



## 1.4 District Inclusive Education Descriptions

### DISTRICT INCLUSION SUPPORT TEACHERS

#### Purpose

The role of the district inclusion support teacher (DIST) is to work collaboratively with inclusive education staff, school staff, educational partners, and parents to ensure that support for students with special education designations is effective in meeting the developmental needs of students and to assist in planning for meaningful inclusion.

#### Services

- Consulting with school inclusion support teachers (IST) and principal/vice-principal (PVP) about the development and implementation of competency-based individual education plans (CB-IEP) as ongoing, effective communication tools for students.
- Working with school staff at CB-IEP meetings with parents & students.
- Consulting with schools in the selection of appropriate materials, technology, software, and equipment for students with diverse needs.
- Assisting classroom teachers with supplementary learning strategies to meet the diverse needs of all students in an inclusive environment in the classroom.
- Assisting classroom teachers, ISTs, and PVPs with strategies for students who have experienced trauma, in order to help them succeed in an inclusive environment.
- Building capacity in schools in behavioural observing, tracking, developing strategies and building student plans.
- Building capacity with classroom teachers, ISTs, and PVPs in positive behaviour supports (e.g., PBIS, behaviour codes, and FAIRS plan), executive function, Non-Violent Crisis Intervention (NVCI), zones of regulation, and understanding and working with students who have ACE's.
- Building the capacity of classroom teachers & ISTs in the implementation of "push in" programming.
- Building the capacity of classroom teachers, ISTs and PVPs in creating a PEACEful school environment and helping build understandings of the 7 Developmental Domains.
- Providing student specific in-service and professional learning opportunities at the school and district level, including presentations, direct and indirect teaching, webinars or other online format, etc.
- Working collaboratively with school-based teams (SBT) to design student connection and learning plans.
- Consulting with schools to develop their interpretation of Level B assessments (i.e., WJ-IV).



- As part of a team and in collaboration with the other DISTs, district partner for Provincial Outreach Programs (e.g., POPARD - Autism, POPFASD - Fetal Alcohol, PIOP - **severe cognitive and physical disabilities**).
- Facilitating communication at the school level among classroom teachers, ISTs, EAs, PVPs, and other personnel.
- Providing support with student transition (especially into kindergarten, from primary to intermediate and between schools), including with inter-agency teams.
- Working with school staff and parents to enhance and promote planned parental involvement.
- Assisting schools and the district with ministry data collection (1701 special education data).
- Assisting schools with ensuring student binders are prepared and maintained according to current ministry audit criteria.
- Coordinating with SBTs, outside agencies, colleagues, etc. to wrap around students.
- Working with the early years literacy, numeracy, and assessment district teachers to support teachers with interpreting and strategizing supports in literacy, especially at the primary level.

## Referral Process

A school can access the services via Clevr.

## Resources

[District Inclusion Support Teacher Brochure](#)



## DISTRICT PSYCHOLOGY SERVICES

### Who We Are

District psychologists have specialized training in evidence-based approaches to assessing and developing students' learning, behavior, social skills, and mental health. They are also trained to supplement systems-level services, such as school-wide and district-wide approaches.

The primary role of the school psychologist is to provide consultation and psycho-educational assessment services to schools. Psycho-educational assessment may include evaluation of cognitive ability, executive function, visual-motor skills, social-emotional skills, academic skills, and other areas. District psychologists work collaboratively with ISTs, DISTs, SBTs, DBTs, families, and community service providers to provide assessment data, student history, and information to further assist the district psychologist in developing a portrait of the student's strengths and weaknesses. This information helps to identify specific areas for intervention as well as suggestions for ways to target those areas. Results of an assessment may determine that the student has a learning disability or an intellectual disability.

District psychologists have a minimum of a master's degree in educational psychology and are certified to practice through the British Columbia Association of School Psychologists ([BCASP](#)) and may be registered through the College of Psychologists of British Columbia.

### What We Do

District Psychologists provide assistance at multiple levels/tiers, to promote healthy school/classroom climates for all students and to provide more individualized strategies and assessments for a smaller portion of students.

#### 1. Services at a broader level (for all students):

- Provides assistance to staff through professional development, in-service and provision of resources.
- Involvement in school-wide initiatives.
- Assists teachers by recommending intervention strategies and academic assessment tools.

#### 2. Services for some students presenting with needs:

- Formal observation/consultation of specific students.
- General consultation with school staff and teachers about needs present in their classroom.
- Assisting school staff in understanding results of assessments completed by outside agencies such as the Interior Health Children's Assessment Network (IHCAN).



3. Services for fewer students whose needs have yet not been fully addressed through available school-based strategies and assessments:
  - psycho-educational assessment
  - social-emotional/behavioral assessment
4. District psychologist can also provide the following additional services:
  - Participate in district-based team (DBT) meetings and school-based team (SBT) meetings, which involve discussion of student needs as well as opportunity to provide recommendations for further resources, intervention, and possible assessment.
  - Participate in the district designation review committee, to determine whether documentation is adequate for audit.

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Assessments and formal consultations/observations only occur after informed consent from parent(s)/guardian(s) and parent(s)/guardian(s) are always involved in the process.

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## Referral Process and Criteria

Students can experience academic or learning difficulties. Initially when difficulties arise, teacher strategies are provided. If difficulties continue, the SBT discusses additional structures that can be put into place. If learning difficulties continue despite intervention, a referral by the SBT to the district psychologist can be made in consultation with parents/guardians.

### Possible reasons for referrals:

1. Ongoing academic needs that have not been fully responsive to school-based strategies and interventions.
2. Ongoing behavior or social-emotional needs that have not been fully responsive to school-based strategies and interventions.
3. Re-assessment (as recommended by the original assessing psychologist).
4. Assessments to inform transitions into adulthood for students with complex or developmental needs.

### Possible interventions to date, prior to a referral for an assessment:

Typically, available school-level strategies are implemented in response to student need and psychology assessments are sought only when more information is needed for determining appropriate structures or for determining the need for an inclusive education plan (IEP). Prior to referral for assessment, the following steps are important:

- student's vision and hearing have been assessed



- classroom-based accommodations/strategies have been tried for at least 3 months in the current setting
- academic interventions (e.g., technology-assisted programs) and accommodations (e.g., assistive technology, allowing the student to show learning in other ways).
- curriculum-based assessment / level B assessment.
- functional behavioral assessment (FBA) / positive behavior support plan (PBSP)
- social-emotional learning programs (e.g., FRIENDS, zones of regulation)
- consultation with IST/DIST
- involvement of community professionals (e.g., physicians, pediatricians, community mental health)

## Resources

[District Psychologists Services Brochure](#)



## SPEECH AND LANGUAGE PATHOLOGISTS

### Who We Are

The school speech and language pathologists (SLP's) work with children with a range of communication disorders including speech sound disorders, language disorders, fluency disorders, social communication disorders, and voice disorders. SLPs provide screening, assessment, intervention, and consultation in and develop the understanding and use of language, speech, voice, fluency, augmentative communication, literacy, and social communication. They work extensively with children who may be unable to speak clearly and require augmentative or alternative communication tools. Interventions to promote the development of communication skills are known to have a positive impact on academic achievement and social growth. Service in primary grades is a priority as early intervention has the greatest effect on student outcomes.

SD8 SLPs are specially trained professionals who have earned a master's or doctoral degree and are registered with the College of Speech and Hearing Health Professionals of BC.

### What We Do

- Provides assessment of communication skills including speech sound disorders, language disorders, fluency disorders, social communication disorders and voice disorders using standardized and non-standardized measures.
- Creates and implements intervention programs using a variety of service delivery options including direct intervention; consultation for classroom teachers, ISTs, and other school staff; and collaborative teaching between the SLP and classroom teacher.
- Directly supervises use of communication development programs by educational assistants (EAs), speech-language pathology assistants (SLPA) or parents/guardians.
- Consults with classroom teachers on strategies to promote the communication development of at-risk students.
- Provides workshops and training to teachers, EAs and parents/guardians on communication development, facilitation techniques, and adaptations.
- Participates in district level committees and initiatives.
- Prevention of communication disorders.
- Identification of students at risk for later problems.
- Evaluation of the results of comprehensive assessments.
- Development and implementation of IEPs documentation of outcomes.
- Collaboration with teachers and other professionals.
- Advocacy for teaching practices.



- Participation in research projects.

SLPs work with students in a variety of ways:

- combine communication goals with academic and social goals
- integrate classroom objectives
- help students understand and use basic language concepts
- develop skills in reading and writing
- increase students' understanding of texts and lessons

Services can vary depending on student needs:

- monitoring or periodic screening
- collaborating and consulting
- classroom-based services
- small group or individual sessions
- speech classrooms

## Referral Process and Criteria

A district inclusive education referral form is completed by the SBT on the recommendation of the SLP after a screening or a SBT meeting using the Clevr platform.

### Possible reasons for referrals may include:

- difficulty with speech sounds/voice/fluency
- difficulty with receptive/expressive/social language
- a suggestion in a report from the SBT or community professional
- parent concerns regarding speech and/or language

### Possible Interventions to date:

- discussion with school SLP
- pre-school SLP intervention
- SLP intervention at previous school

## Resources

[Speech Language Flyer](#)



## ENGLISH LANGUAGE LEARNER TEACHER

### Purpose

The English language learner (ELL) teacher acts as case manager and provides an inclusive education that helps students to achieve cultural and linguistic competency and proficiency. ELL teachers focus on students acquiring strong foundational skills and core competencies, personalized learning experiences, and appreciation for vast cultural world views and perspectives.

### Services Provided

- Assesses and evaluates English language learners to determine their level of language proficiency in oral language, reading and writing.
- Consults and communicates with ISTs, classroom teachers, principals, and parents to prepare and successfully implement the annual instruction plan for the ELLs.
- Recommends and provides appropriate print, digital, and multi-media resources specifically written and created for ELLs.
- Provides classroom teacher with teaching strategies and appropriate adaptations that are universally designed for ELLs.

### Referral Process

District inclusive education referral forms are available to school IST's through Clevr. The referral will normally be preceded by a consultation preferably through the SBT.





## TEACHER OF THE DEAF AND HARD OF HEARING

### Who We Are

Teachers of the deaf and hard of hearing (TDHH) provide services to students who may have difficulty in school because of a hearing loss. Any student at any grade level with significant hearing loss is eligible for direct service if the hearing loss results in substantial educational difficulties.

TDHHs, also known as hearing resource teachers (HRT), are specially trained professionals who have earned a master's degree in deaf education in special education. They are active members of the Canadian Association of Educators of the Deaf and Hard of Hearing (CAEDHH).

### What We Do

- Assesses the needs of students who are deaf and hard of hearing (DHH) and assists teachers in the development of IEPs.
- Provides resources for teachers, EAs, parents/guardians, and students.
- Provides direct instruction to students who are DHH, which may include language development, social/emotional development, academic support, development of auditory skills or sign language skills, self-advocacy techniques, and an understanding of their hearing loss.
- Works with parents in collaboration with the classroom teacher.
- Provides support in the care, use, and management of hearing aids, personal DM systems, cochlear implants, and sound field systems.
- Works with external agencies as appropriate, such as the Interior Health Unit, medical personnel, The Provincial Resource Program: Auditory Outreach, and BC Children's Hospital.
- Prepares for transitions with post-secondary, career choice, job applications, and/or next steps.
- Provides information regarding the Provincial School for the Deaf, and its eligibility requirements.
- Provides opportunities for social interaction with other DHH students in our district, and other districts in British Columbia.

#### TDHHs in SCHOOLS:

- Implement curriculum for students who are DHH.
- Work through the expanded core curriculum for students who are DHH.
- Support students with their language.
- Work with students who use hearing aids, DM systems, and cochlear implants.
- Help students and staff use equipment properly.



- Create opportunities to connect students who are DHH both in and out of district.
- Develop and implement IEP's.
- Collaboration with teachers and other professionals.
- Advocacy for universal teaching practices.
- Help develop self-advocacy for DHH students.
- Kindergarten hearing screenings and referrals.

TDHH's in SD8 work with students in a variety of ways:

- Reading, writing, academic and social-emotional support.
- Increase students' understanding of vocabularies, concepts, and oral language.
- Increase students' self-advocacy skills.
- Build capacity about the anatomy of the ear, how the ear works, and how to protect hearing.
- Integrate classroom objectives.
- Help students understand their hearing loss, their equipment, and teach strategies that help all learners, both hearing and hard of hearing.

Services can vary depending on student's needs:

- Individual or small group sessions.
- Classroom-based services.
- Collaborating and consulting.
- Monitoring or periodic screening.

## Referral Process and Criteria

Students with a suspected hearing loss should be referred to the Interior Health Unit: Hearing Services, or another qualified audiologist for hearing testing. District inclusive education referral forms are available to school IST's through Clevr. The referral will normally be preceded by a consultation with the individual district staff member to whom the referral is being made, preferably through the SBT. An up-to-date audiogram or hearing report should accompany a referral to the TDHH.

## Possible Reasons for Referral for a Hearing Screen:

- If a child appears to be "daydreaming" or not paying attention.
- If a child has challenges focusing when background noise is present.
- If a child has communication challenges with peers.
- If a child has a hard time learning phonemic awareness and pre-reading skills.



- If a child has speech articulation challenges.
- If a child has a history of ear infections.
- If a child has had allergies, a cold, and/or are stuffed up and have been for a long period of time.

Note: If a child has a documented hearing loss diagnosed from an audiologist, most likely the TDHH will be involved.

## Resources

[Deaf and Hard of Hearing Services Brochure](#)

[BC Early Hearing Program](#)

[BC Family Hearing Resource Society](#)

[Canadian Association of Educators of The Deaf And Hard Of Hearing \(CAEDHH\)](#)

[Canadian Association of Sign Language Interpreters](#)

[Canadian Hard of Hearing Association](#)

[Children's Hearing & Speech Centre of BC](#)

[Deaf Children's Society of BC](#)

[Westcoast Association of Visual Language Interpreters \(WAVLI\)](#)



## VISION RESOURCE TEACHER

### Who We Are

The primary purpose of the vision resource teacher (VRT) is to work with students who are blind, whose visual acuity is 20/70 or less after correction, who have field deficits of greater than 20 degrees, or a progressive condition which limits access to the curriculum. They provide services and structures necessary for visually impaired students to function successfully within the school system. The VRT, in consultation with the classroom teacher and SBT, develops programs to meet the specific needs of visually impaired students.

A student with visual impairment is one whose visual acuity is not sufficient for the student to participate with ease in everyday activities. The impairment interferes with optimal learning and achievement and can result in a substantial educational disadvantage unless adaptations are made in the methods of presenting learning opportunities, the nature of the materials used and/or the learning environment. It is not intended to include students described as having visual perceptual difficulties unless they also have a vision loss. ([SPECIAL EDUCATION SERVICES: A MANUAL OF POLICIES, PROCEDURES AND GUIDELINES, 2016 p.74](#)).

SD8 provides assistance to students who have a diagnosed visual impairment through services from a teacher of students with visual impairments (TSVI) & orientation and mobility specialists (O&M).

### What We Do

- Provides direct instruction in the areas of the expanded core curriculum:
  - Visual efficiency skills.
  - Adapted technology.
  - Orientation and mobility.
  - Braille.
  - Social interaction skills.
  - Independent living skills.
  - Recreation and leisure skills.
- Contributes to Individualized Education Goals.
- Performs functional vision and learning media assessments.
- Consults with SBTs regarding program requirements.
- Interprets ophthalmological reports.
- Makes referrals to and collaborates with outside service providers.



- Requests alternate format materials from the provincial resource centre for the visually impaired (PRCVI) to support the student's curriculum (e.g., may include Braille, large-print materials, tapes, e-text, special kits, etc.).
- Adapts teacher-prepared materials, including brailed transcription and enlarging of print, maps, and diagrams.

The TSVI is trained in working with students who are blind, deafblind or who have low vision along with students who have a visual impairment with additional disabilities. The TSVI is an important member of the student's educational team and provides direct and indirect services in many different settings including the school and community.

O&M services provide students with visual impairment with the skills necessary to travel safely and efficiently in a variety of indoor and outdoor environments with as much independence as possible. Students work directly with their O&M specialist and training could take place at different times of the day, including afterschool and sometimes during evenings, depending on the student's vision and travel needs. O&M services are also provided by the district TSVI.

## Referral Process and Criteria

District inclusive education referral forms are available to school IST's through Clevr. The referral will normally be preceded by a consultation with the individual district support staff member to whom the referral is being made preferably through the SBT. An up-to-date vision assessment report should accompany a referral to the VRT.

### Possible Reasons for Referral:

- Documented observations of vision difficulties at school: holds materials too close or too far; head tilt, excessive blinking, squinting; covers eye with hand or rubs eyes; eyes tear excessively; frequently bumps into or drops things; headaches, nausea, double vision, **and**
- A trial of simple classroom adaptations such as preferential seating and access to larger print or adapted materials, **and**
- Current documentation from the student's eye-care specialist is required to be submitted *with* a referral to the district TSVI.

### Eligibility for Services from the TSVI:

A documented report from an ophthalmologist, optometrist, orthoptist, or the Visually Impaired Program at the BC Children's Hospital that states one of the following:

- Visual acuity of 6/21 (20/70) or less in the better eye after correction; OR
- Visual field of 20 degrees or less; OR
- Any progressive eye disease with a prognosis of becoming one of the above within a few years; OR



- A visual problem or related visual stamina that is not correctable that results in the student functioning as if their visual acuity is limited to 6/21 (20/70) or less.

## Resources

[Vision Services Brochure](#)

[Provincial Resource Centre for the Visually Impaired](#)

[Children's Low Vision Project of BC](#)

[14.3 Vision Best Practices](#)



## OCCUPATIONAL THERAPY

### Who We Are

Occupational therapists (OT) are specially trained professionals who have earned a bachelor's or master's degree and are registered with the College of Occupational Therapy of BC.

### What We Do

OTs aim to enable the student to actively engage in learning, participate in all aspects of school life and ultimately, achieve their potential. OTs do this by:

- Assessment, planning and goal development in relation to a student's fine motor development, visual perceptual skills, sensory processing abilities and activities of daily living skills.
- Evaluation of the environment and making recommendations to improve the fit for greater access and participation.
- Recommendation of assistive technology and equipment.
- Collaboration with teachers and other professionals.
- Providing education and resources on motor abilities and development as well as sensory processing.

Services can vary depending on students' needs:

- Evaluation and recommendations.
- Ongoing consultation for students with significant motor/sensory needs.
- Program planning in collaboration with the SBT for students with significant motor/sensory needs.

### Referral Process and Criteria Prioritization

School teams complete the OT pre-referral checklist for the SBT and enter a referral into Clevr.

#### Priority 1:

- Seating - toileting, mealtime, wheelchair.
- Feeding - protocols, positioning, any equipment.
- Fine motor/sensory processing assessment as part of a larger diagnostic query.
- Access to school buildings.



### **Priority 2:**

- Sensory processing challenges affect a student's ability to attend full school days.
- Sensory processing challenges significantly impact a student's behaviour.

### **Priority 3:**

- Fine motor/sensory processing challenges due to a pre-existing diagnosis.

### **Priority 4:**

- Written output.
- Visual perceptual skills.
- Ocular motor skills.
- Fine motor development.
- Sensory processing/self-regulation challenges.

### **Resources**

[SD8 Occupational Therapy brochure](#)





## PHYSIOTHERAPY

### Who We Are

Physiotherapists (PT) are specially trained professionals who have earned a bachelor's or master's degree and are registered with the College of Physiotherapy of BC.

### What We Do

PTs address the physical and health needs of students who require mobility assistance. They look at student performance by focusing on gross motor skills, assess alignment, posture and coordination skills and provide adaptations for student participation in a variety of areas including physical activity within the school and community.

### Referral Process and Criteria

School teams complete the PT pre-Referral checklist for the SBT and enter a referral into Clevr.

### Possible Reasons for Referral

- Physical diagnosis.
- Need for equipment or staff education on equipment use (wheelchair, walker, lift etc.).
- Need for a specific PE program.
- Parent concern regarding movement, coordination, alignment, or posture.

### Possible Interventions to Date

- Gross motor assessment.
- Orthopedic assessment.
- Vestibular Assessment.
- Exercise/Therapy Programs.
- Recommendations or assistance in the prescription of equipment such as:
  - Splints for legs and/or feet.
  - Assistive tools for arms/and or hands.
  - Specialized chairs or modifications to commercial chairs.

### Resources

[Physiotherapy Brochure](#)

[Physical activity: Benefits of exercise for health and wellbeing](#)



## HOME/HOSPITAL TEACHER

### Purpose

The home hospital teacher (HHT) provides service to students in the district who are absent from school for an extended period of time due to physical or mental illness or an accident. Home hospital services is temporary and is not considered an educational program. The student's classroom teacher(s) is/are responsible for curriculum development and marking.

### Services

- Virtual home or hospital visits provided there is one other adult present in the home.
- Instruction.
- Exam invigilation.
- Pick-up and delivery of materials.

### Referral Process

District inclusive education referral forms are available to school IST's through Clevr. Each referral should be preceded by a consultation with the HHT.



## HOSPITAL HOMEBOUND SERVICES

Hospital homebound services are a short term, academic intervention provided to a student who is absent from school for an extended period due to physical or mental illness, an accident, or in some cases for those students who are unable to attend school.

- **Each referral** should be preceded by a consultation with the Hospital Homebound Teacher.
- **Services** are provided depending on the need of the student.
- **Curriculum** is provided in most cases by the classroom teacher or by a district itinerant staff member.
- **Services** include pick-up and delivery of work packages, instruction, hospital visits, exam invigilation, and delivery of work packages to classroom teacher for marking. The work sessions can be virtually to a home with an adult present, in the community or at a school.
- **A review date** is set in order to assess the intervention and to ensure placement of student in an education program.

To access hospital homebound services, inclusive education referral forms are available to school IST's through Clevr. Each referral must be preceded by a consultation with the DIST.



## **MENTAL HEALTH AND ADDICTIONS COORDINATOR**

### **Purpose**

The mental health and addictions coordinator (MHAC) assists school staff and parents/guardians to assist children and youth who are experiencing social/emotional, behavioural, or mental health difficulties that affect their educational performance. They also assist students who find themselves challenged by substance use through referrals and information for families and for school and district teams.

The MHAC plays an integral role in liaising with and developing interagency connections with the family and school to provide individualized services for student success including referrals to community agencies, consultation with parents and school staff regarding structures and strategies for children, developing positive relationships between all members of the child's care team, and coordinating staff training.

### **Services**

- The primary role of the MHAC is to provide information to students, parents, and school teams.
- Provides assistance and information to the school communities where a critical incident has occurred and aids in implementing their critical incident plans.
- Supports SBTs in the implementation of social emotional learning and conducts standardized behavioural assessments as needed.
- Provides a variety of district-wide in-service and professional development opportunities and maintain an up-to-date library of counselling resources.
- Provides information and training to SD8 staff in the area of substance use.

### **Referral Process**

Students can experience behavioural, social/emotional, or mental health concerns that range from mild to serious. Consultation with the MHAC is accessed through the SBT.



## MANAGER OF SAFE SCHOOLS

### Purpose

The manager of safe schools (MSS) is a district leadership position in the inclusive education department. To promote safety in schools, the MSS works directly with students and staff in all schools. This role also engages with outside agencies such as the RCMP, Nelson City Police, the Ministry of Children and Family Development (MCFD) and other community partners.

### Services

The MSS provides leadership in:

- threat risk assessment
- critical incident response management
- crime prevention
- digital safety education for students and parents/guardians
- digital investigations
- mediation between school staff, students and parents/guardians
- district reviews (indefinite suspension reviews)
- SBT and DBT training
- worrisome behaviour training for schools
- emergency drills
- workplace violent incidents in conjunction with the Assistant Superintendent, Inclusive Education and the health wellness and safety officer



## **TECHNOLOGY SET-BC AND ASSISTIVE TECHNOLOGY SERVICES**

### **Who We Are**

SD8 provides tools for students who require technology to access their learning and/or communication.

### **Services Provided/What We Do**

- Coordinate assistive technology hardware and software owned by SD8 or transferred through SET-BC.
- Coordinate district referrals for assistive technology.
- Provide training and strategies for assistive software such as Google Read and Write, Boardmaker, Clicker, and others.
- Work collaboratively with school and district staff to develop assistive technology solutions to meet student needs.

### **Augmentative and Alternative Communication Systems (AAC)**

AAC can include but is not limited to, sign language, gestures, pictures, text-to-speech software, and voice output communication systems. Staff focus on:

- Introducing AAC early, especially to promote receptive language development and provide immersion in the AAC system.
- Ensuring an AAC system is designed to meet the student's immediate communication needs and also to facilitate further linguistic development.
- Acting on the knowledge that AAC does not inhibit natural speech.
- Ensuring the student has abundant opportunities to observe proficient use of an AAC system. This will ensure that the student using AAC, like their typically developing peers, benefits from observing fluent communication in their own expressive modality.
- Working in conjunction with a student's family, teacher, and other professionals to ensure that AAC recommendations are consistent with language, learning and other goals. These goals are often identified in a student's IEP.
- Analyzing the communication and participation skills and patterns of the student's peers to inform vocabulary and implementation planning.
- Considering core vocabulary needs to ensure a combination of developmental, environmental, and functional vocabulary is included in the student's system.
- Teach student's school team members in knowing how to use the AAC system and how best to interact with the student using the system.



## Set-BC

[SET-BC](#) is a BC Ministry of Education Provincial Resource Program established to work with school districts to support students who require or would benefit from using technology to access their educational programs. SET-BC services to school districts include consultation and collaboration; professional development and training; classroom and student resources; and technology loans.

SET-BC:

- Collaborates with district teams to provide professional development activities focused on the use of technology for diverse learners in the classroom
- Assists school districts in training district and school teams on specific technologies used to promote students' access to educational programs.
- Lends technologies (participation, communication, and learning tools) to school districts to develop students' access to their curriculum.
- SET-BC allocate services to school districts based on annual Districts' Requests for Service and our annual budget and staffing levels.

## Referral Process and Criteria

District assistive technology referral forms are available through SLP referrals in Clevr.



## ALTERNATE EDUCATION

### Introduction

This memorandum provides an overview of the Type 3 alternate schools in SD8 of which there are two Type 3 Alternate Schools: REACH and The Sequoia Centre.

### Background

Alternate education programs (also known as Type 3 alternate programs) are specialized programs in SD8. Alternate education programs focus on educational, social, and emotional issues for students whose needs are not being met in a traditional school program. An alternate education program utilizes differentiated instruction, specialized program delivery and enhanced counselling services based on students' needs.

These programs differ from an "alternative program" that may exist in a regular school.

Type 3 alternate programs are district programs while "alternative programs" are school-based programs. Therefore, application for Type 3 alternate programs is coordinated and reviewed through the DBT after an application is made.

Students who attend alternate education programs are often the most vulnerable population in the school system. Alternate education programs typically have disproportionate numbers of children and youth in care, Indigenous students, children, and youth living in poverty or the street, gifted children who have difficulty in social situations, children and youth involved in drugs, alcohol and the sex trade, and youth with mental health concerns. Alternate education programs may offer an opportunity for these vulnerable and at-risk students to experience success.

Alternate education programs must satisfy certain requirements to be deemed a Type 3 facility. Alternate education programs must follow all the requirements listed below.

### Information

#### Alternate Education Program Funding and Requirements

Students in Type 3 alternate programs must:

- Be school-aged,\*\*
- Have not graduated, and
- Meet the criteria for K-12 general funding.

\*\* "School age student:" is a student between the age of five by December 31 of the current calendar year and 19 on or after July 1 of the current school year (e.g., age of five by December 31, 2023, up to age of 19 on or after July 1, 2023).





Students over the age of 19 before July 1 of the current school year are not funded in Type 3 alternate programs.

Alternate education programs must focus on the educational, social, and emotional issues for students whose needs are not being met in a traditional school program. Students are provided with differentiated instruction and specialized program delivery in order to meet student's needs.

Every Alternate Education Program must have:

1. An intake process to facilitate district referrals or self-referral.
2. An annually reviewed learning plan for each student, either an official Individual Education Plan (IEP) or a Student Learning Plan (SLP) that clearly defines the objectives for the student, additional services provided as required, progress made, and any transition plans.
3. An exit strategy to facilitate the student's transition back into regular school system, continuing education centre, graduation or to work or to post-secondary training and education.
4. Evidence of additional services as required by the student population (i.e., youth workers, drug, and alcohol counsellors and/or sessions, etc.).

### **SD8 Procedures for Entry into Temporary Education Program**

REACH and The Sequoia Centre are district-based Type 3 alternate programs, serving students in grades 10 - 12 in SD8. Entrance into SD8's Type 3 alternate programs is governed by SBTs and managed through the DBT.

The [Ministry of Education requirements for Type 3 Alternate Programs](#) specify that there must be an exit plan in place for all students in Type 3 programs in order for students to transition back to their neighbourhood school, to continuing or online learning, to graduation, to work, or to post secondary education or training.

The neighbourhood school's principal and SBT may jointly recommend a student's application to a Type 3 alternate program. The application for alternate education program must be completed, signed by the principal and by the student's parent/caregiver, and submitted to the DBT along with the required documents for review.

The DBT reviews applications for entrance into the Type 3 alternate programs at its monthly meetings and may determine whether to:

1. Approve the application and confirm the entry and exit date,
2. Ask the applicant /school for more information,
3. Deny the application provide further strategies/training to school staff,
4. Recommend reapplication for admission to the Type 3 alternate program at a future date (i.e. - if the student is younger than grade 10 or is new to the district);  
or



5. Deny the application outright if the student does not meet the criteria for a Type 3 alternate program (e.g. - if the student is over-age). In this case, the team might recommend the local college GED or other program.

### **Provision of Services in Type 3 Alternate Programs in SD8**

The classroom teacher is the primary adult for students in Type 3 Alternate Programs and is responsible for designing programs for students.

To satisfy [Ministry of Education Enrolment Audit requirements](#), Type 3 Alternate Program staff must show:

1. Evidence of the intake process for non-graduated, school-age students (district intake process).
2. Current SLP or IEP that clearly defines:
  - 2.1. The objectives for the student.
  - 2.2. What additional services are or will be provided.
  - 2.3. A measurement of the student's progress.
  - 2.4. The proposed transition plan (i.e. - back to neighbourhood school or graduation).
3. Documentation of additional services provided in order to meet the needs of the student population.
4. Evidence of differentiated instruction based on the student's needs not being met in a traditional school program.
5. Evidence of specialized program delivery.
6. Evidence of enhanced counselling services.
7. Evidence of a planned approach to exit from the Type 3 alternate program.

There are many forms of classroom supports provided by the classroom teacher to students in Type 3 alternate programs in SD8. These are similar to classroom supports in regular schools and may include: adapted teaching strategies, environmental changes to the classroom and seating, technological resources (such as Text Help Read and Write), structural changes such as planned/increased break times, adaptations to classroom materials and curriculum, and so on.

Students in Type 3 alternate programs are also provided with information and the opportunity for specialized interventions, such as addiction programs, counselling referrals, work experience and job training, hands-on and *in situ* activities (such as hiking, trail building or repair, etc.).

District staff also work closely with parents, outside agencies (such as [COINS](#), [FreedomQuest](#), [The Foundry](#), [Kootenai Art Therapy Institute](#), and the [Family Support Institute](#)), and other government agencies (such as [MCFD](#), [Child Youth Mental Health](#), [Healthy Schools BC](#), and [Community Living BC](#)).