

Information on this form is collected by the Office of the Inspector of Independent Schools under the authority of the Independent School Act. The information will be used for processing applications for Special Education funding and will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Inspector of Independent Schools, Office of the Inspector of Independent Schools, Ministry of Education, PO Box 9153 STN PROV GOVT, VICTORIA BC V8W 9H1. Telephone: (250) 387-3711

**NOTES:**

- All sections must be completed each year.
- Due to the confidential student information, faxed applications will not be accepted.
- Handwritten applications will not be accepted.
- Applications received after the final submission date of October 8, 2010, will not be considered.
- Incomplete applications will not be considered.
- Please use 10 pt font as a minimum.

A Completion Guide for this form is available at: [http://www.bced.gov.bc.ca/independentschools/is\\_forms/spec\\_ed/se\\_appguide.pdf](http://www.bced.gov.bc.ca/independentschools/is_forms/spec_ed/se_appguide.pdf)

**Section A. School Information**

MINISTRY SCHOOL CODE <b>12345678</b>	NAME OF SCHOOL <b>St. Peter's Catholic School</b>	PRINCIPAL'S NAME <b>Mr. Pete Moss</b>
ADDRESS OF SCHOOL <b>1234 Blossom Street</b>		CITY/TOWN <b>Sunshine City</b>
EMAIL ADDRESS OF PRINCIPAL <b>petemoss@stpeterscs</b>		SCHOOL TELEPHONE NUMBER <b>(321) 987-6543</b>
NAME OF SPECIAL EDUCATION CONTACT PERSON/CASE MANAGER <b>Ms. Sally Sunshine</b>	CONTACT TELEPHONE NUMBER <b>(321) 987-6543</b>	CONTACT EMAIL <b>sallysunshine@stpeterscs</b>

**Section B. Student Information**

PEN NUMBER <b>77665544</b>	STUDENT'S LAST NAME <b>Beach</b>	FIRST NAME <b>Sandy</b>	DATE OF BIRTH (yyyy/mm/dd) <b>2002/04/21</b>	GRADE <b>3</b>	FTE <b>1.0</b>
IS THIS A NEW APPLICATION FOR THIS STUDENT FOR THIS SCHOOL YEAR OR IS IT AN APPEAL OF A PREVIOUS FUNDING DECISION FOR THIS SCHOOL YEAR? <input checked="" type="checkbox"/> New application for student <input type="checkbox"/> Appeal of a previous funding decision			DOES A RECENT ASSESSMENT INDICATE SIGNIFICANT CHANGE IN LEVEL OF NEED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
IF STUDENT IS NEW TO THE SCHOOL, INDICATE PREVIOUS SCHOOL AND MINISTRY SCHOOL CODE (AND DISTRICT NUMBER IF APPLICABLE)					
IS THIS STUDENT ENROLLED AT MORE THAN ONE SCHOOL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF YES, PROVIDE THE NAME OF THE OTHER SCHOOL(S) BELOW.					
HAS THIS STUDENT RECEIVED SPECIAL EDUCATION FUNDING IN THE PAST? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, what was the special education category? <b>F</b> In what year(s)? <b>2009-2010</b> At which school(s) <b>St. Peter's Catholic School</b>					
IS THIS STUDENT A STATUS INDIAN LIVING ON-RESERVE (i.e. funded by Indian and Northern Affairs Canada)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			WHAT CATEGORY AND LEVEL ARE BEING APPLIED FOR?		
			CATEGORY <b>F</b>		LEVEL <b>2</b>

**FOR MINISTRY USE ONLY**

CATEGORY APPROVED		APPROVED BY
Diagnostic Criteria Met? (Y/N)	Program Appropriate? (Y/N)	
COMMENT CODE(S)	ADDITIONAL COMMENTS	

Special Education Grant Application and  
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## SAMPLE 'F' COMPLETED FORM

### Section C. Professional Assessments and Documentation

(Summarize relevant professional documentation and submit Full Scale scores and findings. Do not send professional reports unless requested or if filing for Level 1 for the first time. **NOTE:** Please provide full name of assessment agencies; do NOT use acronyms.)

HAS FORMAL TESTING/EVALUATION RECENTLY BEEN COMPLETED?  YES  NO

IF NO, WHAT IS THE PROJECTED COMPLETION DATE (yyyy/mm/dd): \_\_\_\_\_

IF FORMAL TESTING/EVALUATION HAS NOT BEEN COMPLETED, PLEASE GIVE REASON

#### IN THE SPACES BELOW, PROVIDE THE ASSESSMENT HISTORY AND FINDINGS FOR THIS STUDENT

NAME OF AGENCY	NAME OF ASSESSOR	QUALIFICATIONS OF ASSESSOR	DATE OF ASSESSMENT (yyyy/mm/dd)
BC Children's Hospital Cochlear Implant Services	Dr. P. Smith	Certified Audiologist Cochlear Implant Team	2010/01/15
BASIC DATA (i.e. instrument, if applicable)		SCORES/FINDINGS/FORMAL DIAGNOSIS	
<ul style="list-style-type: none"> <li>▪ Sound Booth</li> <li>▪ Speech Test:                             <ul style="list-style-type: none"> <li>- Multisyllabic and Lexical Neighbourhood Tests (MLNT)</li> <li>- Bamford-Kowal-Bench Sentences Test (BKB Sentences)</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>▪ Left ear: severe to profound hearing loss</li> <li>▪ Right ear: profound hearing loss</li> </ul>	
NAME OF AGENCY	NAME OF ASSESSOR	QUALIFICATIONS OF ASSESSOR	DATE OF ASSESSMENT (yyyy/mm/dd)
BC Children's Hospital	Dr. C. Wong	Certified Audiologist	2008/12/05
BASIC DATA (i.e. instrument, if applicable)		SCORES/FINDINGS/FORMAL DIAGNOSIS	
<ul style="list-style-type: none"> <li>▪ Pure tone testing</li> <li>▪ Hearing aid evaluation</li> </ul>		<ul style="list-style-type: none"> <li>▪ Right ear – 0 db</li> <li>▪ Left ear – 60 db</li> <li>▪ Profound hearing loss with no measurable auditory responses in right ear</li> </ul>	
NAME OF AGENCY	NAME OF ASSESSOR	QUALIFICATIONS OF ASSESSOR	DATE OF ASSESSMENT (yyyy/mm/dd)
Vancouver Coastal Health Authority	L. Jones	Speech Language Pathologist	2008-11-14
BASIC DATA (i.e. instrument, if applicable)		SCORES/FINDINGS/FORMAL DIAGNOSIS	
<ul style="list-style-type: none"> <li>▪ Goldman Frisroe Test of Articulation-2 (GFTA-2)</li> </ul>		<ul style="list-style-type: none"> <li>▪ Articulation is moderately to severely delayed</li> </ul>	
NAME OF AGENCY	NAME OF ASSESSOR	QUALIFICATIONS OF ASSESSOR	DATE OF ASSESSMENT (yyyy/mm/dd)
BASIC DATA (i.e. instrument, if applicable)		SCORES/FINDINGS/FORMAL DIAGNOSIS	
NAME OF AGENCY	NAME OF ASSESSOR	QUALIFICATIONS OF ASSESSOR	DATE OF ASSESSMENT (yyyy/mm/dd)
BASIC DATA (i.e. instrument, if applicable)		SCORES/FINDINGS/FORMAL DIAGNOSIS	

### Section D. Assessment Recommendations

PROVIDE A BRIEF SUMMARY OF ASSESSMENT RECOMMENDATIONS

#### Audiologist:

- Continued cochlear implant and hearing aid use
- Introduction of cochlear implant FM for use in the classroom setting
- Continue with program of auditory and verbal therapy
- Monitor left ear thresholds

#### Speech Language

- Ongoing support to develop articulation skills
- Ongoing observation and support

#### Teacher of Hearing Impaired:

- Address difficulties in understanding and processing interpersonal cues and planning appropriate responses.
- Preferential seating close to the teacher (so that his left ear is favoured)

- Learn new social skills and practice ones he has learned in a small group setting
- Teach and encourage use of ASL combined with oral language
- School-based team consult with itinerant teacher of the hearing impaired on a regular basis

**Section E. Services Provided**

INDICATE IF SERVICES OF ANY OF THE FOLLOWING ARE **IN PLACE AND CONTRACTED BY THE SCHOOL**

OCCUPATIONAL THERAPIST     PHYSIOTHERAPIST     TEACHER OF HEARING IMPAIRED     TEACHER OF THE VISUALLY IMPAIRED

**CATEGORY H APPLICATIONS:** SUMMARIZE THE STUDENT'S INDIVIDUAL EDUCATION PLAN AND ITS LINKS WITH OTHER AGENCIES (i.e. Ministry of Children and Family Development, Mental Health, Law Enforcement, etc.). Provide the name of the agency's representative involved in the development and/or delivery of the IEP.

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**Section E. Services Provided cont'd**

(Summarize the services provided for this student, indicating how the program is *over and above the regular program* as expressed in the student's IEP. Do not submit an IEP but ensure that one is up to date and on file at the school.)

FOR EACH APPLICATION, outline the following for the student in all/any domains. (Note: table cells will expand as needed to provide information):				
	Disability's impacts on student's learning	Services provided and by whom	<u>Examples</u> of strategies, modifications, adaptations, and interventions	Expected benefits to the student
A C A D E M I C	<ul style="list-style-type: none"> <li>▪ Difficulty accessing curriculum in all areas due to language and vocabulary delays</li> <li>▪ Delayed vocabulary impacts concept development</li> <li>▪ Significantly slower processing time</li> </ul>	<p><b>Classroom Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Oversees and implements curriculum with adaptations and modifications</li> </ul> <p><b>SEA</b></p> <ul style="list-style-type: none"> <li>▪ Supports academic work</li> </ul> <p><b>Resource Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Oversees and coordinates the development and implementation of the IEP</li> <li>▪ Coordinates meetings</li> <li>▪ Contact for specialists</li> </ul> <p><b>Teacher of Deaf and HH</b></p> <ul style="list-style-type: none"> <li>▪ 1:1 sessions</li> <li>▪ Ongoing "hearing" sessions with assessment, interventions and program development</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use of personal FM equipment</li> <li>▪ Pre-teach vocabulary and concepts</li> <li>▪ Reduce workload</li> <li>▪ 1:1 instructions to ensure understanding</li> <li>▪ Direct teaching of language structures – both written and oral</li> <li>▪ Specific cochlear implant (re)habilitation</li> <li>▪ Weekly consultation with school-based team to discuss appropriate adaptations for academic work</li> </ul>	<ul style="list-style-type: none"> <li>▪ Greater access to the curriculum</li> <li>▪ Improved academic success</li> </ul>
B E H A V I O U R A L	<ul style="list-style-type: none"> <li>▪ Easily overwhelmed</li> <li>▪ Extremely shy</li> <li>▪ Afraid to ask for help</li> <li>▪ Limited ability to self-advocate</li> </ul>	<p><b>Classroom Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Provides support and safe atmosphere</li> <li>▪ Oversees and implements strategies to support learning</li> </ul> <p><b>SEA</b></p> <ul style="list-style-type: none"> <li>▪ Encourages participation</li> </ul> <p><b>Resource Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Oversees and coordinates the development and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Teach self-advocacy skills through role playing and discussions</li> <li>▪ Consultation and inservice for school staff to better understand students with hearing loss</li> <li>▪ Workshop for students to develop an understanding for their classmate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop self-confidence</li> <li>▪ Develop self-advocacy skills</li> <li>▪ Foster greater inclusion in school life</li> </ul>

# SAMPLE 'F' COMPLETED FORM

<b>FOR EACH APPLICATION</b> , outline the following for the student in all/any domains. (Note: table cells will expand as needed to provide information):				
	Disability's impacts on student's learning	Services provided and by whom	Examples of strategies, modifications, adaptations, and interventions	Expected benefits to the student
		implementation of program <ul style="list-style-type: none"> <li>▪ Coordinates meetings</li> <li>▪ Contact for specialists</li> </ul> <b>Teacher of Deaf and HH</b> <ul style="list-style-type: none"> <li>▪ 1:1 sessions</li> <li>▪ Directly teaches strategies to self-advocate</li> </ul>		
C O M M U N I C A T I V E	<ul style="list-style-type: none"> <li>▪ Difficulty following group discussions – difficulty following rapid switches of conversational topics</li> <li>▪ Limited understanding of pragmatics of language</li> <li>▪ Difficulty with informal conversations – awkward</li> <li>▪ Difficulty understanding idiomatic language which impacts social interaction with peers</li> <li>▪ Poor articulation skills which significantly impact communication</li> </ul>	<b>Classroom Teacher</b> <ul style="list-style-type: none"> <li>▪ Oversees and implements curriculum with adaptations and modifications</li> </ul> <b>Resource Teacher</b> <ul style="list-style-type: none"> <li>▪ Oversees and coordinates the development and implementation of the IEP</li> <li>▪ Coordinates meetings</li> <li>▪ Contact for specialists</li> </ul> <b>Teacher of Deaf and HH</b> <ul style="list-style-type: none"> <li>▪ 1:1 sessions</li> <li>▪ Ongoing “hearing” sessions with assessment, interventions and program development</li> <li>▪ ASL instruction (both to student and to class)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Visual cues</li> <li>▪ Preferential seating</li> <li>▪ Inservice for teachers around strategies to make group discussions easier to follow</li> <li>▪ Ensure opportunities to participate in class discussions</li> <li>▪ Role play</li> <li>▪ Direct teaching</li> <li>▪ 1:1 sessions to work on articulation</li> <li>▪ Teach and encourage use of ASL combined with oral language</li> </ul>	<ul style="list-style-type: none"> <li>▪ Greater participation in classroom discussions</li> <li>▪ Improved relationships with peers</li> <li>▪ Improved speech, language and auditory skills</li> </ul>
P H Y S I C A L	<ul style="list-style-type: none"> <li>▪ Amount of energy required to listen and follow instructions causing fatigue.</li> </ul>	<b>Classroom Teacher</b> <ul style="list-style-type: none"> <li>▪ Oversees and implements curriculum with adaptations and modifications</li> <li>▪ Ensures physical safety</li> </ul> <b>Resource Teacher</b> <ul style="list-style-type: none"> <li>▪ Oversees and coordinates the</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use of FM</li> <li>▪ Weekly consultation with school-based team to discuss strategies to alleviate fatigue</li> </ul>	<ul style="list-style-type: none"> <li>▪ Greater access to curriculum with less fatigue</li> <li>▪ Greater participation with less fatigue</li> </ul>

## SAMPLE 'F' COMPLETED FORM

FOR EACH APPLICATION, outline the following for the student in all/any domains. (Note: table cells will expand as needed to provide information):				
	Disability's impacts on student's learning	Services provided and by whom	Examples of strategies, modifications, adaptations, and interventions	Expected benefits to the student
		development and implementation of the IEP <ul style="list-style-type: none"> <li>▪ Coordinates meetings</li> <li>▪ Contact for specialists</li> </ul> <b>Teacher of Deaf and HH</b> <ul style="list-style-type: none"> <li>▪ 1:1 sessions</li> </ul>		
S O C I A L	<ul style="list-style-type: none"> <li>▪ Poor articulation and communication skills make it difficult to develop friendships</li> </ul>	<b>Classroom Teacher</b> <ul style="list-style-type: none"> <li>▪ Provides support and safe atmosphere</li> <li>▪ Provides opportunities for social interactions</li> </ul> <b>SEA</b> <ul style="list-style-type: none"> <li>▪ Encourages and supports social interactions</li> </ul> <b>Resource Teacher</b> <ul style="list-style-type: none"> <li>▪ Oversees and coordinates the development and implementation of program</li> </ul>	<ul style="list-style-type: none"> <li>▪ Workshop for students to develop an understanding for their classmate</li> <li>▪ Role play</li> <li>▪ Direct teaching</li> <li>▪ Participation in social skills program</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved relationships with peers</li> <li>▪ Foster greater inclusion in school life</li> <li>▪ Increased self-esteem</li> </ul>

Special Education Grant Application and  
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## SAMPLE 'F' COMPLETED FORM

### Declaration

**This certifies that:**

1. The information provided is in accordance with the requirements set out in the Special Education Grant Criteria for Independent Schools.
2. The Special Education program to be offered meets the requirements set out in the Special Education Grant Criteria for Independent Schools.
3. The School has an IEP in place for this student or will have by the end of September 2010.
4. The parents of the above-named students have been advised of the nature of the attached documentation, and will be informed of the nature of any further documentation which may be supplied to the Ministry of Education for special education grant purposes.

NAME OF PRINCIPAL (please print) <b>Mr. Pete Moss</b>	SIGNATURE OF PRINCIPAL <i>Pete Moss</i>	DATE SIGNED <i>Sept. 17, 2010</i>
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### IMPORTANT SPECIAL EDUCATION DATES AND NOTES

Annual Special Education Funding Cycles *		SET-BC Allocation Cycles (2010/11)
<b>Fall Applications (for 2010/11 school year)</b>		<b>CYCLE 1</b>
June 4/10	Fall Application form posted on OIIS webpage	<b>September 24/10:</b> due date for submitting Screening Forms to OIIS
October 8/10	Due Date for Fall Applications and Pre-Approval Appeals	<b>October 15/10:</b> Request for Service forms due at SET-BC
November 12/10	Due Date for Fall Appeals	
<b>Spring (Mid-Year) Applications - 2011</b>		<b>CYCLE 2</b>
February 11/11	Due Date for Spring Applications	<b>December 3/10:</b> due date for submitting Screening Forms to OIIS
February 18/11	Review decisions issued	<b>January 14/11:</b> Request for Service forms due at SET-BC
March 4/11	Due Date for Spring Appeals	
<b>Pre-Approval Applications (for 2011/12 school year)</b>		<b>CYCLE 3</b>
April 1/11	Pre-Approval Application form posted on OIIS webpage	<b>March 18/11:</b> due date for submitting Screening Forms to OIIS
May 6/11	Pre-Approval Applications due	<b>April 21/11:</b> Request for Service forms due at SET-BC
June 3/11	Review decisions issued	

\* A detailed overview of the timelines for special education funding for the 2010/11 school year is available at:  
[http://www.bced.gov.bc.ca/independentschools/is\\_resources/se\\_milestones.pdf](http://www.bced.gov.bc.ca/independentschools/is_resources/se_milestones.pdf)

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