**Student:** Click here to enter text. **DOB:** Click here to enter text.

**School Name/Number:** Click here to enter text. **Grade for September:** Click here to enter text.

**PPT Members:** Click here to enter text. **Date of Application:** Click here to enter text.

**Individualized Programming:** Choose an item.

**Student Assistant support may be required for students with severe needs, as outlined below. This service is part of the student’s IEP.**

|  |  |
| --- | --- |
| **Criteria for SA Support** | **Descriptor(s)** |
| 1. [ ]  Communication
 | [ ]  Student is minimally verbal i.e. functional vocabulary of 30 words or less; would likely have a severe intellectual disability or autism. [ ]  Student requires support for instruction and evaluation presented in Braille (Student Assistant must be proficient in Braille).[ ]  Student requires support for instruction and evaluation presented in ASL. This support is for students using ASL as their primary means of communication (Student Assistant must be proficient in ASL). |
| 1. [ ]  Access
 | [ ]  Student requires the support of an adult for portering, lifting, handling of materials.[ ]  Student has severe mobility issue that impacts safely moving from place to place. Specify: Click here to enter text. |
| 1. [ ]  Personal Care
 | Student requires intensive and consistent support for:[ ]  Toileting – is developing skills – i.e. diapered but being toilet trained[ ]  Toileting – is unable to develop skills – i.e. catheterization, use of hydraulic lift[ ]  Feeding – manual or tube feeding[ ]  Dressing/undressing/personal hygiene |
| 1. [ ]  Safety
 | [ ]  Student requires constant adult supervision due to behaviours that may threaten the safety of the student and/or others. [ ]  Student has a history of running from school/school activities and lacks awareness of danger to self. Attachments*:*  [ ]  Review 360 incident reports reflecting the level of supervision necessary and the intensity of incidents.  [ ]  Behaviour Support Plan and Response Protocol  [ ]  RTL: Tiered Approach to Learning, SDM: Alternate Non-Curricular Program or Alternate Curriculum.  [ ]  Kindergarten students: Transition Plan and/or any report reflecting programming goals related to severe behaviour.  |

**Signatures:**

I understand that this is an application process and that automatic approval of student assistant support for my child is not guaranteed.

Parent/guardian:  Date:

Administrator:  Date:

**For District Staff**

[ ] Approved by the District [ ]  Not Approved by the District

**Comments:**

District Approver: Date: