



YORK CATHOLIC DISTRICT SCHOOL BOARD

PROCEDURE: 206D SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS: EPILEPSY

Addendum to: Policy 206 Supporting Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools

Effective: June 21, 2023
Revised: June 20, 2023

The York Catholic District School Board recognizes that there are some students within the school system who have been diagnosed with Epilepsy which could be life threatening. The York Catholic District School Board also recognizes that Epilepsy management is a shared responsibility that requires a team approach among students, Parent(s)/Guardian(s), health care providers and the entire school community. The purpose of this policy is to provide administrators, school staff, volunteers and parent(s)/guardian(s) with information, strategies and requirements in managing students with Epilepsy and to minimize, where possible, the risks (triggers) in the school setting.

1. Roles & Responsibilities

1.1 Parents / Guardians of Children with Epilepsy

As primary caregivers of their child, parent(s)/guardian(s) are expected to be active participants in supporting the management of their child's epilepsy while the child is at school and at school related activities. Parent(s)/Guardian(s) are expected to:

- Inform the Principal immediately upon registration and/or when in receipt of a diagnosis of Epilepsy.
- Provide the school with current medical information sufficient to understand the medical needs of the student
- Participate in the co-creation, review and updating of the Epilepsy Health Management Plan and other required forms within the first 30 days of each school year, upon registration, and following any changes or new diagnosis
- Collaborate with the Principal and Health care professionals to complete and submit all forms provided by the Principal to support the health and safety needs of the student
- Consult and collaborate with the Principal and teacher related to any modifications needed to the *Epilepsy Health Management Plan* for special events or field trips
- Review the Epilepsy Health Management Plan (S16C) on an annual basis at the beginning of each school year in collaboration with the school team.
- Provide the Principal with an updated *Epilepsy Health Management Plan* in the event of changes to the diagnosis or action plan
- Keep all forms current and signed by the physician
- participate in school case conferences when required with the school Principal, staff and involved health care professionals
- Collaborate with the Principal and school staff in establishing a clear communication plan between home and school.
- Supply their child and/or the school with sufficient quantities of supplies and medication in their original pharmaceutical container, as directed by a physician or health care professional and as outlined in the *Epilepsy Health Management Plan*, and record the quantity provided as well as the expiration dates of medication that are supplied
- Educate their child about their medical condition, as well as the safekeeping and administration of their medication with support from the child's health care professional as appropriate and encourage the student to reach their full potential for self-management and self-advocacy
- Provide the school with any individualized equipment (i.e., helmet) identified in the Epilepsy Health Management Plan to protect the safety of the student.
- Guide and encourage their child to participate in their Epilepsy management as is age/developmentally appropriate
- Set goals in conjunction with their child and health care professionals on an ongoing basis for self-management of their child's medical condition
- Communicate with school staff about arrangements and considerations for field trips, excursions, co-curricular activities and co-operative education placements

- Encourage their child to wear medical alert identification

1.2 Students with Epilepsy

Depending on their cognitive, emotional, social and physical stage of development, and their capacity for self-management, students shall actively support the development and implementation of their Epilepsy Health Management Plan. Students are expected to:

- Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management
- Participate in the development and review of their *Epilepsy Health Management Plan* as appropriate
- Carry out daily or routine self-management of their medical condition to their full potential, as outlined in their *Epilepsy Health Management Plan* (e.g., carry their medication and medical supplies as appropriate)
- Communicate with their Parent(s)/Guardian(s) and school staff if they are facing challenges related to their medical condition at school
- Wear a medical alert identification that they and/or their Parent(s)/Guardian(s) deem appropriate
- If possible, to inform school staff and/or their peers if a medical incident or a medical emergency occurs.

1.3 School Staff

School staff play a key role in supporting the student's safe, accepting, and healthy learning environment, and allowing students to participate in school to their fullest potential. School staff will:

- Complete annual training on Epilepsy, provided by the York Catholic District School Board.
- Review the contents of the *Epilepsy Health Management Plan* (S16c) for students with whom they have direct contact
- Provide a copy of the *Epilepsy Health Management Plan* (S16c) to occasional teachers
- Follow strategies that, reduce the risk of a student's exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities in accordance with the *Epilepsy Health Management Plan*
- Support the students daily routine management, and respond to medical incidents and medical emergencies that occur during school or school sanctioned out-of-school events/activities and overnight excursions, as outlined in the *Epilepsy Health Management Plan*
- Administer, as established with the Principal and prescribed by a physician or health care professional, the student's seizure medication, as outlined in the *Epilepsy Health Management Plan*
- Ensure that a student is not left alone following a seizure until fully recovered as outlined in the *Epilepsy Health Management Plan*
- Develop and participate in an established communication plan to notify Parent(s)/Guardian(s) of medical emergencies or any other concerns/information related to the student's Epilepsy
- Ensure that for all out of school events/activities and overnight excursions, a designated adult has a copy of the student's *Epilepsy Health Management Plan*, has been trained as required and has collaborated with Parent(s)/Guardian(s) ahead of the excursion to address any additional safety concerns
- Notify Parent(s)/Guardian(s) when emergency Epilepsy supplies stored at the school

- are running low or have expired
- Provide Parent(s)/Guardian(s) with notice of upcoming changes in school routines that may impact the student's Epilepsy and/or management of the student's Epilepsy, e.g., changes in physical activity events, school excursions, special events
- Recognize that even students who are normally independent in their daily Epilepsy management may need assistance at times

1.4 Principal

In addition to the responsibilities outlined above under "School Staff", the principal (or designate) will:

- Participate in annual training with staff and others in direct contact with students to learn how to recognize the symptoms of epilepsy and the procedures to follow should a life-threatening reaction occur
- Inform the Parent(s)/Guardian(s) at the time of registration or upon receipt of a diagnosis, of the need to advise the school if their child has Epilepsy
- Permit students with Epilepsy or designated staff to carry their medication with them when Parent(s)/Guardian(s) have provided consent to do so. Students who are 16 years old or older do not require prior Parental/Guardian consent
- Provide Parent(s)/Guardian(s) with the *Epilepsy Health Management Plan form (S16c)* at the time of registration or following a new diagnosis and collaborate with Parent(s)/Guardian(s) in the co-creation of the plan
- Convene a meeting, in accordance with the Board's decision-making protocol for entry of a personal service dog, with Parents/Guardians, school personnel and Student Services personnel to discuss a request for the admittance of a service dog
- Ensure that the *Epilepsy Health Management Plan form (S16)* and (S16c) is sent to the Parent(s)/Guardian(s) for review and updating on an annual basis at the beginning of each school year or as required
- Communicate with all staff and others who are in direct contact with students, the name, grade and classroom teacher of students that have Epilepsy and may experience seizures within the school, requiring an immediate response with consent of the Parent(s)/Guardians(s) and/or students.
- Arrange a meeting/conference with appropriate school personnel and Parent(s)/Guardian(s) to review the student's medical needs as outlined on the *Epilepsy Health Management Plan* on an annual basis and as needed throughout the school year
- Communicate the *Epilepsy Health Management Plan (S16c)* with all staff who are in direct contact with the students with Epilepsy and are identified as a response team (e.g., classroom teacher, educational assistants, lunchtime supervisors etc.)
- Identify school care team that can support the daily/routine management and emergency procedures outlined on the students *Epilepsy Health Management Plan* and ensure training is provided by a regulated health care professional when required
- Create and maintain a central file for all students with Epilepsy
- Ensure that a copy of the central file is included in the school's Emergency Response/Action Plan
- Provide the Student Transportation Services Department with the names of all students with a diagnosis of Epilepsy and relevant information from the students' *Epilepsy Health Management Plan* with Parental/Guardian consent
- Ensure that school volunteers who are in direct contact with students are aware of the *Supporting Students with Prevalent Medical Conditions: Epilepsy* policy
- Ensure that school staff is aware of the student's medical needs and have access to the *Epilepsy Health Management Plan*.

1.5 Student Transportation Services

- Ensure the names of students with a diagnosis of Epilepsy have been communicated to Transportation Service Providers.
- Ensure that Policy 206 *Supporting Students with Prevalent Medical Conditions* has been communicated to all Transportation Service Providers.
- Work with the Principal and transportation service provider to assign a specific seat to a student diagnosed with Epilepsy if required.

2. Epilepsy Health Management Plan

The Epilepsy Health Management Plan is a form that contains individualized information on the student's condition, strategies to avoid triggers, actions to take to maintain the student's safety during and after a seizure, and emergency medical response.

The Epilepsy Health Management Plan shall be co-created, reviewed or updated by the parent(s)/guardian(s) in consultation with the principal, designated staff and the student within the first 30 days of the school year, or as soon as possible upon registration or diagnosis.

Parent(s)/Guardian(s) have the authority to designate who is provided access to the Epilepsy Health Management Plan. With authorization from parent(s)/guardian(s), the Epilepsy Health Management Plan will be:

- i. Shared with appropriate school staff and others who are in direct contact with students with epilepsy/seizure disorder (e.g. food service providers, transportation providers, volunteers).
- ii. Posted in a key area of the school where staff have access on a regular basis.
- iii. Located in the educator's daybook and/or occasional staff plans.

3. Facilitating and Supporting Daily or Routine Management

In general, students with seizures can progress through growth and developmental stages normally. An inclusive approach should be taken to all regular school activities, including sports, according to each student's individual Epilepsy Health Management Plan.

Many students with seizures successfully control their condition with medication. Students with seizures may require routine medication for their condition during the day or as an emergency response during a seizure. Routine medications, with the original pharmacist label and container, may be stored in the office or other secure location, in accordance with the Board's Policy 207: *Administration of Oral Medication to Elementary and Secondary Students*. Parent(s)/guardian(s) must provide the school with all emergency medications.

4. Emergency Response

"Emergency" is defined by the Health Care Consent Act, 1996 to include a situation where the individual is experiencing severe suffering, or is at risk of sustaining serious bodily harm, if the treatment is not administered promptly.

All staff are to be trained annually in the emergency response to a seizure. The individualized response to an emergency shall be detailed in the student's Epilepsy Health Management Plan. Staff who are in direct and regular contact with the student shall review and be trained on the Epilepsy Health Management Plan.

In addition to the specifics detailed in the Epilepsy Health Management Plan, it is considered an emergency when:

- (i) A student is not diagnosed with epilepsy or other seizure disorder
- (ii) Student is injured or has diabetes

- (iii) Student has difficulty breathing
- (iv) Student has a seizure in water

Seizure emergency - basic first aid

- (i) Stay calm and remain with the student
- (ii) Track the time and duration of the seizure
- (iii) Keep the student safe. Protect the student's head
- (iv) Do not restrain or interfere with the student's movements. Roll the individual onto their side as soon as possible
- (v) Clear the area
- (vi) Administer emergency medication as outlined in the student's Epilepsy Health Management Plan
- (vii) Do not place anything in the student's mouth. Monitor breathing.
- (viii) Stay with the student until fully conscious, talking with them calmly until re-oriented, allow them to rest before returning to regular activities.
- (ix) Document details in the Epilepsy Health Management Plan

In the event of an seizure emergency requiring Emergency Medical Services, staff will:

- (i) Call 9-1-1. Tell them someone is having a seizure
- (ii) Call, or direct another adult to call, the emergency contact person
- (iii) Document medical incident in Epilepsy Health Management Plan

5. Raising Awareness

Where possible, school staff should raise awareness of Epilepsy and other prevalent medical conditions that affect students. They can do so through curriculum content in classroom instruction, related learning experiences and classroom leadership opportunities. Awareness is especially important at times of transition (e.g. the move to a new school, the move from elementary to secondary school), when students have to face social, physiological, and environmental changes.

6. Liability

The Good Samaritan Act, passed in 2001, protects individuals from liability with respect to voluntary emergency medical or first aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in action or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.

(2) Subsection (1) applies to, ... (b) and individual...who provides emergency first aid to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

7. Definitions

Age and/or Developmentally Appropriate Readiness

Age and/or developmentally appropriate readiness for individual students will need to be considered by the Superintendent of Schools and Principal in consultation with the Parent(s)/Guardian(s). The responsibilities that a student can assume will be assessed based on the student's age and capacity to understand their condition.

Students with special education needs may require additional assistance by school or central staff and Parents/Guardians.

Epilepsy

A neurological condition characterized by recurrent seizures. A seizure happens when abnormal electrical activity in the brain causes an involuntary change in the person's awareness or behaviour. Approximately one in ten Canadians will experience at least one seizure during a lifetime. A single seizure, however, is not Epilepsy. Epilepsy is a condition that is defined by multiple seizures.

Epilepsy Health Management Plan

A plan of care that outlines the daily routine management tasks required to support the student's safety at school and an emergency plan of care that outlines the procedures to respond.

Seizure

A sudden excessive electrical discharge in the nerve cells of the brain, that results in a change in function or behaviour. The brain is made up of billions of cells or neurons that communicate through electrical and chemical signals. When there is a sudden excessive electrical discharge that disrupts the normal activity of the nerve cells and results in a change in function or behaviour, this is a seizure.

Seizure Triggers

Circumstances or events that provoke seizures.

While some people are not able to identify specific events or circumstances that affect seizures, others are able to recognize definite seizure triggers. Some common seizure triggers include:

- Forgetting to take prescribed seizure medication;
- Lack of sleep;
- Missing meals;
- Stress, excitement, emotional upset;
- Menstrual cycle/hormonal changes;
- Illness or fever;
- Low seizure medication levels;
- Medications other than prescribed seizure medication;
- Flickering lights of computers, television, video, etc.;
- Excessive alcohol consumption and subsequent withdrawal; and,
- Street drugs (e.g., cocaine, amphetamines, withdrawal from marijuana).

Types of Seizures

There are many types of seizures. The different types begin in different areas of the brain and they are grouped into two categories: partial seizures and generalized seizures.

A **partial seizure** occurs when the excessive electrical discharge is limited to one part of the brain. Some common partial seizure types are:

- Complex Partial Seizures – Symptoms depend on the part of the brain that is affected; involve some loss of consciousness and may include rhythmic jerking of the hand or arm, feelings of nausea or fear, drooling, vomiting and involuntary movements such as blinking or swallowing; loss of awareness.
- Simple Partial Seizures – Often referred to as a focal seizure; affects only one area of the brain; does not cause loss of consciousness or lack of awareness; causes muscle contractions, followed by relaxation; contractions on just one side of the body; unusual head or eye movements; numbness, tingling or a feeling that something is crawling on the person's skin; abdominal pain; rapid heart rate or pulse; most do not last more than 1-2 minutes; may feel confused or have difficulty thinking clearly after a seizure has

occurred.

A **generalized seizure** is characterized by the involvement of the whole brain. The excessive electrical charge is widespread and involves both sides of the brain. The seizure may or may not be convulsive. Some common generalized seizure types are:

- **Absence Seizures** (formerly known as petit mal) – May cause the student to experience a “disconnected” feeling from their immediate surroundings; may stare blankly into space and eyes may roll back; brief loss of consciousness; usually last only a few seconds; student may not realize or remember experiencing the seizure. These are the most common type of seizure in children under 14 years of age.
- **Atonic Seizures** (commonly referred to as “drop attacks”) – Causes muscles to suddenly go limp; usually last less than 15 seconds; may experience several in succession.
- **Clonic Seizures** – Causes muscle spasms in the face, neck and arms triggering rhythmical jerking motions; may last for several minutes.
- **Myoclonic Seizures** – Causes muscles to suddenly jerk as if the student has received a shock.
- **Tonic Seizures** – Causes the tensing up of muscles in the student’s arms, legs or trunk; usually last less than 20 seconds and often occur while sleeping. But, if experienced during waking periods may cause loss of balance.
- **Tonic-Clonic Seizures** (formerly known as grand mal) – These are the most noticeable type of seizure causing the body to stiffen, jerk and shake and loss of consciousness; may cause loss of control of bladder or bowels; usually last 1-3 minutes; could lead to breathing difficulties.

8. Cross References

Legislation

Epilepsy Canada

Good Samaritan Act

Policy/Program Memorandum 161 Supporting Students with Prevalent Medical Conditions

YCDSB Policies

Policy 203 Student Transportation Service

Policy 207 Administration of Oral Prescription Medication to Elementary & Secondary Student

Policy 208 Student Disability Accommodation

YCDSB Student Transportation Procedures Manual

YCDSB Third Party Protocol

YCDSB Decision-Making Protocol for Entry of a Personal Service Dog

Related Forms/Letters

SE3 Consent for Consultation with Board Staff

S16.(c) Epilepsy Health Management Plan (Appendix A)



York Catholic District School Board

EPILEPSY/SEIZURE HEALTH MANAGEMENT PLAN

STUDENT'S NAME: _____ TEACHER'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____ PHONE # _____

PARENT/GUARDIAN NAME: _____ PHONE # _____

ALTERNATE EMERGENCY CONTACT INFO:

Home Address:		PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)
Phone #:		
Physician's Name:		
Phone #:		

Has an emergency rescue medication been prescribed? Yes No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

- Stress, Excitement, Emotional Upset
- Missing Meals
- Illness or Fever
- Other
- Any Other Medical Condition or Allergy?
- Menstrual Cycle/Hormonal Changes
- Lack of Sleep
- Improper Medication Balance
- Flickering lights of computer, television, video, etc.

BASIC FIRST AID CARE AND COMFORT

First aid procedure(s):

Does student need to leave the classroom after seizure? Yes No

If yes, describe the process for returning student to the classroom:

BASIC SEIZURE FIRST AID

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth (unless directed on the action plan e.g. administration of sublingual medication)
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Watch breathing (turn the student on side, assists with keeping the airway open)
- Turn student on side

EMERGENCY PROCEDURES

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 9-1-1 when:

- Seizures lasts longer than five (5) minutes.
- Seizure repeats without full recovery between seizures.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student's regular breathing or consciousness does not return after the seizure ends.
- Student has a seizure in water.

*Notify parent(s)/guardian(s) or emergency contact.

*At the discretion of the school, 9-1-1 may be called.

DAILY/ROUTINE EPILEPSY/SEIZURE MANAGEMENT

DESCRIPTION OF SEIZURE	ACTION: (e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)

SEIZURE MANAGEMENT

Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.

<p align="center">SEIZURE TYPE: (e.g. absence (petit mal), atonic, clonic, myoclonic, tonic, tonic-clonic (grand mal), simple partial, complex partial, infantile spasms)</p>	<p align="center">SEIZURE TYPE: (e.g. absence (petit mal), atonic, clonic, myoclonic, tonic, tonic-clonic (grand mal), simple partial, complex partial, infantile spasms)</p>
<p>Type: _____</p> <p>Description: _____</p> <p>_____</p> <p>Frequency of seizure activity: _____</p> <p>Typical seizure duration: _____</p> <p>Actions to take during seizure:</p>	<p>Type: _____</p> <p>Description: _____</p> <p>_____</p> <p>Frequency of seizure activity: _____</p> <p>Typical seizure duration: _____</p> <p>Actions to take during seizure:</p>

Action Plan for supporting school access (e.g.: access on the stairs, transition between classes, toileting routines:

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator or Certified Asthma Educator

Healthcare Provider's Name:

Professional/Role:

Signature:

Date:

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals to Be Contacted Regarding Plan of Care:

Before-School Program: Yes No

After-School Program: Yes No

School Bus Driver/Route # (If Applicable):

Other:

This plan remains in effect for the 20__-20__ school year without change and will be reviewed on or before: (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year). **Kindly sign below:**

Physician:

Date:

Parent(s)/Guardian(s):

Date:

Student:

Date:

Principal:

Date:



Consent for Consultation with Board Level Student Services Staff

Student: _____ D.O.B.: _____ Grade: _____

Program School: _____

It is understood that the reasons for requiring consultation have been discussed with me/us by school staff. If further clarification is required, please contact the Principal prior to signing this form.

I / We understand that school personnel recommend conferring with the following Board Level Student Services staff regarding my / our child. Refer to page 2 for more information about these services.

- Behaviour Resource Services Educational Audiology Services Hearing Services
- Physical Management (OT/PT) Services Psychological Services Special Education Programming Services (Consultant)
- Speech and Language Services Vision Services

I / We understand the reason(s) for this recommendation and am / are in agreement that ongoing consultation may occur for a maximum period of one year from this date. I / We also understand that we may cancel or change this authorization in writing at any time prior to expiry date.

It is understood that:

1. School personnel will share pertinent information and recommendations with me / us.
2. For each formal scheduled conference of professionals, a written summary of the action items will be recorded on the Conference Record (SE2). The SE2 will be placed in the student's OSR; a copy will be shared with parent(s)/guardian(s) and professionals in attendance.
3. This consent remains in effect for one year from the date of completion.
4. Reports included in the files of the above agreed upon professionals may be shared during this consultation for the purpose of assisting the student.
5. Relevant information from the OSR may be shared with the above agreed upon professionals.

I / We therefore agree that consultation with the Board Level Student Services staff selected above will be held regarding my / our child.

Date: _____ Signature(s): _____

Print Name: _____

Parent Guardian Student

Principal

Classroom Teacher

Special Education Teacher

I / We do **NOT** wish for consultation with Board Level Student Services staff at this time.
Date: _____ Signature(s): _____
Print Name: _____
 Parent Guardian Student

Personal information 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 Privacy Officer, York Catholic District School Board, 320 Bloomington Road W., Aurora, Ontario L4G 0M1 or 905-713-2711.

Board Level Student Services

Behaviour Resource Services

Behaviour Resource Services (BRS) support students who present with difficulties in the areas of social, emotional, behavioural, and/or self-regulation which interfere with their ability to be successful in the school environment. BRS provides a continuum of services ranging in intensity and format to meet each student's unique needs. Permission is limited to consultation and does not include observation of or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Educational Audiology Services

Educational Audiologists recommend classroom amplification systems appropriate to the student's personal amplification needs within the classroom setting. Permission is limited to consultation and does not include observation of or any interaction with your child.

Hearing Services

Hearing Services provide consultation to school staff for students with hearing loss as well as those who have been diagnosed with Central Auditory Processing disorder. Consultation is provided by a specialist teacher of the deaf/hard of hearing and/or the Special Education Consultant: Hearing. An audiological assessment (audiogram) is required prior to consultation. Recommendations may include instructional and environmental accommodations.

Physical Management (Occupational Therapy/Physical Therapy) Services

Occupational and Physical Therapists (OT/PT) use a consultative model to support students who may have difficulty accessing the school learning environment due to a disability, medical, and/or developmental need. The goal of an OT/PT is to support optimal functional independence at school and will target one or more of the following areas: motor development, self-care, adapted equipment and technology support, functional life skills, sensory and/or accessibility needs. Permission is limited to consultation and does not include observation of or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Psychological Services

Psychological Services provide consultation to school personnel regarding a student's intellectual and academic development, as well as behavioural, emotional, and social functioning. Permission is limited to consultation and does not include observation of your child or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Special Education Programming Services (Consultant)

Special Education Program Consultants provide expertise in special education programming for a wide range of students who have special education needs. Permission will allow the Special Education Program Consultants to support school personnel in developing individual programming through consultation and possible direct observation of your child. Recommendations regarding strategies and best practices may be made to parents/guardians and/or school staff.

Speech and Language Services

Speech and Language Pathologists contribute to program planning for students in the areas of communication, literacy, functional life skills and social skills development. Through consultative services, Speech and Language Pathologists advise and assist teachers, early childhood educators, educational assistants, parents/guardians and others regarding effective strategies in the area of communication skill development. Permission is limited to consultation and does not include observation of or any interaction with your child. Should this become necessary, you will be asked to sign a separate consent form.

Vision Services

Vision Services provide support for students whose vision, even with correction, adversely impacts their educational performance. Strategies are provided and recommendations may be made for an individualized program to support on-going needs (e.g., program accommodations, braille, assistive devices/technology, and mobility training).