**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: