

YORK CATHOLIC DISTRICT SCHOOL BOARD



BOARD POLICY	
<i>Policy Section</i> Students	<i>Policy Number</i> 208
<i>Former Policy #:</i>	<i>Page</i> 1 of 8
<i>Original Approved Date:</i> July 2nd, 2003	<i>Subsequent Approval Dates:</i> July 2nd, 2008

STUDENT DISABILITY ACCOMMODATION

SECTION A

1. PURPOSE

The York Catholic District School Board recognizes that there are students of the Board who because of a disability, (as defined in Section 10(1) of the *Ontario Human Rights Code*) require accommodation in order to be successful learners. These students do not meet the criteria of an 'exceptional' learner (Ministry of Education definition) and therefore their needs would not be addressed through Special Education. This policy is intended to clarify the Board's commitment to the principle of equal opportunity and treatment without discrimination for all students including the right to reasonable accommodation.

2. POLICY STATEMENT

It is the policy of the York Catholic District School Board that a student with a disability shall be accommodated in such a way as to enable success while preserving and enhancing the student's personal dignity, self-respect and self-worth.

3. PARAMETERS

This policy and related guidelines apply to the accommodation of student disabilities not addressed through the Special Education process.

- 3.1 The individual needs of each student must be considered and assessed prior to developing an accommodation plan.
- 3.2 Accommodation(s) shall support the student's academic achievement and/or participation in the learning process.
- 3.3 The needs of a student with a disability are to be accommodated in a manner that respects their dignity and self-worth, to the point of undue hardship.
- 3.4 Confidentiality is to be maintained.

4. RESPONSIBILITIES

- 4.1 The principal is responsible for:
 - a. Initiating/accepting the request for accommodation in good faith unless there are legitimate reasons for acting otherwise.
 - b. Overseeing the development of the student disability accommodation plan.
 - c. Tracking and monitoring the implementation of the plan.
 - d. Advocating for the student and representing the parent in the accommodation process.

- 4.2 The parent/guardian or student over 18 years of age is responsible for:
- a. Requesting an accommodation, due to a disability, to the Principal.
 - b. Completing "Application for Student Disability Accommodation" *Appendix A*.
 - c. Providing the "Physician's Report re Medical Accommodation" *Appendix B*, if appropriate.
 - d. Ensuring that up-to-date current and accurate information is provided by a licensed physician/specialist, on an ongoing basis.
 - e. Participating in discussions regarding possible accommodation solutions.
 - f. Collaborating with experts whose assistance is required to manage the accommodation process or when information is required.
 - g. Communicating with the principal/teacher on an ongoing basis to manage the accommodation process.
 - h. A parent/guardian or student is encouraged to share specific details of the disability so that proper accommodations can be designed.
- 4.3 The classroom teacher is responsible for:
- a. Being a collaborative partner in the accommodation plan development and implementation.
 - b. Ensuring the accommodations are made in accordance with the plan.

5. DEFINITIONS

5.1 **Disability:**

Excerpts from Section 10(1) of the *Ontario Human Rights Code*:

- a. any degree of physical disability such as epilepsy, diabetes, a brain injury, any degree of paralysis etc.
- b. physical injury or impairment.
- c. a condition of mental impairment or mental disorder, such as students suffering from phobias, anxiety, etc.

5.2 **Exceptional Student:**

A student whose behavioural, intellectual, physical, communication or multiple exceptionalities are such that he or she is considered to need placement in a special education program by an I.P.R.C. of the Board - the Education Act s.1.

5.3 **Student**

The term student when used with parent/guardian refers to a student over 18 years of age.

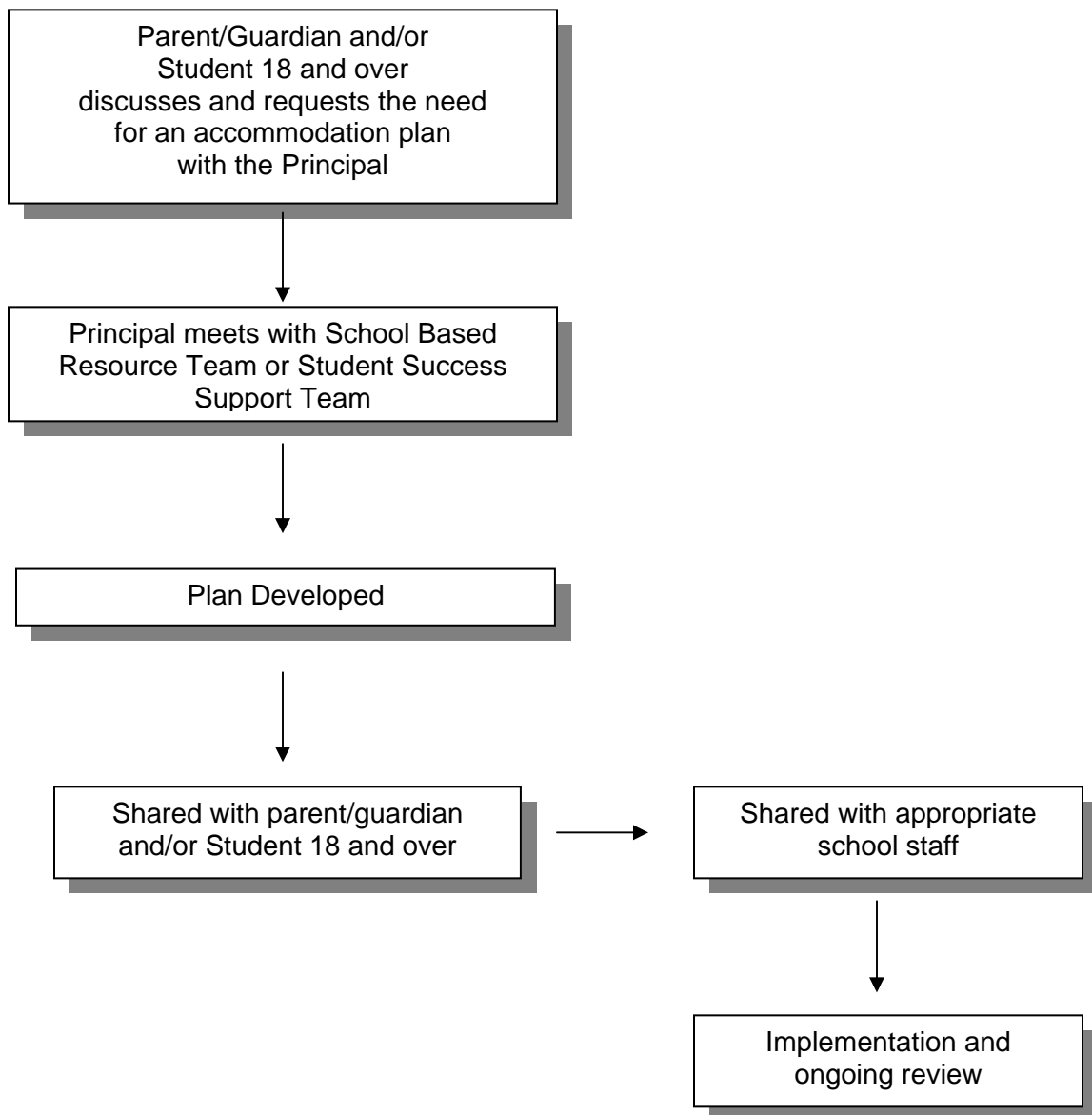
All the terms used in this Policy and procedures hereunder shall bear the meanings ascribed to them under the *Human Rights Code* and the *Education Act*, as applicable. The Board reserves to itself all defenses available at law.

6. CROSS REFERENCES

Accessibility for Ontarians with Disabilities Act, 2005
Ontario Human Rights Code

York Catholic District School Board

ACCOMMODATING A STUDENT WITH A DISABILITY



Sample letter on school letterhead

ACCOMMODATING A STUDENT WITH A DISABILITY

Dear Parent/Guardian/Student (over 18):

It is the policy of the York Catholic District School Board that a student with a disability shall be accommodated in such a way as to enable success while preserving and enhancing the student's personal dignity, self-respect and self-worth.

In order to support the request for accommodation of a disability, we ask that you complete the attached forms.

Once the attached forms have been completed, please return them to the school office to my attention. An accommodation plan will be developed and a copy will be shared with you.

If you have any questions regarding the student disability accommodation process and/or plan, please do not hesitate to contact me.

Regards,

Principal



York Catholic District School Board

REQUEST FOR STUDENT DISABILITY ACCOMMODATION

(To be completed by Parent/Guardian or Student 18 years and over)

STUDENT'S PERSONAL DATA

Surname: _____	Home Address: _____
First Name: _____	_____
Date of Birth: _____ month/day/year	Home Phone Number: _____

1. Have there been any previous formal requests for accommodations? If yes, please indicate what the accommodations were, or provide a copy of the accommodation plan.

2. Describe the signs and/or symptoms of the disability.

3. Describe any barrier(s) and/or obstacle(s) that may hinder the learning process, in relation to the disability.

4. Is this request a temporary or permanent accommodation? (Please check appropriate box)

If it is temporary, please state the necessary time period. _____

5. What accommodations do you think might be useful to assist the student learner?

The Board reserves the right to obtain expert opinion or advice where needed.

Name of Person Completing Form: _____
Date Completed: _____
Signature: _____

Freedom of Information
Personal information contained on this form is collected pursuant to the <i>Education Act</i> and the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . Questions about the collection and the use of this personal information should be directed to the Freedom of Information Coordinator, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 3G8 or (905) 713-2711.

PHYSICIAN'S REPORT RE: MEDICAL ACCOMMODATION

Dear Attending Physician:

Please complete the information requested below. This information, and any future requests for information, will be used to develop an appropriate accommodation plan for this student. Please release the report to your patient so they can forward to his/her school.

SECTION A: STUDENT INFORMATION (please print)

Surname: _____ Given Name: _____

Date of Birth: _____

SECTION B: PARENT OR STUDENT (IF 18 YEARS OF AGE) AUTHORIZATION

I hereby authorize you to provide the information requested below to the York Catholic District School Board.

Signature: _____

SECTION C: ATTENDING PHYSICIAN'S REPORT

Current clinical findings causing barriers in the education system related to their disability:

Is this a temporary or permanent disability? (Please check appropriate box)

Please state the time period if temporary.

Physician's stamp: _____

Telephone #: _____ Fax #: _____

MD Signature: _____ Date: _____

Freedom of Information

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and the use of this personal information should be directed to the Freedom of Information Coordinator, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 3G8 or (905) 713-2711.



STUDENT DISABILITY ACCOMMODATION PLAN

Date: _____

Student Name: _____

Student Number: _____

School: _____

Objectives	Actions	Person Responsible for Actions	Who needs to be aware of Action	Review date	Updates

Place Copy in Student O.S.R. (Ontario Student Record)

cc: **Parent/Guardian
Student (if over 18)
Teacher(s)**

Freedom of Information
 Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and the use of this personal information should be directed to the Freedom of Information Coordinator, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 3G8 or (905) 713-2711.