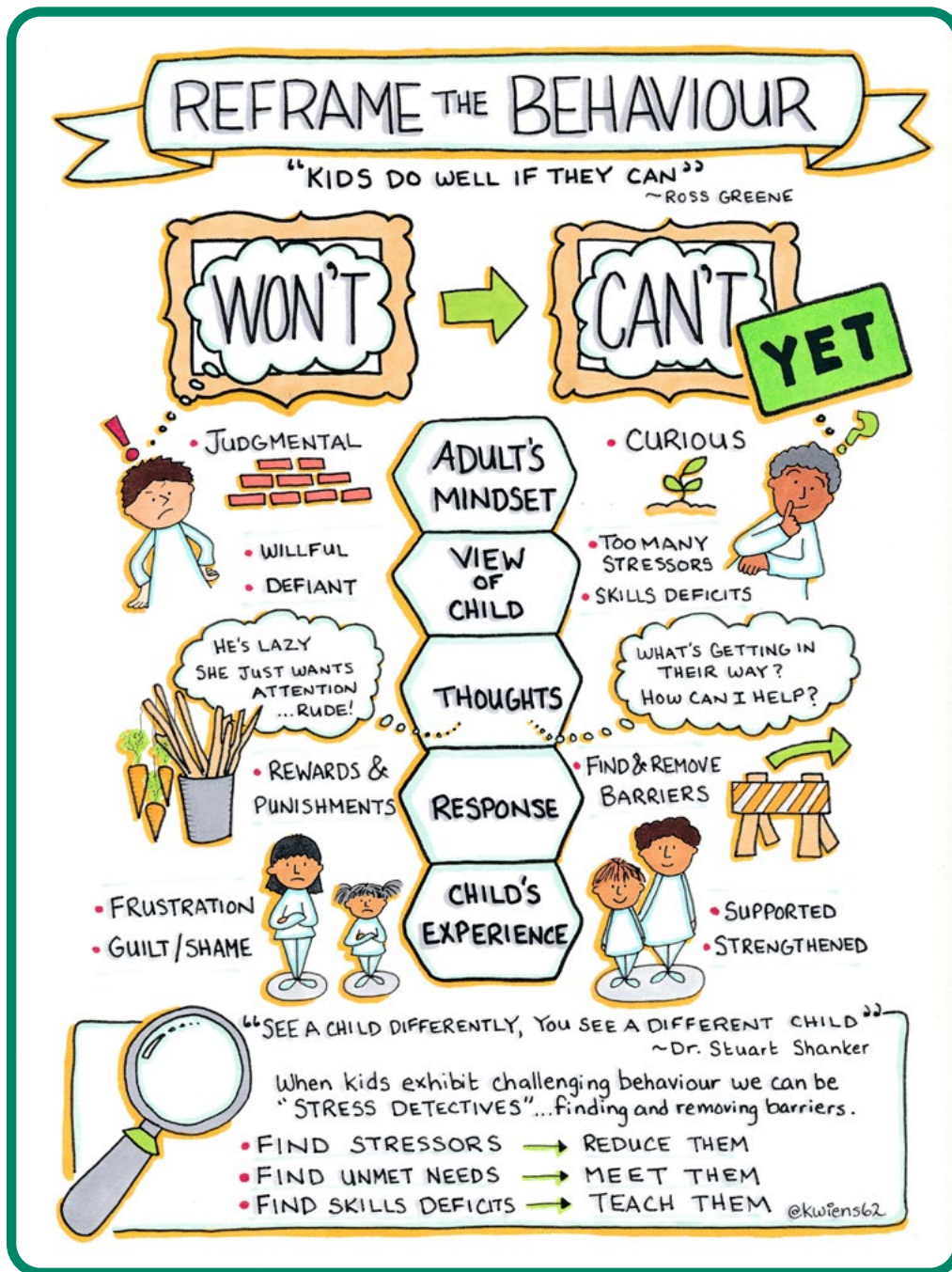
Crisis Prevention Intervention (CPI)

Nonviolent Crisis Intervention® is a program developed by the Crisis Prevention Institute (CPI). With a core philosophy of providing for the care, welfare, safety and security of everyone involved in a crisis situation, the program's proven strategies give educators the skills to de-escalate disruptive behaviour, while also teaching skills to safely respond to various levels of risk behaviour.

Specific objectives of the program include:
- How to identify behaviours that could lead to escalating behaviour from students and adults
- How to effectively respond to behaviours to prevent the situation from escalating
- How staff fear and anxiety influence student behaviour
- How to use verbal and nonverbal techniques to defuse behaviour and resolve a situation before it escalates or potentially leads high risk behaviour
- How to assess risk levels and consider the issues that impact decision making
- How to establish therapeutic rapport after a crisis has taken place

> Crisis Prevention Intervention training can be accessed by your administration team who can request training for specific staff members or request whole-staff training.

Violence Prevention Program (VPP)

When a student displays behaviour(s) of concern that have not been alleviated by classroom level interventions, further planning is necessary. This planning involves information gathering, support planning and debriefing. If worker safety becomes medium to high risk, ensure that District VPP protocol is followed:

- Information Gathering:
  - Home school communication
  - School based data collection (i.e., weekly tracking)
  - SBT referral and meeting with student's team
  - Consider Pausing and Planning Framework or ALSUP to determine priority behaviours of concern
- Support Planning:
  - Consider templates for Student Support Plans (one pager or plan with background information)
  - With student, family and school team complete Student Support Plan (this can be used to support a Form 3) (see sample)
  - Ensure all staff working with the student are made aware of the plan
- Debriefing Considerations:
  - Following an incident, plan to debrief with all impacted staff and students
  - Determine appropriate communication with family
  - Determine re-entry plan for student if needed
- Consider using CPI Coping Model (coping)
- Review the support plan and make adjustments as needed

> The District website has more information and resources on Violence Prevention. Further Student Safety and Wellness Resources for Teachers can be found on the BC government website.

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VPP: Keeping Workers Safe

The Violence Prevention and Worker Safety Plan is designed to help workers ensure a safe workplace, including a statutory requirement to report unsafe work conditions. It should be noted that the violence tracked through VPP does not apply to incidents of violence between employees. Incidents between employees must be reported to the impacted workers' principal/vice-principal or supervisor. Student to student violence is tracked at the school level and is not submitted through a district process.

- Administration Submission Checklist. All forms need to be submitted through the VPP app
- Worker's Statement of Incident (Form 1)
- Violence Risk Assessment (VRA) and Assessed Risk Level (Form 2)
- Worker Safety Plan (Form 3)
- Threat Synopsis (Form 4)

Violent Risk Threat Assessment (VTRA)

A **Violent Risk Threat Assessment (VTRA)** is a protocol to more effectively respond to situations where students may pose a threat to themselves or others. If additional information regarding VTRA is required, please speak with your school administrator.

The purpose of a VTRA is to determine how to best support a student so their behaviour does not become violent or self-injurious. The VTRA Protocol outlines how a school responds immediately to threatening incidents. The initial response team will include the principal or vice-principal, the Victoria/Saanich Police Service, and certified Board staff; other community partners and additional Board staff may be included as necessary.

Worrisome Behaviour Assessment (ages 12 and under)

When students under the age of 12 engage in violent or threat-related behaviours, developmental and exceptionality issues need to be taken into consideration. Although formal activation of the VTRA may not occur, most threat related behaviour exhibited by elementary aged students would fall into the category of "worrisome behaviours." Examples may include drawings and pictures that contain violence, journal writing and stories that contain violence, significant change in anti-social behaviour and others. Speak to your school counsellor for further information.

> Worrisome behaviours may be an early warning sign of the development of more serious high risk behaviours and should always be addressed.

Critical Incident Response Team (CIRT)

When critical incidents occur that affect our school communities, the District CIRT responds by providing professional intervention and support to students, staff and families.

Understanding Designations and Funding

The purpose of this section is to provide information on both British Columbia's Ministry of Education requirements for identifying learners with special needs or with disabilities or diverse abilities, and GVSD's identification and designation process.

As per the BC Ministry Manual of Policies, Procedures, and Guidelines, learners with disabilities and diverse abilities are those with "disabilities of an intellectual, physical, sensory, emotional, or behavioural nature, or have a learning disability or have exceptional gifts or talents."

Learners who meet Ministry criteria for a disability or diverse ability are identified after the school has undertaken assessments or interventions in consultation with the parent/family.

These identification criteria and categories assist school districts in identifying needs of learners and providing appropriate resources and educational programming regardless of the original cause(s) of those needs through the allocation of supplemental Special Needs funding.

While a medical diagnosis is often needed in the identification process, a medical diagnosis in and of itself does not determine a Ministry identification. For example, not all learners with a Diagnosis of **Fetal Alcohol Spectrum Disorder (FASD)** will meet the criteria for Category D Chronic Health Impairment designation. Ministry identification would depend on the severity or complexity of the disability, the impact on learning, and the interventions needed to address the specific identified needs.

Severity/Complexity

What is the SEVERITY or COMPLEXITY of the disability, diverse ability, or medical diagnosis?

What is the IMPACT of the disability or diverse ability on the intellectual, psychological, physical development of the learner?

Impact

Interventions

What level of planning, additional resources and INTERVENTIONS are needed to meet the needs of the learner?

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Students will be identified according to the following general guidelines as outlined in the Special Ed Policy Manual (P. 40):

- the current 'categorical' system is not intended to specifically identify all medically diagnosed conditions and syndromes that may have an impact on the student's needs and educational program
- a medical diagnosis by itself does not determine the appropriate special needs category or service required
- identifying and reporting students for funding purposes should involve careful determination of the nature, extent and impact of their disabling condition(s) and the nature and extent of educational interventions required
- students with diagnosed conditions should be identified for funding purposes in the educational category that best reflects the type and intensity of educational interventions documented in the IEP/CBIEP
- students who have an identifiable ability, disability or diagnosis, whose needs are addressed through the support of the regular classroom teacher and/or the typical school based services of learning support, counselling, speech-language pathology, should not be reported in a category that generates funding

Ministry of Education Special Needs Categories:

Low Incidence: A relatively low incidence of students compared to the general school population, (typically <1% of the student population).	Level 1	A	Physically Dependent
		B	Deafblind
	Level 2	C	Moderate to Profound Intellectual Disability (MPID)
		D	Physical Disability or Chronic Health (PDCH)
		E	Visual Impairment
		F	Deaf or Hard of Hearing
		G	Autism Spectrum Disorder (ASD)
	Level 3	H	Intensive Behaviour Interventions/Serious Mental Illness (IBI/SMI)
High Incidence: A higher prevalence of students in these categories.	No supplemental funding. Basic allocation provided for all students	K	Mild Intellectual Disability (MID)
		P	Gifted
		Q	Learning Disability (LD)
		R	Moderate Behaviour Support/Mental Illness (MBS)

More detailed information regarding the above categories and criteria for designation in each category can be found on the BC Ministry of Education website or by reviewing the BC Ministry of Education Category Checklists.

GVSD Designation Process

Identifying a student with a Ministry designation is a potential outcome of our **assessment - planning - programming** cycle and begins with the classroom teacher and parent, extends to the school-based team (SBT) and then moves to a district designation review team which includes psychologists, **SLPs**, DLSTs and is led by the District Principal – Learning Support. Designation requests are submitted via the GVSD Referral App to the district review team by case managers for review.

All students who are being considered for Ministry designation must have current assessment documentation confirming the disability, diverse ability and/or medical diagnosis/es, and clearly documented evidence of the severity and impact on the student's learning. Providing additional information about the interventions and supports that are currently in place or that are being considered, is also helpful when considering a Ministry designation.

Prior to submitting a request for a designation, SBT will have:
1. Ensured that the classroom teacher has shared student concerns and the plan to submit a referral to SBT with parents.
2. Assigned a case manager (temporary if necessary). Case managers play a central role in supporting the student, and the individual assigned may depend on a student's learning profile and/or the service being considered (e.g., counsellor as a possibility when anxiety or behaviour is the main concern).
3. Responded to concerns regarding the student (social-emotional, behavioural and/or academic) with interventions (i.e., behaviour plan, adaptations) and monitored progress over time.
4. Conducted observations and/or assessments (assessments may also be completed by District staff or by outside mental health or medical professionals).
5. Written a Student Support Plan with goals consistent with the areas that have been identified and for which the student designation request is being submitted.

Best Practices in Designations

1. When a student with a designation in place arrives from another school district, if after reviewing the file and discussing the student at SBT, it is determined that the designation should remain in place, a request for a designation must be submitted through the GVSD Referral App.

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2. A designation identification is not necessarily permanent. At each IEP/CBIEP review meeting, the IEP/CBIEP team should consider whether or not the designation continues to be necessary. If a student no longer meets the requirements for a specific designation category, the SBT will agree to request that the designation be removed. The request for removal should be celebrated as this decision reflects students clearly being successful. Please complete and submit a request for de-designation form as per our process on our GVSD Referral App. Consideration should be given to maintaining a designation when a student is transitioning schools.

3. When completing a request for designation for a student, specific documentation is required. Information specific to each designation category can be found on the Support for Learning web page.
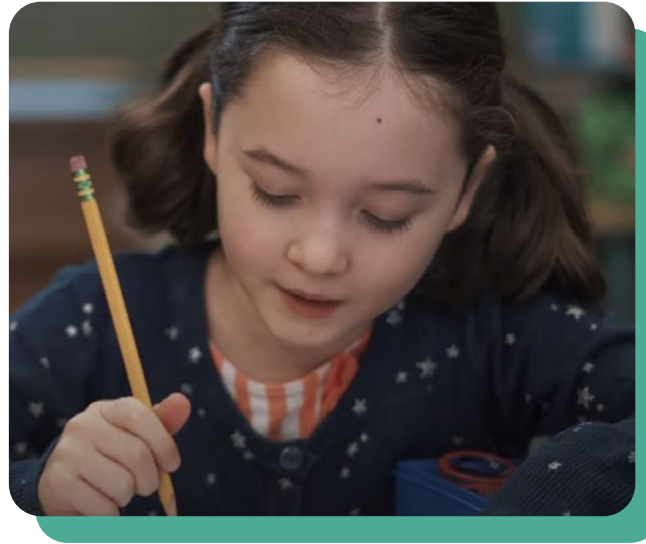
Student File Documentation

A Student File should be maintained for each learner that contains copies of current records used in the planning and implementation of the learner's education plan. The content of a Student File will differ with each individual learner; however, at a minimum, the Student File should contain the following:

-   Student record inclusions as listed on form 1701
-   Copies of the Student Support Plan (if applicable)
-   Copies of the learner's IEP/CBIEP (if applicable)
-   Records of assessment and reporting

Requirements for the collection, storage, use, disposal and retention of student records are described in the School Act ss 79 Student Records and the Permanent Student Record Order. When collecting personal information directly from individuals you must confirm that all individuals involved are told the following:

-   The purpose for which the information is being collected
-   The legal authority for collecting information
-   The title, business address and business telephone number of an officer or employee who can answer questions about the collection

Student records are available to the parent/guardian (or learner, when appropriate) under the Freedom of Information and Protection of Privacy Act (FOIPPA). As well, learner information should be managed carefully to preserve the confidentiality of the documentation and the privacy of the learner and their family.

Personal learner information should not be placed in staff mailboxes, left in public view, or be disclosed with a third party unless the parent/guardian and learner have provided written consent (can include other staff members, non-custodial parents, community agencies). Schools should develop protocols for signing out files from the office.

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

Funding

School districts are required to report to the BC Ministry of Education twice yearly on Form 1701: Student Data Collection, an electronic file that is prepared at the school level and is used to determine funding levels for schools.

The Ministry of Education funds learners with disabilities or diverse abilities in two ways. Firstly, school districts receive a basic allocation, a standard amount of funding provided per school-aged learner enrolled in a school district which includes funds to support the learning needs of those who are identified in the following categories:

- K - Mild Intellectual Disability
- P - **Gifted**
- Q - **Learning Disability**
- R - Students Requiring Moderate Behaviour Support or Students with Mental Illness

The basic funding allocation supports these learners and other inclusive education services such as counselling, school psychology, speech language therapy, occupational therapy, physiotherapy, medical homebound and learning assistance.

> When a parent/guardian shares custody, schools should ensure both parents are:
> - Informed of teacher concerns
> - Included in formal discussions of concerns with the school/district staff
> - Understand the purpose for specific/direct interventions and assessments

In addition to the basic allocation, supplementary funding is provided by the Ministry in recognition of the additional costs associated with meeting the needs of learners with disabilities or diverse abilities in the following categories:

- A - Physically Dependent
- B - Deaf/Blind
- C - **Moderate to Severe/Profound Intellectual Disabilities**
- D - Physical Disabilities or Chronic Health Impairment
- E - Visual Impairment
- F - **Deaf or Hard of Hearing**
- G - **Autism Spectrum Disorder**
- H - Intensive Behaviour Intervention/Serious Mental Illness

Learners who meet the criteria for the above categories must be receiving additional services on a regular basis, other than learning assistance, speech language pathology services, counselling, physiotherapy, occupational therapy, school psychology and medical homebound instruction.

The Ministry grants school districts the flexibility to utilize the supplemental funding in ways that best serve all learners with disabilities or diverse abilities. For additional information regarding funding for students with disabilities and diverse abilities, please contact your school administration.

Glossary of Acronyms and Terms

Accessible Resource Centre for British Columbia (ARC-BC): A repository of digital accessible format alternatives to hard-copy print learning materials. The goal of ARC-BC is to provide BC students with perceptual (or print) disabilities and their educational teams with high quality digital alternate format materials that align with BC K-12 Curriculum.

Adaptations: Adaptations are teaching and assessment strategies especially designed to accommodate a student's needs so he or she can achieve the learning outcomes of the subject or course and to demonstrate mastery of concepts. Essentially, adaptations are "best practice" in teaching. A student working on learning outcomes of any grade or course level may be supported through use of adaptations.

Adaptive Behavior System, 2nd edition (ABAS II): A reliable, valid and norms-based tool designed to assess adaptive skills in individuals from birth to 89 years of age. The tool measures personal and social skills necessary for everyday living. The 10 skill areas include: communication, community use, functional academics, home living, health and safety, leisure, self-care, self-direction, social and work.

Adverse Childhood Experiences (ACEs): Are negative, stressful, traumatizing events that occur before the age of 18 and confer health risk across the lifespan. The 10 best studied ACEs are divided into the umbrellas of abuse, neglect and household dysfunction. These experiences create toxic stress. Children with ongoing, unmitigated toxic stress develop patterns of maladaptive behaviours and physiological disruptions that compromise health over the lifespan.

Age Equivalent (AE): A comparison of scores or performance based on age groups whose average scores are in the same range.

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

Annual Instruction Plan (AIP): Based on the student's initial language assessment or ongoing language assessment throughout the previous year, an Annual Instructional Plan (AIP) should be developed for English Language Learners (ELL & ESD). The AIP is a working document that sets out the language and literacy goals which can reasonably be met in the current school year. Like the IEP/CBIEP, the AIP is a tool that supports collaboration and shared professional responsibility.

Anxiety: A feeling of fear, dread and uneasiness. It may cause an individual to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress. Generally occasional and short-lived, and does not cause problems in daily life.

Anxiety Disorders: While anxiety is a normal reaction to stress that is experienced by most people, sometimes the cognitive, physical and behavioural symptoms of anxiety are persistent and severe. This can cause distress in a person's life to the point that it negatively affects their ability to work or study, socialize and manage daily tasks, far beyond the normal range of anxiety that people experience. When anxiety interferes with daily life, it may be indicative of an anxiety disorder. There are a range of types of anxiety disorders (e.g. Separation Anxiety, Social Anxiety, Selective Mutism, etc.).

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

Assessment of Basic Language and Learning Skills (ABLLS): A Level C assessment designed to determine language and learning capabilities and prospective capabilities in those specifically affected by autism and other, similar learning disabilities.

Assessment of Functional Living Skills (AFLS): A Level C criterion-referenced skills assessment tool, tracking system and curriculum guide used for teaching children, adolescents and adults with developmental disabilities the essential skills they need in order to achieve the most independent outcomes.

Assessment Terminology:
1. **Assessment**: The term assessment refers to the wide variety of methods or tools that educators use to evaluate, measure and document the academic readiness, learning progress, skill acquisition or educational needs of students.
2. **Confidence Interval (CI)** indicates that a score on an assessment is not a fixed measure; it is an approximation. CI tells you the range in which to expect an individual's score to fall 95% of the time.
3. **Informal Assessment**: Informal assessments are non-standardized measures that are often personalized to the student. They can be given flexibly throughout the school year to provide a snapshot of a student's skill in a specific area at any given time. Examples include exit surveys, observations, portfolios, student interviews, self assessments, sharing time/class discussions, work samples, etc.
4. **Norms** are stratified when a test is created. The test makers gather a large number of individuals representing diversity of socio-economic status (SES), race, gender and age, and then administer the test to them. This large group is called the norm group, and their scores are used to form the "norms" for the test. The scores of all

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individuals who take the test later are compared to the scores of this norm group. If an individual's scores are about the same as the scores of most people in the norm group, they are considered Average. If the individual's scores are higher than the scores of most people in the norm group, they are considered Above Average. If the individual's scores are lower than the scores of most people in the norm group, they are considered Below Average.

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

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

7. **T-Scores** refer to a statistical measurement with a mean of 50. Average scores fall between 40 and 60.

8. **Standardized Tests**: Any form of test that requires all test takers to answer the same questions, or a selection of questions from a common bank of questions, in the same way, and that is scored in a "standard" or consistent manner, which makes it possible to compare the relative performance of individual students or groups of students. While different types of tests and assessment may be "standardized" in this way, the term is primarily associated with large-scale tests administered to large populations of students

9. **Standard Scores (SS)** are used to indicate where scores fall in terms of being above or below the average range, compared to other individuals of the same age. Average scores usually fall between 85 and 115.

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

Assistive Listening Device (ALD): Used to improve the signal-to-noise ratio in any given situation. In addition to increased volume, ALDs provide the listener with a direct connection to the sound source and help minimize the effects of background noise, distance and room acoustics.

Assistive Technology (AT): Is any item, piece of equipment, software program or product system that is used to increase, maintain or improve the functional capabilities of persons with disabilities. Assistive technology helps people who have difficulty speaking, typing, writing, remembering, pointing, seeing, hearing, learning, walking and many other things. Different disabilities require different assistive technologies.

Attention Deficit Hyperactivity Disorder (ADHD): There are three types of ADHD:
- ADHD combined type. This is the most common type of ADHD, characterized by impulsive and hyperactive behaviors as well as inattention and distractibility.

- ADHD inattentive and distractible type—characterized predominately by inattention and distractibility without hyperactivity.
- ADHD impulsive/hyperactive type—the least common type of ADHD; characterized by impulsive and hyperactive behaviors without inattention and distractibility.

Augmentative and Alternative Communication (AAC): AAC encompasses all of the ways that someone communicates besides talking. People of all ages can use AAC if they have trouble with speech or language skills.

Autism Spectrum Disorders (ASD): Autism is a developmental disorder that affects communication and behaviour. Known as a "spectrum" disorder because there is wide variation in the type and severity of symptoms people experience, ASD occurs in all ethnic, racial and economic groups. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), people with ASD typically have:
- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviours
- Symptoms that hurt the person's ability to function properly in school, work and other areas of life

Behaviour Assessment System for Children, 3rd edition (BASC 3): A Level B assessment tool that relies on a comprehensive set of rating scales and forms to aid in understanding the behaviours and emotions of children and adolescents.

Behaviour Consultant (BC): An individual who is trained to design and manage the intervention program to address challenging behaviours and teach adaptive skills to children, youth and adults with autism spectrum disorder (ASD) and/or an intellectual disability based on the science of Applied Behaviour Analysis (ABA).

Behaviour Interventionist (BI): An individual that provides behaviour intervention support typically in a home/clinic setting.

Board Certified Behaviour Analyst (BCBA): Individuals who have specific training in the principles of applied behaviour analysis, requiring a master's level degree to be certified; the BCBA role is often viewed as working with students with autism, however it is not an autism credential.

British Columbia Autism Assessment Network (BCAAN): The BCAAN provides diagnostic assessments for those with suspected autism spectrum disorder; referrals are made via physicians.

Case Manager: The individual responsible for coordinating services and liaising with other staff members who work with a particular student, as well as members of involved

agencies and ministries. A Case Manager is assigned to coordinate the collaborative process of developing, writing, introducing and evaluating an Individual Education Plan. This role is responsible for promoting quality and effective interventions and outcomes and acts as the advocate for the student.

CAST: Formerly known as the Center for Applied Special Technology (hence the acronym, CAST), this nonprofit education research and development organization created the Universal Design for Learning (UDL) framework and UDL Guidelines, now used the world over to make learning more inclusive.

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

Cerebral Palsy (CP): Cerebral (meaning the brain) and palsy, meaning weakness or problems with using the muscles, CP is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.

Child and Youth Mental Health (CYMH): A free, community based mental health and wellness program offered to children and youth aged 0-18 years of age. The program is designed to support children and youth who are experiencing significant difficulties related to their thoughts, feelings and behaviours. Concerns most commonly addressed include anxiety, depression, severe behaviour problems, psychosis and complex mental health concerns.

Children and Youth in Care (CYIC): Some students in the Greater Victoria School District may be in care with the Ministry of Children and Family Development (MCFD). GVSD has worked in partnership with local MCFD to engage in collaborative planning and communication to ensure ongoing support for students identified as Children and Youth in Care (CYIC) following the CYIC Standard of Practice.

Children and Youth in Care (CYIC) Standard of Practice: A process of collaborative planning and support developed by GVSD to support students in our district who fit criteria as children or youth in care of the Ministry of Children and Family Development (MCFD).

Children and Youth in Care (CYIC) Supporting Success in School Plan (SSSP): A holistic and action-based plan collaboratively developed by the team supporting a student who is identified as being a child or youth in care with the Ministry of Children and Family Development. This plan focuses on ongoing planning, supports and assessment of the child/youth's evolving social emotional and academic needs.

Children and Youth with Support Needs Social Worker (CYSN SW): Ministry of Children and Family Development employs social workers to work specifically with children/youth with special needs and their families to determine their eligibility for appropriate and available programs and services.

Chronological Age (CA): A person's actual age, usually stated by year, month, day (e.g. 12 years, 6 months, 3 days). An accurate chronological age is required for the purpose of assessments.

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

Community Living BC (CLBC): Funds supports and services through service agencies for adults with developmental disabilities and their families in B.C.

Community Living Victoria (CLV): the largest non-profit community living service provider on Vancouver Island, Community Living Victoria provides a range of support services to children, youth and adults with intellectual disabilities and their families. CLV offers a variety of services and programs to help people living with intellectual disabilities, including family support, parent support, employment services, residential services, community inclusion and youth services.

Competency Based Individual Education Plan (CB-IEP): The CB-IEP was developed to create an IEP that is connected to the BC Curriculum through the Core and Curricular Competencies. The vision is a plan that involves the student with as much self-determination and input as possible and is written using positive, growth-based language.

Co-regulation: An interactive process where one individual will model regulation skills alongside another, and it is a fundamental skill that supports teaching the process of self-regulation.

Cortical Vision Impairment (CVI): A decreased visual response due to a neurological problem affecting the visual part of the brain. A child with CVI has a normal eye exam that

cannot account for the abnormal visual behavior. Children with CVI display characteristic behaviors. It is one of the most frequent causes of visual impairment in children from developed countries.

Co-teaching: Co-teaching is the practice of pairing educators together in a classroom to share the responsibilities of planning, instructing, and assessing students. In a co-teaching setting, the teachers are considered equally responsible and accountable for the classroom. Co-teaching is often implemented with the classroom teacher and another educator in the building (e.g. LST, ELL teacher, counsellor, teacher librarian, etc.) paired together as part of an initiative to create a more inclusive classroom.

Cystic Fibrosis (CF): An inherited disorder that causes severe damage to the lungs, digestive system and other organs in the body. The degree of CF severity differs from person to person, however, the persistence and ongoing infection in the lungs, with destruction of lungs and loss of lung function, will eventually lead to death in the majority of people with CF. Although CF is a progressive disorder and requires daily care, people with CF are usually able to attend school and work.

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

Designation: A BC Ministry of Education Special Education designation is given to a student to recognize a diagnosis or other exceptional learning need that results in significant educational impact. A student with a designation will have an Individual Education Plan (IEP).

Designation Codes:
- A - Physically Dependent (PD)
- B - Deaf / Blind (DB)
- C - Moderate to Severe Profound Intellectual Disability (MPID)
- D - Physical Disabilities or Chronic Health Impairments (PDCH)
- E - Visual Impairment (VI)
- F - Deaf or Hard of Hearing (DHH)
- G - Autism
- H - Intensive Behaviour Interventions / Serious Mental Illness (IBI/SMI)
- K - Mild Intellectual Disability (MID)
- P - Gifted (GIF)
- Q - Learning Disabilities (LD)
- R - Moderate Behaviour Support / Mental Illness (MBS)

Developmental Coordination Disorder (DCD): Also called Dyspraxia, DCD is a condition affecting physical coordination that causes a child to perform less well than expected in daily activities for their age, and appear to move clumsily.

Developmental Disability and Mental Health Team (DDMHT): An Island Health program providing assessment and consultation services. This mainstream service provides non-crisis mental health assessment and consultation by a multidisciplinary team for youth 14 years and older who have a demonstrated developmental disability/intellectual disability and co-existing mental health issue, challenging behaviour and/or substance misuse. Services may include psychiatry, psychology and nursing support.

Diagnostic & Statistical Manual of Mental Disorders, 5th edition (DSM-5): A handbook used widely by medical professionals in diagnosing and categorizing mental and developmental disorders. The DSM-5 is published by the American Psychiatric Association and lists the criteria, or characteristics of many disorders.

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

Everyday Anxiety Strategies for Educators (EASE): A free resource for BC educators that aims at helping educators teach students strategies to address the thoughts, feelings and behaviours associated with anxiety, while also supporting social and emotional learning and the mental health literacy of educators. Educators may choose from two online, professional development EASE courses—one for grades K-7 and the other for grades 8-12, in both English and French.

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

Educational Assistants (EAs): Provide assistance to students via the delivery of programs and services determined and designed by the student's teacher and/or learning support teacher, to support learning and provide for the safety and comfort of students through physical and personal care. The Greater Victoria School District has a variety of EA positions including Education Assistant General (EAG), Education Assistant Physical (EAP), Education Assistant Deaf Blind (EADB) and District Education Assistant (DEA). The type of EA required is determined through consultation with the school team and based on the prevalent support needs of students.

Educational Visual Language Interpreter (EVLI): Facilitates communication between the student and staff and peers. Interpreters are not participants in the class; rather they attend to the communication needs of the student.

Emotional Regulation: Refers to the child's ability to notice and respond to internal and external sensory input, and then adjust their emotions or behaviour to the demands of their surroundings. Emotional regulation includes the body's involuntary reactions (heart rate, respiratory rate, etc.) to events or perceptions, as well as voluntary responses which may be performed to self-soothe, or self-excite, such as spinning the wheel of a toy car or rubbing a smooth surface.

English Language Learner (ELL): English Language Learner is offered in all schools in the Greater Victoria School District. Most schools employ a support teacher who works in collaboration with classroom teachers. Students eligible for ELL instruction are Canadian residents whose English language skills need improvement in order to be academically successful. Students may be funded to receive additional ELL instruction to a maximum of 5 years.

English as a Second Dialect (ESD): BC Ministry of Education identifies that students reported as requiring ESD services speak a dialect of English that differs significantly from Standard English used in school and in broader Canadian society.

Essential Supports: These are supports identified through psycho-educational and/or medical testing and are necessary in order for the student to access the curriculum. They may require the use of technology or the direct involvement of specialist support staff. Examples include personal communication dictionary, slant board, personal hearing aid, reader or scribe, etc.

Expressive Language: Language people produce to express themselves.

Fetal Alcohol Spectrum Disorder (FASD): A term used to describe a range of health and behavioural problems affecting people exposed to alcohol during pregnancy. The effects are often invisible, leaving children and adults with fetal alcohol spectrum disorder vulnerable and misunderstood. It can include lifelong physical, learning and behavioural disabilities. Children, youth and adults with FASD will be affected in different ways, each with their own strengths and challenges. Common problems include learning, memory, attention, language, social skills, behaviour, hearing and vision.

File Review: A file review involves reading, summarizing/documenting salient information from the student's existing records, which may include student file, IEP/CBIEP file, teacher's working file, data collection and/or special education records. The purpose is to capture an overview of the student's story and relevant recommendations and follow up that may benefit the student and/or inform programming and planning.

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

Gifted: A student is considered gifted when they possess demonstrated or potential abilities that give evidence of exceptionally high capability with respect to intellect, creativity or the skills associated with specific disciplines. Students who are gifted often demonstrate outstanding abilities in more than one area and may demonstrate extraordinary intensity of focus in their particular areas of talent or interest.

Grade Equivalent (GE): Using the GE score on assessments compares a child's performance on grade-level material against the average performance of students at other grade levels on that same material and is reported in terms of grade level and months. GEs should not be used to make placement or diagnostic decisions.

Gray Oral Reading Test, 4ᵗʰ edition (GORT-4): An assessment tool designed to provide a measure of growth in oral reading and an aid in the diagnosis of oral reading difficulties.

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

Hyper-responsiveness: A heightened state of arousal when seemingly non-noxious or subtle sensory stimuli are presented. Considered an atypical sensitivity or over-reactivity to sensory inputs that most people would consider common or ordinary, such as the stimuli of sound, sight, taste, touch or smell.

Hypo-responsiveness: An insensitivity or under-reactivity to sensory input, in which the brain fails to register incoming stimuli appropriately so the individual does not respond to the sensory stimulation. A child who is under-reactive to sensory input may have a high tolerance to pain, may be sensory seeking, craving sensations, and may act aggressively or clumsily.

Inclusion: The principle that all students are entitled to equitable access to learning, achievement and the pursuit of excellence in all aspects of their education. The practice of inclusion is not necessarily synonymous with integration and goes beyond placement to include meaningful participation and the promotion of interaction with others.

Inclusion Outreach BC: A provincial program that supports educational teams and families in developing meaningful and functional programs for students with severe cognitive and multiple physical disabilities.

Individual Education Plan (IEP): A documented plan developed for a student with special needs that describes individualized goals, adaptations, modifications, the services to be provided, and includes measures for tracking achievement (Special Ed Policy Manual).

Informal Assessment: Informal assessments are non-standardized measures that are often personalized to the student. They can be given flexibly throughout the school year to provide a snapshot of a student's skill in a specific area at any given time. Examples include exit surveys, observations, portfolios, student interviews, self assessments, sharing time/class discussions.

Integrated Case Management (ICM): ICM is a process for service delivery founded on the belief that all individuals/families have a central role in the process of planning. The ICM process is inclusive of all individuals viewed as part of a student's team including, but not limited to, parents, guardians, extended family and family supports, healthcare practitioners, service providers, community members and members of the school team.

Intellectual Disabilities: Occur when significant limitations in both intellectual functioning and adaptive functioning exist. Students with intellectual disabilities have general intellectual functioning significantly below the mean (average), as well as significant limitations in adaptive functioning in at least two of the following skill areas, as appropriate to the student's age: communication, self-care, home or school living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, as well as health and safety. Students can experience intellectual disabilities across a range from mild to profound:

a. **MID: Mild Intellectual Disabilities** is diagnosed when intellectual functioning falls 2 or more standard deviations below the mean (SS ≤ 70) on an individually administered Level C assessment instrument of intellectual functioning, and has limitations of a similar degree in adaptive functioning in at least two skill areas appropriate to the student's age.

b. **MPID: Moderate to Profound Intellectual Disabilities** is diagnosed when intellectual functioning falls 3 or more standard deviations below the mean (SS ≤ 55) on an individually administered Level C assessment instrument of intellectual functioning, and has limitations of similar degree in adaptive functioning in at least two skill areas appropriate to the student's age.

Inter-Cultural Association (ICA of Greater Victoria): The purpose of the ICA has been to support the full integration of newcomer immigrants and refugees into the social, economic and civic life of Victoria. They offer a wide range of services that help newcomers access housing, healthcare and employment as well as English language instruction and mentorship.

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

Intervenor: A trained professional who acts as the "eyes" and "ears" of a person who is deafblind, and also provides specialized communications services and supports.

Itinerant Teachers: Itinerant teachers are teachers who have specialized training in a specific area and who travel to different schools to consult and collaborate with school teams, families and community partners to support students identified as visually impaired or hearing impaired.

- **Itinerant Teachers for the Visually Impaired**: Act as a member of the student's learning support team and may provide direct instruction with specific skills, accommodations and/or access to materials and resources as related to braille, visual aids, specialized technology, social skills, self-advocacy, orientation and mobility and independent living skills. May provide in-service or training for school staff, families and students regarding eye conditions and visual impairments in the context of learning. Collaborate with specialized services and/or community agencies to support student needs as required.
- **Itinerant Teachers for the Deaf and Hard of Hearing**: Provide direct support to deaf and hard of hearing students for developing speech, language, listening and communication skills, academic, social and emotional development. May also provide consultative support/services relating to planning and programming, equipment support and/or maintenance, relevant professional development and liaison services with community agencies/support groups.

Kaufman Test of Educational Achievement, Third Edition (KTEA-3): An individually administered battery that provides in-depth assessment and evaluation of key academic skills.

Language Processing Disorder (LPD): An impairment that negatively affects communication through spoken language. There are two types of LPD—people with expressive language disorder have trouble expressing thoughts clearly, while those with receptive language disorder have difficulty understanding others.

Learner Profile: A learner profile describes the ways in which a student learns best. A comprehensive learner profile includes information on student interests, learning preferences and styles and differences related to gender, culture and personality. It usually includes information on student learning strengths, needs and types of supports that have been successful in the past. A learner profile needs to be dynamic, as individual learners are constantly growing and changing.

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Learning Disabilities: Refers to a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning (Special Ed Policy Manual).

Learning Support Teacher: The Learning Support Teacher provides a coordinated and integrated set of support services through the School Based Team that includes collaborative consultation with staff regarding educational programs and support for students with diverse learning needs.

Level A Assessment: These measures can be administered, scored and interpreted with the use of the manual and a basic knowledge of testing and measurement principles. Some examples include:
- PM Benchmark
- Running Records
- DIBELS (Dynamic Indicators of Basic Early Literacy Skills)
- OLSAT (Otis-Lennin School Abilities Test)

Level B Assessment: These measures require specific training for administration, scoring and interpretation. Use of these measures requires a more thorough understanding of psychometric principles than Level A assessments. Training for administering Level B assessments would include advanced level (senior undergraduate or graduate) coursework in testing, or similar training provided by a qualified supervisor. Some examples include:
- Kauffman Test of Educational Achievement Third Edition (KTEA III)
- Vineland Adaptive Behaviour Scales, 2nd edition (VABS-II)
- Wechsler Individual Achievement Test Third Edition (WIAT-III)
- Woodcock Johnson Tests of Achievement Fourth Edition (WJ-IV)

Level C Assessment: These measures require advanced (graduate level) training for interpretation, and sometimes administration and scoring. Administration of these measures requires a thorough understanding of psychometric principles and a high level of "professional skill and judgment for their interpretation." Level C assessments are typically done by school psychologists. Some examples include:
- Wechsler Intelligence Scale for Children Fifth Edition (WISC-V)
- Attention Deficit Disorders Evaluation Scale Fourth Edition (ADDES-4)
- Children's Memory Scale (CMS)

Location Education Agreements (LEA): LEAs are agreements, co-created to increase accountability and to promote effective working relationships between local First Nations bands and local Boards of Education, enabling them to work collaboratively to support First Nation students.

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

Mental Health: Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. There are four separate but related components that help us understand and respond to mental health needs: mental health, mental distress, mental health problem and mental disorder/illness.

- **Mental Distress**: Refers to the common, expected and normal response to the stresses of everyday life. Mental distress is normal, expected, happens to everyone and is necessary for building resilience e.g., writing an exam, having an argument or failing at a task.
- **Mental Health Problem**: Refers to the reactions we have to significant life challenges that may task our ability to adapt. Mental health problems may be substantial and prolonged but they are not mental disorders and they do not require medical treatment e.g., dealing with the loss of a loved one or moving to a new country.
- **Mental Illness**: Refers to clinically diagnosed illnesses. Mental illnesses require evidence based treatments provided by properly trained health care providers e.g., panic disorder, anxiety disorder, ADHD, etc.

Mental Health Literacy (MHL): Mental Health Literacy is the knowledge and understanding that helps us become responsible, effective and successful in living full and healthy lives. Becoming literate in mental health builds understanding around how to obtain and maintain positive mental health; increases understanding of mental disorders and their treatments; decreases stigma related to mental disorders; and, enhances help-seeking efficacy (knowing when and where to seek help and developing competencies designed to improve one's mental health care and self-management capabilities).

Ministry of Children and Family Development (MCFD): The provincial child protection service, providing service through 429 ministry offices in 5 regions and a number of delegated Aboriginal agencies.

Modifications: Modifications to a student's curriculum occurs when instructional and assessment-related decisions are made to accommodate a student's educational needs that consist of individualized learning goals and outcomes which are different from the

learning outcomes of a course or subject. Modifications should be considered for those students whose special needs are such that they are unable to access the curriculum (i.e., students with limited awareness of their surroundings, students with fragile mental/physical health, students medically and cognitively/multiply challenged).

Muscular Dystrophy (MD): The muscular dystrophies are a group of inherited genetic conditions that gradually cause the muscles to weaken, leading to an increasing level of disability. MD is a progressive condition, which means it gets worse over time.

Non-verbal Behaviours: the conveyance or exchange of information, or expression of emotions without the use of words.

NOS: Not Otherwise Specified.

Nursing Support Services (NSS): Services delivered by Island Health and available to children and youth in B.C. from birth to 19 years old who require specialized nursing services.

Obsessive Compulsive Disorder (OCD): A common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and/or behaviours (compulsions) that he or she feels the urge to repeat over and over.

Occupational Therapist (OT): Consultative services delivered by Island Health to support students at school who experience motor difficulties.

Oppositional Defiance Disorder (ODD): A condition where frequent and recurring outbursts of anger, irritability, defiance or vindictiveness towards family or authority figures that are persistent over time and across environments. The disorder interferes with one's social, family and educational life.

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

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

Pervasive Developmental Disorder(PDD) or Pervasive Developmental Disorder-Not Otherwise Specified (NOS): A diagnostic category of pervasive developmental disorders (PDD) and refers to a group of disorders characterized by delays in the development of socialization and communication skills.

Physiotherapist (PT): Consultative physiotherapy services delivered by Island Health to support students at school in their gross motor skill development.

Positive Behaviour Support (PBS): A set of person-centered intensive, individualized strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment.

Post-Traumatic Stress Disorder (PTSD): A disorder that develops in some people who have experienced a traumatic event—perhaps shocking, scary or dangerous. People who have PTSD feel stressed or frightened, even when they are not in danger.

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

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

Provincial Outreach Program for Deafblindness (POPDB): Supports transdisciplinary educational teams in developing, implementing and sustaining effective and meaningful access and engagement to learning opportunities for all learners, including universal and responsive supports for learners with diverse abilities and disabilities across educational contexts. POPDB consultants work with school districts and school-based teams to ensure that the unique needs of the student with deafblindness are being met, and that each student is receiving an appropriate educational program.

Provincial Outreach Program for Deaf and Hard of Hearing (POPDHH): A program to support collaboration with school districts in meeting the needs of all Deaf and Hard of Hearing learners. Through collaborative consultation, POPDHH supports educational teams in addressing the unique communication and learning styles of individual Deaf and Hard of Hearing students.

Provincial Outreach Program for Early Years (POPEY): A Provincial Resource Program (PRP) with an outreach focus, POPEY's mandate is to increase K-3 educators' capacity to support all primary English literacy learners, including diverse learners, in an inclusive classroom setting.

Provincial Outreach Program for Fetal Alcohol Spectrum Disorders (POPFASD): The Provincial Outreach Program for FASD works to increase educators' capacity to meet the learning needs of these students by sharing current research, ideas, strategies, training and resources.

Provincial Research Centre for Visually Impaired (PRCVI): Provides learning resources, leadership, information, training and consultation to support school districts' goals of equitable access and enhanced educational opportunities for students with visual impairments. BC Students who are blind or visually impaired are eligible for services from PRCVI.

Psycho-Educational Assessment (also Ed-Psych or Psych-Ed): The purpose of a psycho-educational assessment is to investigate a student's strengths and stretches in various domains. This information is then used to build a holistic and integrated profile of the learner to assist with programming, and identify potential interventions and supports. To do this, a comprehensive battery of (Level 3) standardized, norm-referenced measures, including cognitive, achievement and processing tests, is typically used. While learning is the primary focus of psycho-educational assessment, behavioural, socio-emotional and medical issues may also need to be addressed.

Receptive Language: A person's understanding of the language produced by others.

School Counsellor: Acts as an advocate for all students by creating a caring environment that supports their personal, social, career and educational needs. May provide support to students individually or in a small group setting. Areas of focus may include emotional regulation, friendships, social skills, self-esteem, trauma, anxiety, classroom supports, grief and loss, family relationships, significant life events.

School Psychologist: Working in a collaborative, multidisciplinary manner, School Psychologists play a critical role in supporting school teams in enhancing students' academic, adaptive, social emotional and behavioural skills (K-12). They play a supportive role in the identification, assessment, planning, implementation, reporting and evaluation process.

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

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Self-Injurious Behaviour (SIB): Non-suicidal self-injury, often simply called self-injury, is the act of deliberately harming one's own body. It's typically not meant as a suicide attempt; examples include headbanging, scratching, cutting or biting oneself, etc. Self-injurious behaviour may be the result of an inability to cope in healthy ways with psychological pain or difficulty regulating, expressing or understanding emotions.

Self-Stimulating Behaviours: Sometimes termed "stimming," these are repetitive movements or posturing of the body, commonly seen in children with ASD. While these mannerisms may appear not to have significance or function to others, they often have significance for the child, such as providing sensory stimulation, communicating to avoid demands, or request a desired object or attention or soothing when wary or anxious.

Sensory Defensiveness: An over-responsive reaction to ordinary sensory input. Children who are over-reactive may display strong negative emotions to stimuli.

Sensory Processing Disorder (SPD): A disorder characterized by difficulty processing information from the senses, making it difficult for an individual to respond to that information in the right way. The senses include touch, movement, smell, taste, vision and hearing. In most cases, there will be one or more senses that either react too much or too little to stimulation. This disorder can cause problems with a child's development and behaviour.

Settlement Workers in Schools (SWIS): An outreach program offered through the Inter-Cultural Association (ICA) aimed at helping eligible newcomer students (immigrants and refugees) and their families settle and integrate into their school and community.

Social Emotional Learning (SEL): Social Emotional Learning is defined as an integral part of education and human development. SEL is the process through which all young people and adults acquire and apply the knowledge, skills and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships and make responsible and caring decisions.

Speech Language Pathologist (SLP): Provides direct support and intervention to students, and/or consultation, assessment, recommendations and training to parents, classroom teachers, School Based Teams and IEP/CBIEP Teams in support of students who may have difficulty with or require treatment for speech, language, cognitive-communication and/or swallowing problems.

Supplemental Support Plan: A student plan meant to supplement the IEP/CBIEP (where there is one), addressing prevalent student needs; this might include mental health, safety, elopement or other.

Trauma Sensitive Approach: seeks to ensure that all students feel safe, welcomed, and supported in a school and views trauma's impact on learning from a school-wide perspective.

Universal Supports: These are supports that are made available to any student to foster greater inclusion in the classroom. Universal supports generally represents core instruction, and provide accommodations and strategies that classroom teachers make available to all students who need them. These are generally implemented within the general classroom framework. Examples include separate setting, additional time, flexible timelines, access to technology, etc.

Universal Design for Learning (UDL): Developed by the Center for Applied Special Technology (CAST), UDL is a teaching approach that works to accommodate the needs and abilities of all learners and eliminates unnecessary hurdles in the learning process. This means developing a flexible learning environment in which information is presented in multiple ways, students engage in learning in a variety of ways and students are provided options when demonstrating their learning. UDL assumes that barriers to learning are in the design of the environment, not in the student. UDL is based on brain science and evidence-based educational practices.

Vancouver Island Children's Assessment Network (VICAN): An assessment centre providing assessment services for children on Vancouver Island with complex developmental needs.

Violent Threat Risk Assessment (VTRA): The VTRA is a protocol for responding to threats in a school community in a multi-disciplinary manner.

Youth and Family Counsellor (YFC): are school based and provide a range of confidential services for students who are experiencing personal, social or family problems. The goal of Youth and Family Counsellors is to strengthen the social and emotional well-being of youth and families through counselling and related support services.

Appendix

Ministry Orders

Special Needs Students Order

Authority: School Act, sections 75 and 168 (2) (t)

Ministerial Order 150/89 (M150/89) .... Effective September 1, 1989
Amended by M397/95 .... Effective September 1, 1995
Amended by M32/04 .... Effective February 18, 2004
Amended by M235/07 .... Effective September 18, 2007
Orders of the Minister of Education and Child Care

Interpretation

1 In this order
"board" includes a francophone education authority; and
"student with special needs" means a student who has a disability of an intellectual, physical, sensory, emotional or behavioural nature, has a learning disability or has exceptional gifts or talents.

[en. M397/95, am 235/07]

Students with special needs

2 (1) A board must ensure that a principal, vice principal or director of instruction offers to consult with a parent of a student with special needs regarding the placement of that student in an educational program.

(2) A board must provide a student with special needs with an educational program in a classroom where that student is integrated with other students who do not have special needs, unless the educational needs of the student with special needs or other students indicate that the educational program for the student with special needs should be provided otherwise.

[en. M397/95; am. M32/04, am 235/07]

Individual Education Plan Order

Authority: School Act, section 168 (2) (a)

Ministerial Order 638/95 (M638/95) .... Effective December 19, 1995
Amended by M319/96 .... Effective August 21, 1996
Amended by M011/98 .... Effective January 21, 1998
Amended by M19/00 .... Effective January 26, 2000
Amended by M261 .... Effective November 17, 2006
Amended by M298/22 .... Effective October 4, 2022
Orders of the Minister of Education

Interpretation

1   In this order,

"authority" means an authority under the *Independent School Act*;

"educational program guide" means a document specified as an educational program guide in Ministerial Order 333/99, the Educational Program Guide Order;

"IEP" means an individual education plan designed for a student and includes one or more of the following:

    a.   learning outcomes for a course, subject and grade that are different from or in addition to the expected learning outcomes for a course, or subject and grade set out in the applicable educational program guide for that course, subject and grade, as the case may be;

    b.   a list of support services required for the student to achieve the learning outcomes established for the student;

    c.   a list of the adapted materials, or instructional or assessment methods required by the student to meet the learning outcomes established for the student in the IEP, pursuant to a ministerial order or in a local program,

"student with special needs" means a student with special needs, as defined in Ministerial Order 150/89, the Special Needs Students Order.

[am. M319/96; am. M19/00; am M261/06; am. M298/22]

IEP for students with special needs

2   (1) A board must ensure that an IEP is designed for a student with special needs, as soon as practical after the student is so identified by the board.

    (2) Subsection (1) does not apply where

    a.   the student with special needs requires no adaptation or only minor adaptations to educational materials, or instructional or assessment methods

    b.   the expected learning outcomes established by the applicable educational program guide have not been modified for the student with special needs, and

    c.   the student with special needs requires in a school year, 25 hours or less remedial instruction, by a person other than the classroom teacher, in order for the student to meet the expected learning outcomes referred to in paragraph (b).

[am. M011/98]

3   REPEALED M319/96

Individual Education Plan Order

Review and consultation

4   Where a board is required to provide an IEP for a student under this order, the board

     a. must ensure that the IEP is reviewed at least once each school year following the year the IEP is developed and, where necessary, it is revised, or cancelled, and

     b. must offer a parent of the student, and where appropriate, the student the opportunity to be consulted about the preparation of an IEP.

<div align="center">[am. M319/96]</div>

4.1

     a. This section only applies to students with special needs in any of grades 10 to 12 who receive instruction through online learning and who

        ii. enroll in one or more educational programs provided by boards, or

        iii. in addition to enrolling in one or more educational programs provided by boards enroll in an educational program offered by an authority

    but it does not apply if

        i. the student with special needs requires no adaptation or only minor adaptations to educational materials, or instructional or assessment methods,

        ii. the expected learning outcomes established by the applicable educational program guide have not been modified for the student with special needs, and

        iii. the student with special needs requires in a school year, 25 hours or less remedial instruction, by a person other than the classroom teacher, in order for the student to meet the expected learning outcomes referred to in paragraph (ii).

     b. A board must consult with another board about the IEP of a student with special needs as soon as practical after the board is informed by the Ministry of Education and Child Care, the other board, the student's parent or the student that the student with special needs is also enrolled in an educational program that is provided by the other board.

     c. A board must consult with an authority about the IEP of a student with special needs as soon as practical after the board is informed by the Ministry of Education and Child Care, the authority, the student's parent or the student that the student with special needs is also enrolled in an educational program that is provided by the authority.

<div align="center">[en.M261/06; am. M298/22]</div>

Implementation of an IEP

5   Where a board is required to provide an IEP for a student under this order, the board must offer each student learning activities in accordance with the IEP designed for that student.

<div align="center">[am. M319/96]</div>

Student Progress Report Order

Authority: School Act, sections 79 (3), 85 (2) (j) and 168 (2)

{ Ministerial Order 191/94 (M191/94) .... Effective September 1, 1994
Repeals M17/90

Amended by M397/94 .... Effective November 28, 1994
Amended by M207/95 .... Effective September 1, 1995
Amended by M639/95 .... Effective December 19, 1995
Amended by M318/96 .... Effective August 21, 1996
Amended by M19/00 .... Effective January 26, 2000
Amended by M32/04 .... Effective February 18, 2004
Amended by M149/04 .... Effective April 26, 2004
Amended by M321/04 .... Effective September 1, 2004
Amended by M101/05 .... Effective April 14, 2005
Amended by M206/07 .... Effective September 2, 2007
Amended by M165/08 .... Effective July 3, 2008
Amended by M269/08 .... Effective November 4, 2008
Amended by M197/11 .... Effective July 21, 2011
Amended by M307/16 .... Effective July 1, 2016
Amended by M257/18 .... Effective July 1, 2018
Amended by M230/19..Effective July 1, 2019

Orders of the Minister of Education and Child Care

Interpretation

1   In this order

"board" includes a francophone education authority;

"curriculum" means

    a. the applicable educational program guide set out in Ministerial Order 333/99, the Educational Program Guide Order, and the subjects set out in Ministerial Order 295/95, the Required Areas of Study in an Educational Program Order, or

    b. the local program developed and offered by a board under section 85(2)(i) of the *School Act*, or a francophone education authority under section 166.4 of the *School Act*, or

    c. a Board Authorized Course authorized under Ministerial Order 285/04, the Board Authorized Course Order;

"learning outcomes" includes learning outcomes and learning standards as set out in the applicable educational program guide,

"performance scale" means a performance scale, represented either as a graph or described in words, that shows progress in relation to the expected learning outcomes,

    a. for students in Kindergarten, as one of the following:

        i.   Exceeding Expectations,

        ii. Meeting Expectations, or

        ii. Approaching Expectations;

    b. for students in grade 1 through 3, as one of the following:

        i.   Exceeding Expectations,

        ii. Meeting Expectations,

        iii. Approaching Expectations, or

        iv. Not Yet Meeting Expectations;

Student Progress Report Order

"reporting comments" means comments describing

    a.   what the student is able to do,

    b.   the areas in which the student requires further attention or development, and

    c.   ways of supporting the student in his or her learning;

"second language" means, for a student

    a.   enrolled in an educational program in the English language, a language other than English,

    b.   enrolled in a francophone educational program, a language other than French, and

    c.   who is in French immersion, English Language Arts,

"student" includes a francophone student,

"student progress report" includes documents approved by the board accompanying a student progress report.

"subject" means the areas identified as required areas of study in Ministerial Order 295/95, the Required Areas of Study in an Educational Program Order,

"written student progress reports" means those reports required to be prepared in accordance with sections 4 (2) (a) and 5 (9) (a) of the School Regulation.

             [am. M152/05; am. 226/07; am. 165/08; am. M307/16; am. M230/19]

Student progress reports

2   For the purposes of section 4 (1) (j) of the School Regulation, a teacher must prepare written student progress reports in accordance with the instructions set out in

    a.   Schedule 1 or

    b.   Schedule 2

    as directed by the teacher's board of education.

General requirements for student progress reports

3   Written student progress reports for students in kindergarten through grade 12 must contain

    a.   the school's name, address and telephone number,

    b.   the student's name,

    c.   a definition of all letter grades used in the student progress report,

    d.   the number of days that the student was absent during the reporting period,

    e.   the number of days that the student was late during the reporting period,

    f.   a description of the student's progress as required in the Schedule,

    g.   a description of the student's behaviour, including information on attitudes, work habits, effort and social responsibility,

    h.   the name of the teacher involved in preparing the report, and the signature of the principal, vice principal or director of instruction, and

    i.   a statement that the report is on a form ordered by the minister or on a form approved by the board.

Acknowledgement of receipt

4   Written student progress reports for students in kindergarten through grade 7 must contain a place for the signature of the parent to acknowledge receipt of the report.

[am. M129/08; en M307/16]

Schedule 1 - Written Student Progress Reports

Student progress reports for kindergarten to grade 3

1   Written student progress reports for students in kindergarten to grade 3 must include

    a.   a performance scale and reporting comments in relation to the learning outcomes for the following subjects:

        i.   English Language Arts or, for students enrolled in a francophone education program or French immersion students, French Language Arts

        ii.   Mathematics

        iii.   Science

        iv.   Social Studies

        v.   Physical and Health Education, and

        vi.   Arts Education, and

    b.   in relation to the report provided at the end of the school year,

        i.   reporting comments in relation to the learning outcomes for the following subjects:

            A. Applied Design, Skills, and Technologies, and

            B. Career Education, and

        ii.   a student self-assessment on core competencies.

Student progress reports for grades 4 and 5

2   Written student progress reports for students in grade 4 and 5 must include

    a.   letter grades and reporting comments indicating levels of performance in relation to the learning outcomes for the following subjects:

        i.   English Language Arts or, for students enrolled in a francophone education program or French immersion students, French Language Arts

        ii.   Mathematics

        iii.   Science

        iv.   Social Studies

        v.   Physical and Health Education

        vi.   Arts Education, and

        vii.   a second language, if the student is enrolled in a second language course, and

    b.   in the report provided at the end of the school year,

        i.   reporting comments in relation to the learning outcomes for the following subjects:

            A. Applied Design, Skills, and Technologies, and

            B. Career Education, and

ii.   a student self-assessment on core competencies.

Student Progress Report Order

3   For students in grades 4 and 5, a board may choose to provide letter grades to parents in a document other than a written student progress report.

Student progress reports for students in grades 6 to 9

4   Written student progress reports for students in grade 6 through 9 must include

a.   letter grades and reporting comments indicating levels of performance in relation to the learning outcomes for the following subjects:

  i.   English Language Arts or, for students enrolled in a francophone education program or French immersion students, French Language Arts

  ii.   Mathematics

  iii.   Science

  iv.   Social Studies

  v.   Applied Design, Skills, and Technologies

  vi.   Career Education

  vii.   Physical and Health Education

  viii.   Arts Education, and

  ix.   a second language, if the student is enrolled in a second language course, and

b.   in the report provided at the end of the school year, a student self-assessment on core competencies.

[en M307/16]

Grades 10 to 12 reports

5

1.   Student progress reports for students in grades 10 to 12 must, in relation to expected learning outcomes set out in the curriculum, contain

  a.   letter grades, and

  b.   where deemed to be appropriate by the teacher, principal, vice principal or director of instruction, written reporting comments.

2.   Student progress reports for students to whom Ministerial Order 302/04, the Graduation Program Order, applies must, in addition to the information required under subsection (1) contain the credits assigned toward meeting the general requirements for graduation as set out in these orders.

  2.1   *REPEALED, M230/19, effective July 1, 2019*

  3.   *REPEALED, M197/11, effective July 11, 2011*

[am. 226/07; am M165/08; am 197/11; am. M307/16; am. M230/19]

Letter grades

6   For the purposes of sections 2, 3 and 4, the letter grades to be used and the requirements to be followed in assigning letter grades are those set out in Ministerial Order 192/94, the Provincial Letter Grades Order.

<p align="center" style="color:steelblue">Student Progress Report Order</p>

7 REPEALED, MO230/19, effective July 1, 2019

<p align="center">[am. M165/08; am. M269/08; am. M307/16; am. M257/18; am. M230/19]</p>

Student progress reports for ELL and IEP students

8

1. In this section

"IEP" means an IEP as defined in Ministerial Order 638/95, the Individual Education Plan Order,

"ELL student" includes

 a. a student who is receiving services to assist him or her in becoming proficient in English, and

 b. a francophone student who is receiving services to assist him or her in becoming proficient in French,

"Students with special needs" means a student with special needs as defined in Ministerial Order 150/98, the Special Needs Order.

2. Sections 1, 2, 4 and 5 do not apply to student progress reports described in subsections (3) and (4).

3. Unless a student with special needs is able to demonstrate his or her learning in relation to the expected learning outcomes set out in the curriculum for the course or subject and grade, a student progress report for that student must contain written reporting comments in relation to the expected learning outcomes set out in that student's IEP.

4. Until an ELL student is able to demonstrate his or her learning in relation to expected learning outcomes set out in the curriculum for the course or subject and grade, a student progress report order for that student must contain written reporting comments.

5. Student progress reports referred to in subsection (3) must contain

 a. a statement that the progress of the student is in relation to the expected learning outcomes for that student in his or her IEP and is not in relation to the expected learning outcomes set out in the curriculum for the course or subject and grade, and

 b. where deemed to be appropriate by the teacher or principal, vice principal or director of instruction, written comments describing

  i. ways to enable the student to demonstrate his or her learning in relation to expected learning outcomes set out in the curriculum for the course or subject and grade, and

  ii. the time period required to enable the student to demonstrate his or her learning under subparagraph (i).

6. A letter grade may only be assigned for a student with special needs or an ELL student where that student is able to demonstrate his or her learning in relation to the expected learning outcomes in the curriculum for the course or subject and grade.

<p align="center">[am M165/08; am M307/16]</p>

Student Progress Report Order

Schedule 2 - Alternative Student Progress Reporting

Board must provide policies to minister

1   Prior to the first report of the school year, the board must provide to the minister a copy of its reporting policy, and information on the public consultations done in developing its policy.

Student progress reports for kindergarten to grade 9

2   The written student progress report for students in kindergarten to grade 9 must include information about a student's progress in relation to the learning outcomes set out in the curriculum.

End of school year report

3   The written student progress report provided at the end of the school year must include

    a.   a description of the student's progress in relation to the learning outcomes for all subjects required under the Required Areas of Study Order,

    b.   a self-assessment of the core competencies, and

    for students in grades 4 to 9,

    c.   (c) letter grades, if deemed necessary by the board.

Letter grades must be provided upon request

4   Despite section 3 (c), boards must provide a student's current letter grade to that student's parent, upon request.

<div align="center">[en M307/16]</div>

Support Services for Schools Order

Authority: School Act, sections 88 (1) and 168 (2) (t)

Ministerial Order 149/89 (M149/89) .... Effective September 1, 1989
Amended by M127/19 .... Effective April 3, 2019
Order of the Minister of Education and Child Care

Community health nurses in schools
1   Every board shall
   a.   equip and maintain a room that can be used as a medical room in each school within the district, and
   b.   make that medical room available to the community health nurse assigned to the school during scheduled and special visits.

Auditory systems
2   (1) Each board is responsible for referring any of its students who are hearing impaired to the Ministry of Health for a needs assessment to determine if the student requires auditory training equipment for classroom use.

   (2) On request of a board, the minister shall loan to the board auditory training equipment for each student who has been assessed under subsection (1) as needing the equipment.

   (3) The minister is responsible for routine maintenance of auditory training equipment loaned to a board.

Speech and language services
3   A board of a school district shall provide speech and language therapy services for students of school age who attend a school in the district and whose education is adversely affected by oral communication difficulties.

Medical assessment
4   A board shall refer for medical assessment and subsequent referral for occupational or physiotherapy consultation any students who have ongoing physical conditions or disabilities serious enough to cause interference with the attainment of the goals of education.

Specialized health services
5   (1) If complex health procedures are carried out in schools, the board shall ensure that staff designated to carry out these procedures have been trained, and are supervised, by appropriate health professionals.

   (2) For purposes of subsection (1) complex health procedures include but are not limited to, gastrostomy care and tube feeding, administration of oxygen, catheterization and suctioning.

Support Services for Schools Order

(3) School staff trained to carry out health procedures for a specific student shall not perform those procedures on other students.

Duty to report

6 On or before June 30, every superintendent of schools for a school district shall notify the school medical officer for the school district of the name and location of each school in the district and the projected enrollment for each school in the following school year.

Provision of Menstrual Products

7

a. Each board must establish, maintain and make publicly available a policy and procedures for the provision of menstrual products to all students who may require them.

b. The policy and procedures must:
    i. Ensure menstrual products are provided to students of all gender identities or expressions in a manner that protects student privacy;
    ii. Provide for barrier free, easily accessible menstrual products at no cost to students;
    iii. Provide for consistent availability and supply of menstrual products in school washrooms; and
    iv. Incorporate student feedback with respect to the provision of menstrual products.

[am. M127/19]

Student Support Continuum

STUDENT SUPPORT CONTINUUM

PHASE 1- INITIATING STUDENT SUPPORT
(CLASSROOM LEVEL)

- Identify concern(s) – educational, social/emotional, behavioural

- Review current and historical student information – assessments (formal & informal), attendance, student file, transition notes, etc.

- Discuss concern(s) with parent/guardian and student

- Gather additional information (e.g. health, vision, hearing, diet, sleep, and any community support involvement)

- Based on information gathered, and considering student strengths, determine next steps which could include:

  ○ Administer additional informal assessments

  ○ Continue observation and data collection for analysis

  ○ Implement additional universal strategies and interventions

  ○ Develop/revise student learner profile which includes strengths, interests, learning preferences, and stretches

PHASE 2 - CONSULTATION AND COLLABORATION
(WITH TEACHER, COUNSELLOR, LST, OTHER TEACHERS)

- With school colleagues, discuss and revisit concerns, information gathered and actions taken in phase 1

- Collectively reframe, revise and determine next steps which could include:

  ○ Administer additional informal assessments

  ○ Observe and collect additional data for analysis with additional participants

  ○ Revise and implement additional universal strategies and interventions

  ○ Refine student learner profile

Greater VICTORIA School District

PHASE 3-REFERRAL TO SCHOOL BASED TEAM (SBT)

- Inform student and/or parent regarding SBT referral

- Complete SBT Referral using all the student information gathered in Phase 1 and 2

- SBT meets with classroom teacher to review and discuss concerns and all actions taken in phase 1 and 2.

- Collectively develop an action plan leveraging student strengths that outlines actions, time lines, and assign actions to SBT members

- Potential actions could include:

  ○ Additional assessment (formal/informal), observations and collection of data for analysis
  ○ Revising and implementing additional or targeted strategies and interventions
  ○ Review and revision of student learner profile
  ○ Creation and/or review of Student Support Plan/IEP
  ○ Referral to OT/PT, SLP, PSYCH
  ○ Referral to community agency(ies)
  ○ Ministry of Education designation request
  ○ Consult with district staff via the district collaborative support request. Consultation could include:
    - collaborative planning
    - student modified schedule
    - external supports within the school day
    - additional resources/learning for staff
    - specialized transportation
    - district based team meeting (DBT)

Student Supports Timeline

September

- Start-up routines for students:
  - Transition support for incoming students
  - Priority student check-ins (Student Support Plan, medical needs, confirmation of Children & Youth in Care (CYIC), Individual Education Plan (IEP) and **Annual Instruction Plan (AIP)** for newcomers
  - New students—parent contact, file review, learner profile, contact previous school, identify potential need for ELL support
  - Identify students who may benefit from connecting with specific staff members to build meaningful connections and/or access additional supports, etc.
- Participate in building class profiles, attend grade meetings
- Begin IEP development for returning students, including assessment, planning and programming
- Case manager contact parent for IEP review for returning students
- Review ELL caseload; ensure current assessments and fully complete ELL AIPs by Sept 30, print and put in student school file
- Attend District Town Hall Meeting
- Review SBT self-evaluation rubric to determine schedule, processes, documentation and communication
- Set staff schedules based on student needs (EAs, LSTs, Counsellors, ELL, etc.)
- Identify additional training for staff (CPI, First Aid, ELL Assessments and AIPs)
- Ensure Ministry Reporting 1701 data is accurate

October

- Collaborative planning for IEP development insert in p. 55-56 of Reporting Order
- Case manager introduction to parents and IEP review for students new to caseload
- Develop CYIC Supporting Success in School Plan (SSSP)
- Begin regular services to ELL students

November

- Case managers review IEP goals, objectives and supports with student IEP team
- Review ELL AIP progress
- If required, participate in CYMH Consultation & Collaboration Meetings or other community agency shared planning
- Complete Written Learning Update (Report Card) (9-12)

December
- Complete Written Learning Update (Report Card) (K-8)

January
- Case managers review IEP goals, objectives and supports with student IEP team
- Adjust timetables and schedules as needed for students at secondary
- Initiate discussion regarding possible additional year for specific identified students with complex needs
- Complete Summary of Learning (Report Card) (9-12)

February
- Transition planning begins (elementary-middle-secondary)
- Support course selection in secondary
- Case managers review IEP goals, objectives and supports with student IEP team
- Ensure Ministry Reporting 1701 data is accurate

March
- Confirm whole school profile regarding student needs
- Review and update Spring Designation Review List provided by district for ASD, PDCH, IBI and MBS
- Confirm students with designations for the upcoming school year
- Case managers review IEP goals, objectives and supports with student IEP team
- Complete Written Learning Update (Report Card) (K-8)

April
- Provide additional transitional support for specific students (Student Transition Brief)
- Begin annual spring assessments for ELL students (April & May)
- Schedule school to school transition meetings
- Complete Written Learning Update (Report Card) (9-12)

May
- If required, participate in CYMH Consultation & Collaboration Meetings or other community agency shared planning
- Create new AIPs for following school year
- Revisit whole school profile regarding student needs
- Participate in school-to-school transition meetings
- Participate in class building process for next school year
- Case managers review IEP goals, objectives and supports with student IEP team

June
- Review class profiles and plan support needs for September
- Ensure new AIPs are completed prior to file transfer
- Complete Summary of Learning (Report Card) (K-12)
- Update CYIC SSSP
- File hard copy of final IEP in blue IEP folder
- Add formalized assessment reports to blue IEP folder

Greater VICTORIA School District

SCHOOL: _____

Greater Victoria School District School Based Team Self-Evaluation Rubric

Name of Team Member(s): _____   Date: _____

School-based teams (SBT) change and evolve over time. Changes in student needs, new staff members, new SBT members, and structural or scheduling changes can all impact the role and impact of an SBT within the school community. As a result, scheduling time to review the processes and function of each SBT may help to maintain consistency and continuity of SBT work from year to year. By using this self-assessment rubric, areas of strength and areas for improvement can be easily identified within your SBT. This self-assessment process can play an important role in establishing goals to improve the SBT process and experience within your school community for years to come.

	ROLE OF THE SBT WITHIN THE SCHOOL COMMUNITY		
	← →		
Staff Understanding and Commitment *How well does our school staff understand the role and responsibilities of the SBT?*	Our school staff members have little knowledge of the function and purpose of the school-based team.	Our staff members have some knowledge of the function and purpose of the school-based team.	Our staff members understand the function and purpose of the school-based team.
SBT School Communication: *How does the SBT communicate with the rest of the school staff?*	Our SBT does not regularly share information with staff.	Our SBT shares necessary information with staff when requested.	Our SBT shares necessary information with the staff to provide appropriate support for students.
Roles and Responsibilities of the SBT: *How clear are the roles of the team both within the team and the school staff?*	Roles and responsibilities of the SBT members are unclear and unassigned.	Roles and responsibilities of the SBT members have been assigned but may be unclear to some.	Roles and responsibilities of the SBT members have been assigned and are clear to all.

Revised February 2021

Greater **VICTORIA** School District

SCHOOL: _____

SBT PROCESSES			
	←————————————————————————————————→		
SBT Student Referral Process	Our SBT does not have a formal student referral process.	Our SBT has a formal student referral process.	Our SBT has a formal student referral process using a standardized form.
Staff Referral Awareness	Few staff understand the process on how to make a student referral to the SBT.	Some staff understand the process on how to make a student referral to the SBT.	All staff members understand the process on how to make a student referral to SBT.
Staff Referral Involvement	Our SBT does not include referring staff members in selecting, developing, contributing to, and/or monitoring student outcomes.	Our SBT will sometimes include referring staff members in selecting, developing, contributing to, and/or monitoring student outcomes.	Our SBT includes the appropriate staff members to support student outcomes.
Case Management/ Point Person for Referrals	Our SBT does not assign a case manager/ point person in a collaborative manner for all referred students who require follow-up.	Our SBT sometimes assigns a case manager/point person in a collaborative manner for all referred students who require follow-up.	Our SBT assigns a case manager/point person in a collaborative manner for all referred students who require follow-up.
Case Management/ Point Person for Students with IEP/CBIEPs	Our SBT does not know who the case managers are for students with IEP/ CBIEPs.	Our SBT, in consultation with support staff, identifies case managers for students with IEP/CBIEPs (with or without Ministry Special Education designations).	Our SBT, in consultation with support staff, identifies case managers for students who require IEP/CBIEPs (with or without Ministry Special Education designations) duties of case managers are based upon Ministry and District policies/guidelines; the role of case managers is understood by parents and staff.
Parent/ Caregiver Communication	Our SBT does not include parents/ caregivers in selecting, developing, contributing to, and/or monitoring student outcomes.	Our SBT will encourage parents/caregivers to have familiarity with multidisciplinary team members; and will occasionally include their input in selecting, developing, contributing to, and/or monitoring student outcomes.	Our SBT fosters a partnership with parents/ caregivers focusing on shared responsibility in supporting student outcomes as required.

Revised February 2021

Greater
VICTORIA
School District

SCHOOL: _____

MEETING STRUCTURES		
	← — — — — — — — — — — — — — — — — — — — →	
SBT Meeting Agendas	Our SBT meetings do not follow an agenda.	Our SBT meetings have an agenda but it is not always followed.	Our SBT has a mutually agreed-upon agenda for meetings that is followed.
SBT Agenda Development	Our SBT does not send out agendas with sufficient time for team members to gather supporting information or documentation.	Our SBT sometimes sends out agendas with enough time for team members to gather supporting information or documentation.	Our SBT always sends out agendas with enough time for team members to gather supporting information or documentation.
SBT Meeting Focus and Productivity	Our SBT team meetings are seldom focused and productive in developing solutions for students.	Our SBT team meetings are usually focused and productive in developing solutions for students.	Our SBT team meetings are always focused and productive in developing solutions for students.
SBT Minutes and Documentation	SBT participants keep their own notes to document decisions made at SBT meetings.	Meeting minutes are recorded on a standard SBT meeting form; minutes are sufficiently detailed to document planning and decisions. At times, actions and interventions are discussed but not always clearly articulated.	Meeting minutes are recorded on a standard SBT meeting form; minutes are sufficiently detailed to document planning and decisions; copies of the minutes are distributed to all participants and are stored in a centrally located confidential SBT file. The actions and interventions resulting from the meeting are clearly articulated with a case manager identified and assigned to each student.
SBT Distribution and Filing Process	Filing and distributing of the school-based team minutes is not consistent in our school.	Our SBT either files the minutes in a student's LS/School Student Services file or shares the necessary information to the staff working with the student.	Our SBT consistently files the minutes in a student's LS/School Student Services file and shares the necessary information to the staff working with the student and parents or guardians.

Greater VICTORIA School District

SCHOOL: _____

ACTIONS—Processes and Protocols		
	← ─────────────────────────────── →	
Pre-Referral Intervention Process	We have no pre-referral process for our SBT.	We have an informal pre-referral process for our SBT.	Our SBT has a pre-referral process that includes reading the student file, consulting with the parent/guardian and providing initial interventions.
Pre-Referral Intervention Awareness	Staff do not understand pre-referral interventions that should generally occur prior to an SBT referral.	Some staff understand the pre-referral interventions that should generally occur prior to an SBT referral.	Most staff understand pre-referral interventions that should generally occur prior to an SBT referral.
Post-Referral Review Process	We do not regularly review or revisit students who have been brought forward to SBT.	We sometimes revisit students who have been brought forward to SBT.	We regularly review and revisit students who have been brought forward to SBT.
Accessing District Support	Our SBT does not understand how to access District support or what District support services are available.	Our SBT has some understanding of how to access District support and what District support services are available.	Our SBT understands how to access District support and what District support services are available.
Frequency of District Support Access	Our SBT will seldom access District support.	Our SBT will sometimes access District support.	Our SBT will access District support when required.
Review Process	Our SBT does not review our school-based team processes and function.	Our SBT sometimes discusses our school-based team processes and function on an irregular basis.	Our SBT reviews our school-based team processes and function on a regular basis.

Revised February 2021

Integrated Case Management (ICM)
Wraparound (WRAP) Working Together Guide

(Revised 180307)

What is Integrated Case Management (ICM)/Wraparound (WRAP)?

ICM/WRAP is a process for service delivery founded on the belief that all individuals/families have a central role in the *process* of planning.

ICM/WRAP is both a philosophy (set of guiding principles) and a process (way of delivering service). ICM/WRAP involves community service providers and individuals/families in a team process that focuses on client centered, strength-based action planning.

Who can be part of the ICM/WRAP process? EVERYONE!

Individuals/families (including young children or seniors), parents, guardians or adults, extended family and family supports, other support persons, as well as service providers and community members can be on an ICM/WRAP team. Service providers may include counsellors, school staff, social workers, probation officers, physicians, foster parents, program staff, or anyone currently involved with the individual/family.

Who can initiate the ICM/WRAP process? ANYONE!

If you see an individual or family in need, act proactively to coordinate information sharing and create supports and services to wrap around an individual or family.

What is the purpose of the ICM/WRAP process? SUCCESS and SUPPORT!

The ICM/WRAP process provides an opportunity to assist individuals/families by identifying and understanding their strengths and needs. The individual/family and service providers work together to creatively and efficiently meet these needs by designing and monitoring a strength-based action plan that focuses on positive outcomes and client-centered. Documentation of the action plan and follow up are paramount for success.

The ICM/WRAP process is not about the "meeting"; it is about the relationships, support and services between individuals/families and their support team. It is a PROCESS!

ICM/WRAP is a process and having meetings or gatherings is part of that process. The most important part of the process is building positive relationships between the individuals/families and the service provider.

Best Practices of the ICM/WRAP Process

Person-centered Service: Be committed to putting individuals/families at the <u>center</u> of service planning. The purpose of the process is to help individuals/families build their capacity, to identify and address their goals, and to direct their own lives to the greatest extent possible. The individual and his/her family must be present at any meetings or gatherings. If the individual or family is not at the meeting/gathering component of the ICM/WRAP process, the meeting/gathering is not part of the ICM/WRAP process; it is a case management meeting. At times, you may need to bring all the professional players together at a case management meeting to ensure they are all on the "same page" on how to best help an individual and/or family. Bringing professionals together to agree on boundaries, learn about respective agency mandates and develop trust will help mitigate any "surprises" for individuals/families when they are together with their Team in their planning/gathering meetings which are part of the ICM/WRAP process.

Confidentiality: Everyone involved in the process must respect their agency's guidelines for sharing information. Planning and successful outcomes will occur if the individual/families consent to share information with others. Consent forms for sharing information need to be signed by the individual so s/he is fully aware of who is talking to who.

Building on Strengths: The focus on strengths and successes of individuals/families helps them stay committed and helps the team be collaborative.

Advocacy: Individuals/families are given the opportunity to play a central role in decision-making that affects their lives. It may be difficult, however, for individuals/families to attend the meetings/gatherings which occur as part of the process and to speak for themselves. Individuals/ families are encouraged to bring a friend, advocate or support person with them who can speak on their behalf.

Recognizing Diversity: We need to respect and respond to the social, cultural and economic factors that shape the individuals/families' lives.

Collaboration: We encourage all team members to share their individual skills, knowledge and expertise with each other with the end goal of supporting our clients and families.

Mutual Respect: We respect each team member's unique knowledge, skills, experience and perspective, regardless of age, level of training, position, job classification, particular discipline, ministry or agency represented, or relationship to the individual/family.

Participation: Team members must be willing to participate fully in the activities of the team. The process will be more successful if collaboration occurs.

Accountability: Team meetings/gatherings are part of the ICM/WRAP process. Minutes of the gatherings need to be shared with all. As well, communication and action which occur as part of the process need to be documented and shared. Accountability is paramount for success.

A Holistic Approach: The development of any action plan needs to be referenced to the strengths and challenges that the individual/family deals with on a day-to-day and long-term basis.

Planning for Transitions: Take special care to anticipate and plan for transitions in the lives of individuals/ families – for example, changing schools or jobs, life transitions (i.e. individual to adulthood, parenthood), and changes in family structure.

Appropriate Intervention/Long term view: ICM/WRAP complements a prevention and early supports strategy which is aimed at providing support to individuals/families before difficulties develop into crises. *The process should not be driven by "crisis" mode.*

Respect

Remember, ICM/WRAP is a process of having all team members work together to support an individual/family. Many discussions will occur between team members, including the individual/family, with regular ongoing meetings/gatherings involving the individual/family and their support system providers.

Input from all: All members have opportunities to express themselves. The atmosphere of the meetings/gatherings should be one of mutual respect and recognition that everyone who attends has something unique to share.

Collaboration: Valuing the input of all members and making a commitment to working together are both key components in the process. No one team member has all the skills, ideas, or vision that an individual/family or the team might need. It is the collaboration of ICM/WRAP team members that produces the most positive outcomes. The sum of the whole is greater than the parts.

Respect and value differences in mandates, agendas, and opinions: Team members come from a variety of agencies with varying mandates and agendas. Team members need to be open-minded and value the contribution of other team members. Encourage less vocal members to speak and share their ideas. Team members do not necessarily have to agree with each other, but they do need to listen to each other and validate contributions - especially if using a brainstorming activity. All members need to create an environment of trust in which individuals believe their views will be accepted and not judged.

Resolving Conflict: When interpersonal issues not specifically related to the family's needs surface, members should resolve these issues outside the meeting. When conflict around planning occurs, the chair/facilitator will take on a role of mediating and facilitating team decision making.

INITIATING THE ICM/WRAP PROCESS

Phase 1:   Pre-Planning

Initiate the Process and Engage Members	Identify a Case Manager (CM)	Prep the Team

• Identify need for ICM/WRAP
• Help client develop his/her vision/goal
• Discuss process with client
• Ask client who needs to be part of his/her ICM/WRAP Team*
• Explain process to Team members to promote informed choice to participate or not
• Review legal and ethical considerations with all Team members
	• Determine who is best to lead the process for the client – it may be you!
	• It could be a social worker, teacher, foster parent, resource worker etc.
		• CM organizes first team gathering
		• Prior to the gathering, the CM:
		  - prioritizes, with the client, what needs are most pressing
		  - asks all team members to identify client's strengths and needs and their commitment to the process
		  - identifies a goal/purpose

* The Team may include extended family, significant others, community supports (e.g. resource worker, family friend).

During this phase, the ground work for shared trust and a shared vision among team members is established. The tone is also set for team work, solution-focused intent and strengths-based approach.

Phase 2:   Team Meeting/Gathering

Define Team Guidelines	Describe Strengths and Vision/Goal	Describe and Prioritize Needs	Determine Goals, Strategies, Timelines and Responsibilities
• Discuss information sharing and confidentiality • Develop conflict resolution process • Focus on strengths-based and problem-solving • Reminder of "no elephants in the room" & "no surprises	• Each member comments on the client's strengths • CM and/or Client shares his/her client vision/goal	• CM guides Team in discussing Client's needs • Team prioritizes needs*	• CM guides Team in identifying shared Team goals • Discuss strategies, timelines and indicators of success • Assign responsibilities • Set time for next gathering

*   Remember RAP: Realistic, Attainable, Pertinent; limit the number of shared goals
**   Best strategies: are most likely to meet shared Team goals, are community-based, build on strengths and are consistent with family culture and values.

During this phase, team trust and mutual respect are built while the Team creates the initial planning of care.

Phase 3:   Action

Implementation/Action of the Planning	Tracking and Updating and Review(CM)	Celebrate Successes
• Team members carry out responsibilities as defined in the gathering • CM follows up with Team members in between regularly scheduled Team gatherings • Team members assess what's working	• Team members acknowledge each other's efforts and celebrate progress	• When the Team determines a strategy is not meeting the needs of the client, or new needs emerge as priorities, the Team creates new strategies

During this phase, the preliminary planning is implemented, progress is continually evaluated and the planning is adapted according to feedback. Team cohesiveness, collaboration and respect remain essential for effective planning and implementation.

Phase 4:   Transitioning

Planning for Next Steps	Create a Post-Transition Plan
• Team identifies service and support needs for the next steps • Team focuses on fostering natural community supports • With transitioning process, Team meetings become less frequent and eventually end • Team identifies ongoing CM	• Team develops post-transition safety plan • Plan identifies roles and responsibilities of stakeholders • Plan identifies strategies for process when safety issues arise • Plan involves rehearsing response to crises and creating linkages to post ICM/Wrap resources

During this phase, planning occurs for a purposeful transitioning out of formal ICM planning to a mix of formal and natural supports in the community. A transitioning out of ICM may occur when the Team feels that the positive outcomes that have been made may be maintained through less formal supports.

Follow-Up Meetings/Gatherings

Follow-up meetings/gatherings ensure that everyone is working collaboratively with a focus on building strengths. These meetings/gatherings provide an opportunity to review and evaluate progress and process, address new challenges and revise action plans. New issues and any barriers or challenges are addressed.

After the first meeting/gathering, the minutes and Action Plan are distributed quickly to all members, including the individual/family, so that everyone has the same information. The Action Plan provides accountability in that it lists the responsibilities of each person, including the youth, and provides a time-line.

Follow-up gatherings provide an opportunity to review progress, alter the action plan and possibly invite guests who could inform the WRAP/ICM team about available resources or certain issues.

A crisis management plan or protocol can be developed whenever there are indications that a crisis of some kind may emerge. This reduces the anxiety and uncertainty of individual members and encourages a coordinated response when a crisis does arise. The use of a crisis management plan often means that a special meeting/gathering of the ICM/WRAP team does not need to be called; the crisis and response can be reviewed at the next scheduled meeting/gathering.

The frequency of follow-up gatherings will depend on a number of factors:
- The family members' wishes, as they will have the best sense of "how things are going"
- The stage of the ICM/WRAP planning process: more frequent gatherings may be required early in the process to ensure that the plan is working or when new members join the ICM/WRAP team
- Stressful life circumstances may mean that the child, individual or family require more support during a particular period of time
- Developmental milestones such as starting the school year, transition to high school, puberty, or other changes specific to the child or individual may be vulnerable times and require more supports and planning
- Significant events such as anniversaries, Christmas, birthdays, family visits, may also be vulnerable times and require more supports and planning.

Crisis Management Plan

A crisis management plan or safety plan can be developed whenever there are indications that a crisis of some kind may emerge. The process and the plan reduce the anxiety and uncertainty of individual members and encourage a coordinated response when a crisis does arise. The use of a crisis management plan often means that a special meeting/gathering of the ICM/WRAP team does not need to be called.

1. Identify potential crises:
   ► What has happened in the past?
   ► What types of triggers/precursors make this type of crisis more likely?

2. Identify a pro-active prevention plan:
   ► What has helped in the past to keep this crisis from occurring?
   ► What can be done after a trigger occurs to help prevent the crisis?

3. Identify plan a/b/c:
   ► What has helped in the past in response to a crisis? What has not helped?What do we agree to try?
   ► Who needs to do what?
   ► Do others need to be involved who are not present on the ICM/WRAP team? How do we make them aware of the plan and get them involved?

4. After a crisis occurs, review the plan at the next meeting/gathering and alter as needed:
   ► What happened? Was the plan followed?
   ► Was the plan feasible? Did it work?
   ► How should we change the plan?
   ► Did family members feel supported?
   ► What were the different expectations of team members?
   ► Was there any uncertainty about sharing information?
   ► Was there any disagreement on how an incident was handled?
   ► Did all team members feel their input was validated?

Conflict Resolution

As in any other group, different types of disagreements and conflict will emerge in the ICM/WRAP process. Identifying and addressing the issue that underlies the disagreement is the job of the team. Successfully dealing with conflict strengthens team relationships and makes the ICM/WRAP team's work more effective.

Everyone on a ICM/WRAP team comes with a different background, knowledge base and relationship history with the others on the team. Many members may feel heightened anxiety due to the concerns that led to the creation of the ICM/WRAP process in the first place. The result will likely be some disagreements. However, conflict can be beneficial. Conflict means that different perspectives are being expressed; this allows opportunities for clarification and creativity. The result can be a stronger, more effective ICM/WRAP team.

Here are some examples of common disagreements within the ICM/WRAP process
   ► Disagreement on who should provide what service
   ► Misunderstanding someone's job or role on the team
   ► Disagreement about the needs or capabilities of the individual/family
   ► Frustration with slow progress
   ► Family members feel criticized or unsupported
   ► Team members have different expectations
   ► Uncertainty about sharing information
   ► Disagreement on how an incident was handled
   ► One member talks more than others—and it is all about problems and complaints.

The following strategies may be used to set the stage for positive resolution of conflict
   ► Focus on areas of agreement, especially the long-term vision; this provides a broader perspective for the team
   ► Ask questions about each member's role and consider how the team might support the role
   ► Review achievements and ensure everyone shares realistic expectations about what the ICM/WRAP team is able to do

- ► Look for the emotions that may be underlying a conflict—it is often a shared anxiety for the individual and desire to make things better
- ► Repeat the process of identifying strengths. It can be very helpful to everyone to hear what every other member appreciates about the individual /family. It can help the individual/family to feel better understood and respected
- ► When there is disagreement about what service to put in place, focus on the desired outcomes and identified strengths. This will often clarify the best approach
- ► Following a written agenda can help ICM/WRAP members bring others back to the desired topic
- ► Give everyone permission to think of creative approaches to a problem. This means brainstorming even very unrealistic ideas in hopes of discovering a new direction.
- ► Personal conflict between two members of the ICM/WRAP team should be addressed outside of the meetings/gatherings. Other members of the ICM/WRAP team may offer assistance.

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Individual's Consent for Sharing Information

An individual/family benefits most when those providing care collaborate and are consistently supportive of that individual/family and of each other. Exchanging information is necessary so that the ICM/WRAP team can identify and respond to the needs of an individual/family. However, all ICM/WRAP participants are asked to share only the information required for this purpose.

I, _____ give my consent for the following persons to share information as part of the ICM/WRAP planning process. Only relevant information is to be shared. I also understand that some, not all, persons noted below may be attending any planning meetings/ gatherings with me.

Name	Relationship/Organization
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that I may add or remove any names from this list at any time or specify any limitation to this consent.

Date: _____ (consent is valid for one year from date signing)

Individual Signature: _____

Parent Signature: _____
(if applicable)

Witness: _____

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Youth/Individual Pre-planning Questions

*The following are **examples** of the types of questions you might ask; these are not an exclusive or exhaustive checklist that you need to ask every individual/family.*

The Domains list may be a very useful reference tool (see next page).

1. What is going well right now?

2. What are your strengths – what are you feeling good about?

3. Which adults/peers are involved/connected with you?

4. If you could change one thing in your life, what would it be? Why?

5. (Explain the ICM/WRAP process) Who do you want on your Team?

6. Who do you want to attend the ICM/WRAP the meeting/gathering?

7. What are the most important issues, concerns or worries you want to share at your ICM/WRAP meeting/ gathering?

8. Who can help you with these concerns?

9. Where do you want to gather? (discuss time of gathering, how to arrange the room etc.)

10. Is there anyone you don't want to have on your team or at the meeting/gathering?

DOMAINS

1. SAFETY
☐ needs ☐ plan

2. HEALTH/MEDICAL
☐ speech
☐ hearing
☐ vision
☐ height and weight
☐ immunizations
☐ dental and dental plan
☐ on-going medical conditions or disabilities
☐ medications
☐ recent illnesses or accidents
☐ development bio-markers
☐ has a dentist

☐ eating habits
☐ sleeping habits
☐ exercise
☐ hygiene
☐ smoking
☐ drinking
☐ drug use
☐ sexual activity
☐ pregnancy
☐ has a doctor

3. EMOTIONAL/BEHAVIOURAL NEEDS
☐ mental health needs
☐ other supports
☐ prior trauma
☐ wellness

☐ mental health support
☐ behaviours that indicate mental health needs

4. EDUCATION/EMPLOYMENT
☐ school history
☐ current educational program
☐ educational expectations
☐ work history
☐ work readiness
☐ employment plan
☐ transitioning plan

☐ special needs
☐ IEP
☐ transition planning
☐ work skills
☐ current employment
☐ job/program applications/skills

5. SOCIAL/RECREATION
☐ peer group
☐ sports
☐ strengths

☐ clubs
☐ hobbies/interests
☐ healthy use of free time

6. IDENTITY/CULTURAL NEEDS
☐ peer group
☐ sports
☐ strengths

☐ language
☐ spirituality
☐ relation to natural family/extended family

7. FAMILY/SOCIAL RELATIONSHIPS
☐ safe place to live
☐ sense of belonging
☐ relationship with care givers
☐ children
☐ communication
☐ family supports

☐ has relationship with biological family
☐ place for special events, holidays
☐ positive peer group
☐ advocate and/or mentor
☐ responsibility
☐ attachment issues

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8. SOCIAL PRESENTATION

☐ appearance of self-care
☐ communication skills

☐ appropriate clothing
☐ confidence

9. SELF-CARE/LIVING SITUATION

☐ safe living situation
☐ manages money
☐ driver's license
☐ uses public and private services (fills out forms)
☐ shops for groceries

☐ source of income
☐ takes public transportation
☐ keeps appointments
☐ cooks
☐ uses laundry

10. LEGAL ISSUES

☐ legal status
☐ probation
☐ victim of criminal activity

☐ legal guardianship/custody
☐ details of probation
☐ "no contact order"

Sample First Meeting/Gathering Agenda

The initiator of the meeting should act as facilitator at the first gathering

1. Purpose of meeting/gathering:

    An example: We are here to make a plan together to help James have success in his transitioning to independent living.

2. Introductions
3. Housekeeping items
    - confidentiality
    - breaks (you can leave, but please come back)
    - washrooms
4. Strengths of individual/family
    - what strengths does individual/family have?
    - review what has been working/what is working
5. Identify needs/challenges of individual/family
    - prioritize needs
        - with effective preplanning, the most important needs will have been identified
    - determine which identified needs
        - require immediate action
        - require more information

        Note: what professionals see as priority may not be what the youth or family see as their immediate needs. Is there a middle ground? Are there a safety and crisis management plan?
6. Develop and record the S.M.A.R.T.* action plan with specific strategies, outcomes, timelines, review process and persons responsible for implementing the strategy
7. Closure to the first gathering
    - summary of action plan—who is doing what
    - set date and time for next meeting/gathering
    - ask for feedback on the process
8. Make a plan to distribute Action Plan and minutes to all members present (including the individual/family).

specific, measurable, achievable, realistic, time-limited

Follow-Up Meetings/Gatherings

1. Review minutes of last meeting/gathering
2. Review Action Plan of goals/interventions/strategies from last gathering
    - progress in home, community, school, with focus on strengths
3. Discuss new issues
    - how may new issues be addressed in the Action Plan?
    - are there any additional issues to discuss or research before the next meeting/gathering?
4. Revise the Action Plan:
    - Are there barriers to achieving these goals?
    - How can we remove those barriers?
    - What strategies will be used? Timeline?
    - Who is responsible for each strategy?
    - Do we need to review our crisis management plan? Our safety plan?
5. Arrange next meeting/gathering; give feedback and review this meeting/gathering
6. Make a plan to distribute Action Plan and minutes to all.

WRAP/ICM STRENGTHS-BASED ACTION PLAN EXAMPLE					
INDIVIDUAL/FAMILY			**TEAM MEMBERS PRESENT**		
	DATE: Sept 21, 2017	**NEXT MEETING:** Oct 17, 2017	**Goal statement:** Long-term: We want James to engage in pro social activities Short-term: James will have positive peer friendships as an adult.		
Domain	**Strengths**	**Need(s)**	**Realistic Goal**	**Intervention/ Who's responsible?**	**Timeframe**
Placement/Living Situation	Has good independent living skills Has a part time job	A youth agreement is necessary as James is currently living at his friends	James will arrange a meeting with a Social Worker to start the process for a youth agreement	Youth Care Worker—to make appointment at YAP and provide transportation	Appt. date to be arranged a.s.a.p.
Health/Medical					
Educational/ Vocational	When James is not worried about this living situation, he attends regularly	Increase attendance	James will join in class recreational activities with his peers	YCW to do goal setting around attendance and participation	Ongoing
Identity/Culture/ Religion					
Family/Social Relationships	James and his mom have shown an interest in family mediation	Learn to better communicate needs	James will participate in check-in the morning with his peers	YCW one on one will practice and model good communication skills YCW to submit an application for family mediation through Northern Health	Ongoing with weekly goal setting

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Social/Recreational	James enjoys physical activities	More opportunities to challenge himself physically	James will be encouraged to participate in open gym	Teacher will explain the class routine to James and encourage him to join	To begin in next week
Emotional/ Behavioural	James is insightful about his difficulties with peers	Trouble resolving conflict Anxiety around upcoming events	James will attend a group focused on problem solving skills	Counsellor to provide group	In one week
Self-care Skills					
Basic Needs					
Legal/Other					

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WRAP/ICM STRENGTHS-BASED ACTION PLAN

INDIVIDUAL/FAMILY			TEAM MEMBERS PRESENT		
MEETING #:	DATE:	NEXT MEETING:	GOAL STATEMENT: Long-term: Short-term:		
Domain	Strength(s)	Need(s)	Realistic Goal	Intervention/Who's responsible?	Timeframe
Placement/Living Situation					
Health/Medical					
Educational/ Vocational					
Identity/Culture/ Religion					
Family/Social Relationships					
Social/Recreational					
Emotional/ Behavioural					
Self-care Skills					
Basic Needs					
Legal/Other					

CALMing Strategies

When working with youth through the ICM/WRAP process, you need to understand, recognize, and respond to the effects of all types of trauma that our youth may have experienced. The human brain undergoes a number of changes related to trauma—especially accumulative traumatic experiences. The fight, flight and freeze response can be triggered in a number of ways through helper behaviours or particular environmental conditions. If a youth becomes triggered into a trauma response, help s/he identify this. Then, engage in grounding or self-regulating strategies to prevent further harm to the youth.

If the helper is aware that the youth has experienced trauma, these grounding techniques should be practiced in the Pre-Planning part of the ICM/WRAP process:

1.   Practice the 54321 game

        Name 5 things you can see in the room
        Name 4 things you can feel (chair on your back, feet on the floor)
        Name 3 things you can hear right now (traffic outside, someone talking outside the room)
        Name 2 things you can smell right now (or 2 things you like to smell)
        Name 1 good thing about yourself.

2.   Reorient yourself in place and time by asking yourself questions

        Where am I?
        What is today?
        What is the date?
        What is the month?
        What is the year?
        How old am I?
        What is the season?

3.   Name all the different types of animals you can imagine.

4.   Say the alphabet backwards.

5.   Become aware of your breathing. Where do you feel your breath (is it in your throat, chest, diaphragm, stomach)? Just be aware of your breath. Do not try to change your breath by slowing it down; just experience it. If thoughts come in, visualize them floating down a river and then go back to finding your breath. Focus on your breathing.

Final Thoughts

*We must be mindful of the consequences of our actions and statements in our interactions with individuals/families. The ICM/WRAP process can successfully engage and empower youth and families to create a personalized plan for their needs. However, there is also the potential for the process to do harm. At times, helpers have goals and interventions that they feel are very valuable and important; however, these may not be the outcomes or services that the ICM/WRAP individuals/families want or value. We must always be aware that the ICM/WRAP process is not something that is done to people but is a process that is completed in collaboration **with** individuals in a respectful and egalitarian way.*

*"I've come to a frightening conclusion that I am the decisive element in the client's life. It's my personal approach that creates the climate. It's my daily mood that makes the weather. As a caregiver, I possess a tremendous power to make a youth's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or heal. In all situations, it is **my** response that decides whether a crisis will be escalated or de-escalated and a youth humanized or dehumanized."*

Adapted from Haim Ginott

Resources   *Note: These are merely a sampling of the many on-line resources.*

Working Together Handbook (March, 2018) (Prince George ICM/WRAP Committee)
https://static.fasdoutreach.ca/www/downloads/WRAP-ICM-Working-Together-Handbook-Mar2018.pdf

Working Together Handbook (December, 2010) (Prince George ICM/WRAP Committee)
https://static.fasdoutreach.ca/www/downloads/WRAP-ICM-Working-Together-Handbook-Dec2010.pdf

Wraparound Protocol for Children and Youth
http://www.gov.mb.ca/healthychild/publications/protocol_ebd_wraparound.pdf

Integrated Case Management: Participants' Manual (MCFD) (1999)
https://www.yumpu.com/en/document/view/5380511/integrated-case-management-

The Wraparound Process User's Guide: A Handbook for Families
https://www.pathwaysrtc.pdx.edu/pdf/pbWraparound_Family_Guide09-2010.pdf

Freedom of Information and Protection of Privacy Act
http://www.bclaws.ca/civix/document/id/complete/statreg/96165_06

A Youth Guide to Wraparound Services
http://www.nj.gov/dcf/families/csc/documents/YouthGuideWraparound.pdf

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Community Partners Guide

Community Health Partners

At Home Program: Designed by the Ministry of Health, this program provides assistance to parents or guardians to support children and teens with a severe disability or complex health care needs.

Child and Youth Mental Health (CYMH): Intake services are phone-based (virtual), specializing in mental health services to support children and youth (0-18) with significant mental health challenges and their families.

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

Island Health School Age Therapy Program: The School Age Therapy (SAT) Program provides assessment and intervention for children and youth (ages 5 to 19) with physical and cognitive limitations in a variety of settings: at school, at home, in the community or at the Queen Alexandra Centre for Children's Health.

Ledger House: The Ledger Program is an island-wide resource that provides acute, in-patient, hospital based psychiatric services for children and youth serving all Island Health children, youth and families, and aims to provide stabilization, assessment, treatment planning and short-term interventions for children and youth aged 6 to 16 years.

Nursing Support Services (NSS) Coordinator: delivered by Island Health and available to children and youth in B.C., aged 0 to 19 years, who require specialized nursing services. The NSS Coordinator develops a health care plan in consultation with the support team for students requiring health care procedures such as tube feeding, catheterization, etc. The NSS Coordinators train, certify and monitor EAs who carry out specific dedicated health care procedures, and who work under the direction of the classroom teacher.

Pediatricians/Psychiatrists: Pediatricians are valuable members of educational teams. With adequate notice, many pediatricians may attend ICMs by telephone if not able to attend in person. The BC Pediatric Society offers 2 forms—*School Physician Communication form: What Educators and Physicians Need to Know* and the *School Physician Communication form*, which may be helpful for pediatricians and family physicians in assessing students with learning difficulties. Psychiatrists are sometimes vital members of a student's team. With adequate notice, psychiatrists or hospital-based social workers will participate in ICMs via conference call.

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

Community Indigenous Partners

Indigenous Partners: GVSD Indigenous Education Department provides a list of Indigenous partners that includes our local nations and other Indigenous partners offering support and/or services relating to culture, health and wellness and education.

Community Provincial Partners

Children and Youth with Support Needs (CYSN): Within the Ministry of Children and Family Development, CYSN supports families to access programs and services that can help them on their journey to care for and assist their child(ren) with support needs. Families can access services such as therapy, respite, equipment and guidance.

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

Community Living BC (CLBC): CLBC funds supports and services to adults with developmental disabilities, as well as individuals who have a diagnosis of autism spectrum disorder (ASD) or Fetal Alcohol Spectrum Disorder and who also have significant difficulty doing things on their own. CLBC has an eligibility policy to help people understand the eligibility criteria, and to help staff make consistent and fair decisions. Youth may apply at 16 years of age, to receive supports at 19 years of age.

Community Living Victoria: A non-profit community living service provider on Vancouver Island, that provides a range of support services to children, youth and adults with intellectual disabilities and their families.

Ministry of Children & Family Development (MCFD): Child welfare workers employed by MCFD are delegated under the CFCSA to assess reports, provide support services, investigate as needed and collaborate with other service providers, including school personnel, to help ensure the safety and well-being of children and youth. GVSD and MCFD, alongside delegated Indigenous agencies, work together to ensure support and

maximize opportunities for school success and social emotional wellness for Children and Youth in Care. In British Columbia, the Ministry of Children and Family Development. MCFD has lead responsibility for responding to suspected child abuse and neglect.

Provincial Resource Programs: A group of education alternatives known as Provincial Resource Programs (PRPs), such as the Provincial Outreach Program for Autism (POPARD), Inclusion Outreach, and others, which are intended to assist districts to meet the educational needs of students in exceptional circumstances.

Services to Adults with Developmental Disabilities (STADD): Once a child is eligible for CLBC, they are eligible for a Navigator. Their role is to support the transition from high school to adulthood as early as age 16. The Navigator is a single point of contact for you to start planning. **This service is self-referral** and contact should be made as soon as CLBC eligibility is reached.

Other Community and District Partners

BC Bus Pass program: this BC Transit program ensures that Persons with Disabilities (PWDs) have access to bus transportation.

Inter-Cultural Association (ICA) of Greater Victoria Settlement Workers in Schools (SWIS): an outreach program aimed at helping eligible newcomer students (immigrants and refugees) and their families settle and integrate into their school and community.

Island Health—Healthy Schools Team: A team of Public Health Nurses and Dietitians working with schools to provide partnership, collaboration, resources, knowledge and links to programs and grants for school health initiatives, as well as links to community partners to address the health priorities identified by each school.

Greater VICTORIA School District

Community Supports for Students with Complex Needs

Organization	Age Range	Type of Service	Contact Info
Autism Community Training	All ages	ACT specializes in evidence-informed training, research and resources to support neurodiverse individuals.	120B-3823 Henning Drive Burnaby, BC V5C 6P3 Email: info@actcommunity.ca Toll-free: 1-866-939-5188
Anscomb Mental Health Outpatient Program • Neurodevelopmental Team (Dr Drabkin) • Mood Disorders Team (Dr Bouffard)	5-18 years	• Provides specialized services for children and youth up to and including age 18, who are having significant complex challenges in their daily functioning due to severe, complex and persistent mood, anxiety and/or behavioural conditions related to major psychiatric disorders • **Referrals** are accepted from MCFD Child and Youth Mental Health clinics and healthcare provider (psychiatrist) • Typically, only accept youth who have had community mental health services	2400 Arbutus Road Phone: 250-519-6900

Beacon Community Services	All ages	Offers programs and support:
		• For Children, Youth & Families:
		  - Child Health & Safety (Early Years)
		  - Child Learning & Development
		  - Parenting Programs & Support
		• A range of Youth and Family Counselling services
		• Youth Employment Program (YEP) for 14-18 years;
		  Youth Employment Program Guide
		• Mental Health Supports—FASD Program
			2723 Quadra Street
			V8T 4E5
			Phone: 250-658-6407
			
			Children, Youth & Family Services
			Phone: 250-656-0134

Boys and Girls Club of South Vancouver Island	All ages	Offers a variety of programs and services that include: - Licensed Child Care - Camps for Kids and Teens - Youth Programs, Education - Youth and Family Services - Youth Justice Services - Parenting Programs	301-1195 Esquimalt Road Phone: 250-384-9133 Email: admin@bgcsvi.org

Organization	Age Range	Type of Service	Contact Info
BC Initiative for Inclusive Access to Post-Secondary Education (BC IPSE)—Steps Forward	Post-secondary	Steps Forward provides inclusion support for students with developmental disabilities to access post-secondary education. Students are supported to enroll at the university or college of their choice, pursue studies and engage in student life in the same classes and places as any other student. Over 4 years, students take a variety of courses with a focus in a specific field of studies. Students are awarded a Certificate of Completion at convocation alongside degree earning students in the same field of studies. Participating post-secondary institutions include: • Emily Carr University of Art and Design • Nicola Valley Institute of Technology • Trinity Western University • University of BC—Okanagan • University of BC—Vancouver • University of Victoria • Vancouver Island University • Capilano University	Please visit the Staff Directory for contact information for each institution.
Canadian Mental Health Association	All ages	Providing mental health promotion and mental illness recovery-focused programs and services for people of all ages and their families: • Wellness Programs—Blue Wave, Bounce Back, Living Life to the Full, Talk Today • Employment support—Job coaching / workshops / training sessions	CMHA BC Division Suite 905–1130 W. Pender St. Vancouver, BC V6E 4A4 Phone: 604-688-3234 Toll Free: 1-800-555-8222 Emal: info@cmha.bc.ca
Camosun College—Pathways for Life Learning & Work (S. Island Partnership)	Grade 12 or Grade 12+	Designed specifically for students with a variety of learning challenges, this program prepares individuals for entry level employment in food service, customer service and gardening.	Camosun College Interurban Campus 4461 Interurban Rd. V9E 2C1 Portable A Building, Room 104

Organization	Age Range	Type of Service	Contact Info
		Students attend Camosun College **4 mornings/week for 6 weeks (April–May)**. Activities include core competencies to help transition students from high school to post-secondary, gain entry-level employment or connect them to appropriate local support agencies. When the course is successfully completed, students receive a letter of completion and receive **100 hours of high school credit** through work experience hours. If students decide to return to Camosun after high school graduation to enroll in the Employment Training and Preparation Program, they will have a head start on their studies! **To register**: Support student(s) to fill out and submit a SIP Pathways for Life application package. They will meet with an ETP instructor at Camosun for an orientation meeting. Email w/ questions or to access registration information.	Phone: 250-370-3000 Toll free: 1-877-554-7555 Email: sip@camosun.ca
CanAssist	15-19 years	CanAssist presents a unique program for youth with disabilities who wish to find part-time work while they are still in high school. The program helps participants find meaningful, paid work and prepares them for the transition to adulthood. TeenWork is an innovative youth employment program from CanAssist at the University of Victoria. The program is designed to help youth with disabilities and mental health challenges find and retain meaningful, part-time paid employment while attending high school. TeenWork was developed with the aim of filling a gap in the employment field for youth with disabilities as they near the transition to adulthood.	CanAssist, University of Victoria CARSA, PO Box 1700, STN CSC V8W 2Y2 Phone: 250-721-7300
Child and Youth Mental Health (CYMH)	18 years & under	These programs are designed to support children and youth experiencing significant difficulties related to thoughts, feelings and behaviours. A range of assessment and treatment options for children, youth and their families are available.	Victoria CYMH #302 - 2955 Jutland Road Phone: 250-356-1123

Organization	Age Range	Type of Service	Contact Info
		• Intake and referral (intake initiated by parent) • Various assessments • Treatment (individual, family or group) • Parenting programs • Educational events • Community planning **Specialized services:** • High Risk Services • Eating Disorders Program • Multi-Cultural Outreach *Uncommon for CYMH to accept individuals with ASD	Saanich CYMH (Including High Risk Team and Multicultural Team) #201-4478 West Saanich Road Phone: 250-952-5073 Eating Disorder Program Phone: 250-387-0000 Indigenous CYMH 1195 Esquimalt Road Phone: 250-952-4073
Child & Youth Special Needs (CYSN) • A voluntary service • Anyone who has a diagnosis of ASD typically has a CYSN Social Worker as this is the means through which they are able to access their Autism funding dollars • While an individual may have a CYSN Social Worker, it does not necessarily mean they are accessing services	0-19 yrs	**CYSN services are run through the MCFD and aim to:** • promote children's healthy development • maximize quality of life • assist families in their role as primary caregivers **Can support with:** • Referrals for respite & homemaker service • Connecting w/ home program to assist with medical costs • Applying for Autism funding • Referrals for Behavioural or Professional support (e.g. DDMHT) • Transition planning support **A child must meet the following criteria to access services:** • Documented Developmental Disability—IQ of around 70 (as assessed by a Registered Psychologist according to DSM5/ DMSIV criteria) • Screened eligible for the At Home Program • Autism Spectrum Disorder • Call CYSN office directly to speak with CYSN Social Worker; provide relevant documentation	#140-4460 Chatterton Way Phone: 778-698-1224

Organization	Age Range	Type of Service	Contact Info
Community Living BC	18+	Community Living BC (CLBC) is the provincial crown corporation that funds support and services to: • adults with developmental disabilities • individuals who have a diagnosis of Autism Spectrum Disorder (ASD) • individuals who have a diagnosis of Fetal Alcohol Spectrum Disorder and who also have significant difficulty doing things on their own The CYSN Social Worker often supports families to access CLBC	29 Helmcken Road V8Z 5G5 Phone: 250-952-4203
Community Living Victoria	All ages	Community Living offers a variety of services and support for people and families with intellectual disabilities including: • Family Support—Providing information, connecting people with community resources and advocacy • Employment Services—pre-employment skills, skills-based workshops and summer/spring camps • **Access** occurs independently	1512 McRae Avenue Phone: 250-477-7231 Email: employmentservices@clvic.ca
Complex Developmental Behavioural Conditions (CDBC)	0-19 years	CDBC provides diagnostic assessments for children and youth who have difficulties in multiple areas of function (Complex Neurology, Autism, Fetal Alcohol Spectrum Disorders) Also: • Provide resources, consultation & information • Provide education sessions for families and community service providers	**Island Health Region** Regional Coordinator Queen Alexandra Centre for Children's Health 2400 Arbutus Road V8N 1V7 Phone: 250-519-5390 Fax: 250-519-6931
Developmental Disability Mental Health Team (CCMHT)	14-19 years	This mainstream service provides non-crisis mental health assessment and consultation by a multidisciplinary team • Available to individuals (14+) who have a demonstrated developmental disability/ intellectual disability and co-existing mental health issue, challenging behaviour and/ or substance misuse. • **Referrals** go through the CYSN Social Worker • Services may include psychiatry, psychology, nursing support, and after-school programming	(Temporary) Esquimalt Urgent & Primary Care Centre 530 Fraser Street V9A 6H7 Phone: 250-519-3880

Organization	Age Range	Type of Service	Contact Info
Family Smart	0-19 years	Providing parent/caregiver & school support navigating the mental health system, support with finding community resources, monthly parent meetings focusing on Mental Health topics, and In the Know Video Library—consisting of expert speakers on MH topics for families	Phone: 250-818-4810 Email: Lisa.Tate@familysmart.ca
Family Support Institute	All ages	Free support available to any family who identifies with a loved one with a diversity (be it mental health, physical diversity, or cognitive diversity, with or without a diagnosis). Services offered: • Mentorship • Peer-to-peer • Workshops • Training • Networking opportunities • Family support	Patti Mertz Director of Programs Family Support Institute BC Phone: 250-325-1716 Email: pmertz@fsibc.com
Inclusion BC	School aged	Provides support, education and advocacy where and when it's needed. They advocate at a systems level for policy change and promote inclusion through public awareness initiatives and campaigns. **Ready, Willing & Able** program is a national initiative that engages, educates and supports employers to hire people with intellectual disabilities and autism spectrum disorder. **MentorAbility**—a national initiative promoting the employment of people with disabilities in communities throughout Canada. MentorAbility promotes full or half-day mentoring matching job seekers with disabilities to individual employment mentors.	Advocacy team call toll free 1-844-488-4321 or email advocacy@inclusionbc.org Phone: 604-777-9100
Ledger House	6-16 years	The Ledger Program is an island-wide resource that provides acute, in-patient, hospital based psychiatric services for children, youth and families. **Services** include: stabilization, assessment, treatment planning and short-term interventions	

Organization	Age Range	Type of Service	Contact Info
Thrive Community Services	All ages	Thrive offers programs and creates opportunities to enhance individual's strengths and resourcefulness. This includes: • **Child Youth & Family Services**—Foundations Parenting, Out of Care Supports, Youth Services, Services to children and youth with special needs and mental health outreach	1095 McKenzie Ave. 4th floor V8P 2L5 Phone: 250-383-4821 Email: info@thrive.health
VICAN	School aged	Vancouver Island Children's Assessment Network (VICAN) provides assessment services for children on Vancouver Island with complex developmental needs: 1. **Autism Spectrum Disorders (ASD)** for children up to 6 years, and for children/youth over 6 when such services are not provided by the local school district 2. **Fetal Alcohol Spectrum Disorders (FASD)** for at-risk children showing significant behavioural and developmental difficulties 3. **Complex Neurology** Greater Victoria assessments are generally completed at QACCH Pediatric **referrals** are required.	Queen Alexandra Centre for Children's Health 2400 Arbutus Road V8N1V7 Phone: 250-519-3548 (general inquiries)
Victoria Disability Resource Centre	School aged & up	Community resource to support networking to other community services (including website links) and supports for children & youth (examples): • Victoria Society for Children with Autism • POPARD—educational programs for teachers, free educational resources and more • RISE Learning Centre—wide range of services for individuals diagnosed with autism spectrum, OCD, ADD/ADHD, anxiety and more • Canucks Autism Network • Children's Health Foundation of Vancouver Island • Inclusion Works!—individualized, community-based programs & recreation opportunities for youth with developmental disabilities • Positive Connections—including sexual education for youth on the autism spectrum, and employment skills and job-coaching	817 Fort Street V8W 1H6 Phone: 250-595-0044 Email: reception@drcvictoria.com

Organization	Age Range	Type of Service	Contact Info
		• Authors with Autism (AwA)—a UVic based learning community for writers on the autism spectrum • Power to Be—offering inclusive adventures rooted in nature; programs are tailored to each person, working to remove any cognitive, physical or social barriers that may be limiting one's access to nature	
Work BC	Youth and Adults	• Direct access to the world of work in BC • Providing a variety of tools, resources, and services to help people improve skills and find employment and career options	204-3962 Borden Street Michael Lane: michael.lane@ maximuscanada.ca
Youth Empowerment Society (YES)	13-19 years	Providing prevention, intervention, outreach, treatment and education for youth, their families/caregivers and the broader community.	533 Yates Street Phone: 250-383-3514 Email: office_manager@vyes.ca

Level A, B and C Assessments

Formal standardized assessment measures a learner's ability and achievement relative to a group of learners the same age. Information from formal achievement tests may be required to determine appropriate interventions or prior to a psychoeducational assessment undertaken by a school psychologist. If you have any questions regarding an assessment tool, please consult with your school psychologist.

Level A	Level B	Level C
Level A assessments may be administered by classroom teachers No specialized training beyond teacher training is required to administer or score level A assessments Some examples include Functional Behaviour Assessment checklist, Foundation Skills Assessment (FSA), or curriculum-based assessments	Level B assessments can only be administered by individuals who have had formal training (senior undergraduate or graduate level) under the direction of a qualified supervisor School-based personnel such as LSTs, RTs, and counsellors are qualified to administer Level B assessments Most tests of achievement or interest, and screening inventories, are Level B assessments such as the WIAT-3, PPVT-4, TOWL-4, KeyMath-3	Level C assessments may be administered and interpreted by individuals with a master's degree in school psychology, education or a closely related field Level C assessments require an in-depth understanding of psychometric principles, the traits and constructs measured, the client population and the clinical issues involved in the setting of the test The interpretation of Level C assessments requires a high degree of professional skill and judgment for their interpretation In the school setting, Level C assessments are undertaken by school psychologists (e.g., Psychoeducational Assessment—Psych-Ed)

Universal Supports

Supports and strategies for students with or without a designation where certain universal supports have been successful to their overall learning

SEL, Behavioural	Instructional
☐ Scheduled movement/water breaks/opportunity	☐ Consistent, structured classroom routines
☐ Simple, predictable directions/rules	☐ Explicitly state the purpose of each lesson
☐ Visual step-by-step instructions	☐ Oral, written or visuals instruction, "to do" lists, or other organizational structures
☐ Give choices (within parameters)	☐ Front loading using outlines (chapters/tests)
☐ Acknowledge flexibility and self-control	☐ Vocabulary at the start of the lesson/unit
☐ Limit group size (group work)	☐ Teach multi-modal (i.e., visual, verbal)
☐ Positive praise & build positive rapport	☐ Provide cues / mnemonics as a memory tool
☐ Assign groups AND roles/peer support	☐ Allow for extra wait time for student response
☐ Calm space in the classroom	☐ Simplified language/directions
☐ Check in/out with a specific adult each day	☐ Repeat instructions to student individually
☐ Clear specific rules consistent across settings	☐ Allow for re-teaching of key concepts, notes provided (note taker)
☐ Front-load schedule changes	☐ Reader or Text Reader (be specific about technology)
☐ Other:	☐ Alternatives to print (audiobooks, movies, videos, digital media)
Physical Environment	☐ Explicit instructions
☐ Ability to move around indoor and outdoor spaces easily to access materials	☐ Teach notetaking, finding information in text
☐ Classroom zones/alternate workspaces (i.e., quiet spaces/ collaborative spaces)	☐ Allow for use of calculator
☐ Good sight lines and placement and lighting to facilitate communication for oral and visual language	☐ High contrast materials, large print
☐ Flexible/preferential seating	☐ Use closed captioning
☐ Sound field system	☐ Provide alternate materials at student's level
☐ Sensory tools (fidget items, wiggle cushion, standing desk)	☐ Use cooperative learning
☐ Special lighting (dark/light spaces) or acoustics (quiet/noisy spaces)	☐ Use small group instruction/ peer tutoring
☐ Reduce visual noise	☐ Provide immediate/frequent feedback
☐ Separate setting	☐ Present lessons sequentially
☐ Vertical surfaces	☐ Alternatives to note-taking (scribe, audio recording, teachers-notes provided, photo, etc.)
☐ Other:	☐ Other:

Organizational	Formative Assessment
☐ Take picture of notes and homework board	☐ Use in-class evidence of understanding
☐ Extra time to complete assignments	☐ Adjust expectations—"quality over quantity"
☐ Mini due dates to ensure task completion	☐ Reduce # of homework questions or assignment length
☐ Chunk longer projects/assignments	☐ Alternate type: oral, written, demonstration
☐ Use highlighters for important directions	☐ Vary assessment type depending on need
☐ Provide note taker or notes of each lesson	☐ Provide samples at the beginning
☐ Supported use of an agenda, planner, calendar	☐ Adapt tests and assignments (shorten, enlarge, revise format)
☐ Graphic organizers for writing assignments	☐ Use dot procedure: work to the dot and then get feedback
☐ Use simple, concise directions	☐ Repeat instructions
☐ Pneumonic strategies; study strategies	☐ Spelling dictionary, proof reading, word bank checklists, etc.
☐ Visual schedule/timetable (i.e., when/then)	☐ No penalty for spelling or convention errors
☐ Visual timer	☐ Calculator/multiplication chart/number line and manipulatives
☐ Use post-it-notes	☐ Graphic organizers
☐ Home/school communication book	☐ Alternate format: short answer, point form, fill-in-the-blank, multiple choice, true/false, matching
☐ Checklists	☐ Provide rubric or scoring guide
☐ Classroom visual supports	☐ Review criteria prior to beginning assigned task
☐ Work organization system (color code files, etc.)	☐ Framework, outlines, rubric for longer projects
☐ Other:	☐ Reduce or eliminate oral reading in class
Summative Assessment	☐ Access to technology with dictation/word predict abilities
☐ Allow for retests or test previews	☐ Work in groups
☐ Extra time to complete written tests/quizzes	☐ Materials available at independent reading level
☐ Allow 1-page cheat sheet for tests	☐ Voice to text, speech to text or dictation
☐ Break down tests into small chunks	☐ Reduce or eliminate homework expectations
☐ Allow for test "previews" to be sent home	☐ Other:
☐ Allow oral answering of test questions	**Other**
☐ Adapt tests (shorten, enlarge, revise format)	☐ Other:
☐ Other:	☐ Other:

Essential Supports

For students with or without a designation where certain essential supports are identified by a medical assessment, psych ed or SBT

SEL, Behavioural	Instructional
☐ Choice zone	☐ ASL interpreter
☐ Personalized visual schedule	☐ Personal hearing aid(s)
☐ Scheduled sensory movement breaks that access specialized spaces	☐ Designated reader or scribe
☐ Work/break schedule	☐ Personal FM/RMT system
☐ Personal countdown strip/visual timer	☐ Video magnifier
☐ Learning contract	☐ Alternative formats (must specify; i.e., braille, large print, auditory, specialized assistive technology)
☐ Personalized visual or tactile supports	☐ Low vision tools
☐ Work organization system	☐ Technology (must specify; i.e., text to speech, speech to text, Braille Note, Touch Chat, etc.)
☐ Personalized communication intent dictionary	☐ Acceleration (interactions with peers with similar ability)
☐ Service dog	☐ Other:
☐ Calm space	**Physical Environment**
☐ Other:	☐ Specialized seating (must specify; i.e., adapted chair, cushions, source of sound)
Formative & Summative Assessment	☐ Alternative personal workspace
☐ Alternate formats (must specify; i.e., braille, specialized assistive technology)	☐ Service dog
☐ Alternative and Augmentative Communication Device (must specify; i.e., Touch Chat, Eye Gaze, etc.)	☐ Special lighting and/or acoustics
☐ ASL/signing/interpreter	☐ Separate setting
☐ Assessment over several sessions	☐ Orientation and mobility (must specify; i.e., lift, walker, standing frame cane, GPS, etc.)
☐ Handheld microphone for RMT	☐ Specialized equipment (must specify; i.e., slant board, switch Interface, Powerlink, audio hub)
☐ Other:	☐ Other:

K-8 CB IEP Reporting Guidelines

K – 8 CB IEP Reporting Guidelines – April 2023 DRAFT

Greater **VICTORIA** School District

BC Ministry of Education Reporting Policy

"*British Columbia promotes an inclusive education system in which all students regardless of needs or abilities are fully participating members of a community of learners…A student who…has a disability or diverse ability (with…an IEP)…should* **receive regular communications of student learning in the same ways as their peers** *in any other program and aligned with the school districts' regular reporting periods*" (*BC Ministry of Education K-12 Student Reporting Policy, p.11*).

Learning Updates: Changes & What This Means in SD61

1. Teacher Descriptive Feedback

Teacher Descriptive Feedback communicates strength-based comments aligning with learning standards, and describes both student learning (what they can do) and areas for future growth (what they are working toward). Student behaviours (attitudes, work habits, effort and social responsibility) are commented on in this section and not reflected in a proficiency scale indicator. We also communicate, here, when a student is working on IEP goals **in addition to** grade level learning standards. For grades 10 to 12 students on an Evergreen path with replacement goals, identify that the student is working on IEP goals **instead of** grade level learning standards.
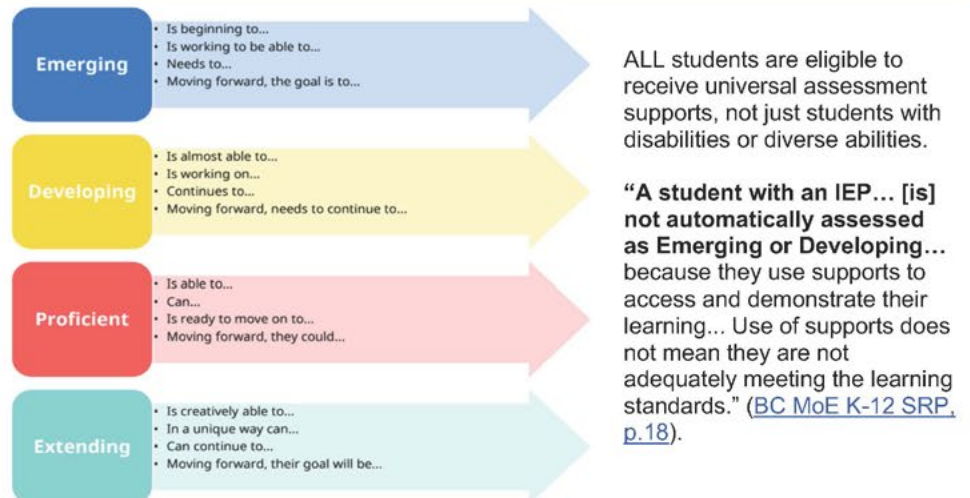
Example:

James is a great communicator and enjoys interacting with others to share his ideas. He is sensitive to others and is aware of how his actions and words impact those around him. At times, James requires support when working through difficult or uncomfortable situations with peers or staff. In addition to grade level learning standards, James is also working towards the goals outlined on his Individual Education Plan (IEP). Progress towards his curricular IEP goals are included in the descriptive feedback below while James' self-assessment of his core competency goals are included in the bottom of this learning update.

2. Communicating CB IEP Progress (September 2023)

For ALL students, learning is communicated **within one Learning Update**:
- No inserts recommended
- LST/Counsellor/ELL/Classroom Teacher collaborate to communicate progress
- CORE & CURRICULAR goals and at least one objective reported in each Update.
- Align with goal-based subjects (i.e. IEP literacy goals reported in ELA)
- Strength-based language accessible to families, demonstrating you know their child's gifts and honour their value as a school/classroom community member.

3. Inclusive Assessment Practices

Emerging
- Is beginning to…
- Is working to be able to…
- Needs to…
- Moving forward, the goal is to…

Developing
- Is almost able to…
- Is working on…
- Continues to…
- Moving forward, needs to continue to…

Proficient
- Is able to…
- Can…
- Is ready to move on to…
- Moving forward, they could…

Extending
- Is creatively able to…
- In a unique way can…
- Can continue to…
- Moving forward, their goal will be…

ALL students are eligible to receive universal assessment supports, not just students with disabilities or diverse abilities.

"A student with an IEP… [is] not automatically assessed as Emerging or Developing… because they use supports to access and demonstrate their learning… Use of supports does not mean they are not adequately meeting the learning standards." (BC MoE K-12 SRP, p.18).

Students using universal & targeted assessment supports are:
- reported on in the same manner and time as their peers
- assessed using the learning standards
- not identified as using universal/targeted supports on Learning Updates
- eligible to receive full credit for completed courses, working towards a Dogwood Diploma (BC Ministry of Education K-12 Student Reporting Policy, p. 15)

Communicating CB IEP Goal-Specific Progress

Greater VICTORIA School District

4. Curricular Competency Goals

Within the English Language Arts and/or Math Areas of Learning, communicate the following information as it relates to students' curricular competency goals.

Supplementary Curricular Goal *best follows this format:*
1. *In addition* to grade level (subject) learning standards, Ss is working on..."
2. Performance at the beginning of term...
3. Objectives we worked on & progress, including programming & strategies
4. Next steps, next term...

> All Learning Updates, including those for students with IEPs, begin reporting on grade level learning standards.

Areas of learning	Proficiency Scale Indicator	Descriptive Feedback
English Language Arts	Developing	James is working on making meaningful connections to his experiences, texts and the world, demonstrating his growing reading comprehension. Although James currently reads below grade level, when he is provided with books at his level or audio of grade level books, his ability to engage and think about what he is reading has helped him grow his reading thinking skills.
		In addition to grade level Language Arts learning standards, James is learning word identification strategies to improve his reading and writing. At the beginning of the term, James was working on learning strategies to hear, break apart, and pull together sounds (short vowels) to read words accurately instead of guessing. He has made great progress with small-group instruction, so we have added writing strategies and he is continuing to improve his ability to read more complex words. He is practicing these strategies while a) planning and writing paragraphs about the stories of his life, and b) reading a graphic novel series he chose (Wings of Fire). As a result of his excellent attendance, growing confidence, and commitment to reading, James is on a path to achieve any reading and writing goals he dreams.

> In addition to grade level learning standards, student IEP goal progress is reported in the same subject-specific area to which it pertains.

Replacement Curricular Goals *may consider following this format:*
1. *Instead of* grade level learning standards, "Ss is working on..."
2. Performance at the beginning of term...
3. Progress/current performance, including successful programming & strategies
4. Next steps, next term...

5. Core Competency Goals

In all Learning Updates, the K-12 Student Reporting Policy requires the inclusion of goal-setting and student self-reflection on Core Competencies.

Teachers can support students in self-reflection by noticing, naming and nurturing the Core Competencies. Often, students will be able to self-reflect with scaffolding, however, for the few students not yet independently able to self-reflect, teachers can notice and share their observations of evidence of core competency growth.

Consider sharing:
- Where is this progress happening?
- How is this goal being supported?
- What strategies have been used to support?
- Next steps for this goal?

> All Learning Updates include student self-reflections on core competency goal, through their voice or video evidence when possible (i.e. QR Code).

Self-assessment of Core Competencies and goal setting	
My goal:	My reflection:
I can do things that bring me joy and satisfaction and notice that I play a role in my well-being by setting a goal, using strategies to persevere, and celebrating my efforts and accomplishments.	"It's fun to set a goal in my goal book. I like when we dance when I meet my goal." (insert pic & QR)
	My team notices that I am more involved and happier to participate in ELA, Science, PE and Art when I: • choose a goal from a visual goal-bank of 3 that my teacher offers at the beginning of the block • use a strategy to achieve my goal (Using strategies works best when my teacher reminds me of ones that work well for me or new ones they think I might like, as well as reminds me how to use them successfully.) • have a visual cue of the strategy on the table because sometimes I forget (When I see the picture to remind me, or someone gives a quick point to the strategy visual, I don't get frustrated in the same way I used to.) Next steps will be supporting me to reflect on which strategies work well for me and why, and which ones don't, so that I start to see the important agency and role I have in my own success and happiness.

> In addition to student self-reflections, teachers can share their observations of core competency growth evidence AFTER a student's voice is shared.

DISTRICT TEAM

556 BOLESKINE ROAD, VICTORIA, BRITISH COLUMBIA V8Z 1E8
Phone (250)475-4157   Fax (250)475-4238

Student Transition Form

1 copy to receiving school and 1 copy to student file

A. Basic Information

Student   DOB (dd/mo/yr)

Entering Grade   in September, 20   Parent/Guardian

Receiving School   Leaving School

Current Teacher   Current Case Manager

B. Designation Information

Ministry Designation   Type   Community Agency

Educ Psych Assessment has occurred   yes   no   Date (dd/mo/yr)

Referral submitted   Needed   yes   no

C. Personal Information

    Language spoken at home   Medic Alert

                                              Other

    Family

    Health

D. Areas of Strength and/or Interest (please check ✓)

Second Language	Visual Arts	Applied Skills
Social Skills	Performing Arts/Music	Other
Leadership	Science/Math	Other
Info Tech	Athletics	

E. Educational History

French Immersion	Modifications Provided	Occupational Therapy
Gifted Program	School Counsellor	Physiotherapy
Learning Support	Youth and Family Counsellor	Other
EA Support	School Based Team Referrals	
Adaptations Provided	Speech and Language Support	

F. Levels of Support accessed (please check ✓)

Area of Focus		Direct Support	Guided Support	Independently
Literacy	Reading			
	Writing			
Numeracy				
Personal Awareness & Wellbeing				

G.   Other Factors (please check ✓ any that apply)

Organization	Attendance/punctuality
Attention/focus	School engagement
Movement needs	Family circumstances which may affect
Easily discouraged	learning
Social interactions	Other

H.   Suggested Supports (please check ✓ any that apply)

        Inclusive Learning Supports

           Adaptations

           Modifications

           Adapted schedule

           Co-teaching

           Differentiated instruction

           Positive behaviour support plan

           Targeted small group instruction for a defined period of time

           In-class support

           Check progress after first Interim Report

           Early/regular communication with parent(s)

           Fluid/flexible space options

           Movement breaks

           Technology support

           Other

        Counselling Support

           School Counsellor

           Ab Ed Counsellor

           YFC Counsellor

I.   Friend Connections

J.   Other considerations in educational planning for this student:

Supporting Students with Complex Behaviour

When a student displays behaviour(s) of concern that have not been supported by classroom level interventions, further planning is necessary. This planning involves information gathering, support planning and debriefing. If worker safety becomes medium to high risk, ensure District Violence Prevention Program (VPP) is followed (indicated below).

Information Gathering:
- Home school communication
- School based data collection (i.e., weekly tracking)
- SBT referral and meeting with student's team
- Consider Pausing and Planning Framework or ALSUP to determine priority behaviors of concern

Support Planning:
- Consider templates for Student Support Plans (one pager or plan with background information)
- With student, family and school team complete Student Support Plan (this can be used to support a Form 3) (see sample)
- Ensure all staff working with the student are made aware of the plan

Debriefing Considerations:
- Consider the following:
  ◦ Following an incident, plan to debrief with all impacted staff and students
  ◦ Determine appropriate communication with family
  ◦ Determine re-entry plan for student if needed
- Consider using CPI Coping Model (Coping)
- Review the support plan and make adjustments as needed

VPP: Keeping Workers Safe

The Violence Prevention and Worker Safety Plan is designed to help workers ensure a safe workplace, including a statutory requirement to report unsafe work conditions. It should be noted that the violence tracked through VPP does not apply to incidents of violence between employees. Incidents between employees must be reported to the impacted workers' principal/vice-principal or supervisor. Student to student violence is tracked at the school level and is not submitted through a district process.

For more detailed information, please click on the link to the Violence Prevention Program Administration Submission Checklist. All forms need to be submitted through the VPP app.
Worker's Statement of Incident: (Form 1)
Violence Risk Assessment (VRA) and Assessed Risk Level (Form 2)
Worker Safety Plan (Form 3)
Threat Synopsis (Form 4)

March 2023

Greater VICTORIA School District

Blue IEP File Organization

Left Side Arrange chronologically in sections	Right Side Arrange chronologically in sections
Individual Education Plans: ***Cover sheet—blue** • Most recent on top (ensure all included IEPs relate to current category) **Designation Form(s):** ***Cover sheet—white** • District Designation Forms (and prior designation forms, de-designation forms)	**Assessment/Diagnosis Reports:** ***Cover sheet—yellow** • Must include the initial assessments which were reviewed by the Designation Review Committee for the purpose of designation: Autism Assessments, Medical Assessments, Educational Psychology Assessments, etc. **Other Supporting Reports and Assessments:** ***Cover sheet—pink** • May also include additional and current assessments and reports from within the last three years. *Subdivide into Education/Medical/OT/PT/SLP* ***Assessment reports directly related to the MOE Category for the student should be on top*

Additional Information:
- Only include the documentation as outlined above in the main Blue IEP file folder. All other records, work samples, notes, etc. should be kept in a separate file, e.g., LST/Case Manager File.

- Remove and shred all duplicate forms.

ASSESSMENT/ DIAGNOSIS

IEP DOCUMENTS

OTHER SUPPORTING DOCUMENTATION

DESIGNATION FORM(S)

ADJUDICATION FORM

Links and Resources

Anxiety Canada: Anxiety Canada is a registered charity and non-profit organization committed to developing free, online self-help and evidence-based tools to help manage anxiety. Created to raise awareness about anxiety and support access to proven resources and treatment. Resources include:

- MindShift™ CBT app
- My Anxiety Plans (MAPs) (online course)
- MindShift™ CBT Groups (online group therapy program)

Autism BC: A non-profit and registered charity that encourages the inclusion and acceptance of the entire autism community through its programming pillars of empowerment, support and connection. This organization provides parents and communities with knowledge and engages with people on the autism spectrum to create stronger, more diverse communities.

Children and Youth In Care Standard of Practice: GVSD's Standard of Practice has been informed by Ministry resources, and highlights the importance of collaborative planning and information sharing between schools, MCFD, caregivers and delegated agencies, and provides a structure within which this work can occur.

Collaborative for Academic, Social and Emotional Learning (CASEL): A community committed to making social and emotional learning (SEL) part of a high-quality and equitable education for all. CASEL offers educational resources, seminars, professional development opportunities, SEL news and publications and other resources.

Community Supports for Students with Complex Needs: A resource that includes a comprehensive list of community partners ranging from organizations supporting health and wellness, to work experience opportunities, to family based supports.

Connecting Assessment, Planning & Programming (CAPP): A GVSD created resource to support School Based Teams and LSTs/case managers in connecting assessment, planning and programming to meaningfully and effectively support student learning.

Everyday Anxiety Strategies for Educators (EASE): EASE helps educators teach students strategies to address the thoughts, feelings and behaviours associated with anxiety, while also supporting social and emotional learning and the mental health literacy of educators.

First Peoples Principles of Learning: The First Peoples Principles of Learning were articulated by Indigenous Elders, scholars and knowledge keepers. They represent an attempt to identify common elements in the varied teaching and learning approaches that prevail within particular First Nations societies. It must be recognized that they do not capture the full reality of the approach used in any single First Peoples' society.

GVSD Healthy Safe and Caring Schools: The Greater Victoria School District supports each student's success in learning within a responsive and safe environment. Resources on this site aim to strengthen the capacity of schools to enhance the health and well-being of their school community.

Indigenous Education Department (IED) of the Greater Victoria School District: The purpose of the IED is to prioritize improved educational outcomes for Indigenous learners by promoting practices informed by Indigenous perspectives and ways of knowing. Everyone has an important role to play in ensuring the success of Indigenous students, and in supporting all learners in developing their understanding of Indigenous cultures and worldviews as the basis for creating inclusive learning environments and an equitable society.

Indigenous Ed Cultural Resources: A wide range of Indigenous cultural resources are available on the IED website, including resources related to protocols and acknowledgements, Orange Shirt Day, Elders and Indigenous languages.

District Learning Team: The District team is an assembly of teams. Please follow the link to see a list of all members, emails and phone numbers. Each team's resource sites can be found on the left-hand side bar of the webpage.

District Learning Support Team: The Learning Support team provides both direct and consultative services for students and staff. Our staff works collaboratively with school-based teams, families, community partners and our district teams to ensure success of all our students. A range of supports and resources exist for students with diverse learning needs. These include school based, district based and provincial programs.

District Pathways & Partnerships: The GVSD Pathways & Partnerships team supports K–12 students to make connections and transitions between classroom learning, post-secondary training and the world of work.

GVSD Social Emotional Learning Resources: Videos, activities and other resources to support professional learning and instruction focusing on Social Emotional Learning.

GVSD Tech for Learning: GVSD's Information Technology for Learning Department is responsible for publishing and maintaining the Tech for Learning site, which aims to provide relevant technical support, options and advice for all GVSD staff.

GVSD Transition Brief: This document is intended to provide school teams with guiding considerations regarding transition planning for the *few* students with the most significant support needs.

Island Health: This website provides an accurate source of health information on a variety of important health topics relating to services provided by Island Health.

Kelty Mental Health: The BC Children's Health Promotion Team and Kelty Mental Health Resource Centre provide resources and information to people working to support mental health in the school community including teachers, counsellors, administrators, district staff, community partners and support staff. This resource includes lesson plans for supporting social emotional learning in the school community, information on teaching students about mental health literacy and resources to foster teacher and staff well-being.

Mental Health Literacy: The Mental Health Literacy schools curriculum has four unique but integrated components: understanding how to optimize and maintain good mental health, understanding mental disorders and their treatments, decreasing stigma and increasing health seeking efficacy.

Second Step: A research based social-emotional learning (SEL) program that empowers preschoolers, teens and all ages in between to build skills for success.

Stigma Free Society: The Stigma-Free Society is committed to combating stigma of all kinds, with a focus on mental health, fostering programs that cultivate, encourage and educate diverse communities to be inclusive and compassionate through awareness and understanding through education, support and leadership.

Acronyms

AAC	Augmentative and Alternative Communication
ARC	Accessible Resource Centre BC
BCBA	Board Certified Behaviour Analyst
BCCAISE	BC Council of Administrators of Inclusive Support in Education
BCTF	British Columbia Teachers Federation
CBIEP	Competency Based Inclusive Education Plan
CIRT	Critical Incident Response Team
CUPE	Canadian Union of Public Employees
CYIC	Children and Youth in Care
CYCW	Child and Youth Care Worker
CYSN	Children and Youth with Support Needs
DEA	District Educational Assistant
DDMHT	Developmental Disabilities Mental Health Team
DI	Differentiated Instruction
DL	Distributed Learning
D-PAC	District Parent Advisory Committee
EAG	Education Assistant—General
EAP	Education Assistant—Physical
FBA	Functional Behaviour Assessment
FIPPA	Freedom of Information and Protection of Privacy Act
FPPL	First Peoples Principles of Learning
ICA	Intercultural Association of Victoria
ICM	Integrated Case Management
LST	Learning Support Teacher
IMCRT	Integrated Mobile Crisis Team
MCFD	Ministry of Children and Family Development
MOE	Ministry of Education and Child Care
NSS	Nursing Support Services
OT	Occupational Therapist
PAC	Parent Advisory Committee
POPARD	Provincial Outreach Program for Autism and Related Disorders
POPDB	Provincial Outreach Program for Deafblindness
POPFASD	Provincial Outreach Program for Fetal Alcohol Syndrome
POPEY	Provincial Outreach for the Early Years
PRC	Principal's Review Committee
PSR	Permanent Student Record
PT	Physical Therapist
RTII	Response to Instruction and Intervention
SBT	School Based Team

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SEL   Social Emotional Learning
SET-BC   Special Education Technology-BC
SLP   Speech Language Pathologist
SOGI   Sexual Orientation Gender Identity
SSP   Student Support Plan
SWIS   Settlement Workers in Schools
UDL   Universal Design for Learning
VTRA   Violent Threat Risk Assessment
YFC   Youth and Family Counsellor

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FAQs

What is School Based Team?

School Based Team is comprised of a small group of regularly attending members which typically includes, at the least, the principal, learning support teacher, counsellor and a classroom teacher. This group meets to support classroom teachers in meeting the needs of students with special needs. When a teacher has a concern the team meets to collaboratively problem solve and develop an action plan. The team may provide consultation on instructional or classroom management strategies, planning and coordination of services for a student, or access to additional school, district, community or regional agencies.

What is the designation process and who is involved?

When the school receives assessment information from the family that indicates a child has a medical diagnosis the assessment information is reviewed by the school-based team and if it is determined that evidence exists to show how this diagnosis is impacting student learning, then a request for a designation may be submitted.

Does an identified student always receive EA time?

No, identification alone does not determine EA support. The level of support that a student receives is determined by a number of factors including both the number and type of identified students in the school and the complexity/demonstrated need in the total school population. Some students require additional technology and access to teacher time rather than EA time.

A child/student is having problems at school—what do I do?

First talk to the classroom teacher and share your concerns. Then you may also wish to talk to a Learning Services Teacher or School Counsellor.

What is the difference between diagnosis and a designation identification?

A diagnosis is made by a trained specialist who provides a description of the student's exceptionality. Diagnosis does not in itself determine identification as Ministry criteria includes evidence that the diagnosis has a significant impact on student learning and achievement.

Who determines the designation identification?

SBT agrees whether or not to submit a request for designation which is then reviewed by the District Screening Team to determine whether it meets Ministry criteria.

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Why do students have a Special Education designation identification?
Students holding designations have specific learning, social-emotional or physical challenges that require educational interventions that are in addition to or different from routine adaptations provided by all classroom teachers.

What is a 1701?
A 1701 data report is required by the BC Ministry of Education. It documents the identified students in a school district and the name of the school that they are currently registered in. This information is re-calculated twice a year, in the Fall (September) and in the early Spring (February).

What happens when a student with an identification transfers from another District/Province/ Country?
When a student arrives from another school district the receiving school's SBT agrees on the appropriate case manager. If after reviewing the file, and discussing the student at SBT, the staff feel that the student likely meets criteria for a designation, their file should be forwarded for review, then the appropriate documentation is sent to Learning Services to be reviewed by the District Screening Committee (DSC). Note that all IEP/CBIEPs are subject to annual review. It is therefore necessary to review all identifications on an annual basis as part of the IEP/CBIEP review process.

Can an identification be removed?
If a student no longer meets the requirements for a specific identification, the SBT will agree to request the identification be removed. The Request for Change/Removal of Identification Form is forwarded to Learning Services for approval by the DSC. School and Ministry 1701 reports are adjusted accordingly. Note that this decision reflects effective working by school staff and families as students are clearly being successful. The request for removal of an identification should therefore be celebrated.

Potential Questions or Topics:
- How are EAs assigned to students and/or classrooms? Who is responsible for scheduling?
- How many students are typically on a 1.0 FTE caseload?
- Community partners/consultants (e.g., BI, counsellor, etc.) in schools?
- Difference between school counsellor and Youth and Family counsellor
- Dual designations?
- Gifted Assessments/Gifted Designations /IEP/CBIEPs?

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