

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>77665571</b>	STUDENT'S LAST NAME <b>Lou</b>	FIRST NAME <b>Cindy</b>	DATE OF BIRTH (yyyy/mm/dd) <b>2004/04/21</b>	GRADE <b>1</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, what was the special education category?                      In what year(s)?                      At which school(s)					
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?		
			<b>CATEGORY</b> <b>G</b>	<b>LEVEL</b> <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  
Professional Assessment  
Application Form 2010/11

# SAMPLE 'G' BCAAN 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 BC Children's Hospital (BCAAN Team)	NAME OF ASSESSOR Dr. Smith - Team Leader J. Jones B. Brown W. Wong	QUALIFICATIONS OF ASSESSOR MD - Paediatrician Speech Pathologist Occupational Therapist Psychologist	DATE OF ASSESSMENT (yyyy/mm/dd) 2010/09/05
BASIC DATA (i.e. instrument, if applicable) <ul style="list-style-type: none"> <li>▪ Autism Diagnostic Observation Schedule (ADOS)</li> <li>▪ Autism Diagnostic Interview (ADI-R)</li>   <li>▪ Occupational Therapy Assessment (Beery)</li> <li>▪ Speech Therapy Assessment (CELF)</li>   <li>▪ Psychology Assessment (WPPSI, WRAML, VMI, ABAS)</li>   <li>▪ DSM-IV</li> </ul>		SCORES/FINDINGS/FORMAL DIAGNOSIS <ul style="list-style-type: none"> <li>▪ ADOS / ADI-R – Meets criteria for ASD</li>   <li>▪ Beery - 1%ile</li> <li>▪ CELF: Expressive Language - 2%ile; Receptive Language - 9%ile</li> <li>▪ WWPSI - 10%ile; WRAML - low average, VMI - 2%ile (Extremely low); ABAS - 6%ile (Borderline)</li> <li>▪ Adaptive functioning falls in the extremely low range</li>   <li>▪ Particular deficits in social and communication in combination with an atypical pattern of behaviours are felt to meet the DSM-IV criteria for Autism Spectrum Disorder</li> </ul>	
NAME OF AGENCY ABC Family Society	NAME OF ASSESSOR W. Woods	QUALIFICATIONS OF ASSESSOR Occupational Therapist	DATE OF ASSESSMENT (yyyy/mm/dd) 2009/03/06
BASIC DATA (i.e. instrument, if applicable) <ul style="list-style-type: none"> <li>▪ Peabody Developmental Motor Scales 2<sup>nd</sup> Ed.</li>   <li>▪ Miller Assessment for Preschoolers</li> <li>▪ Beery Test of Visual Motor Coordination</li> <li>▪ School-Aged Questionnaire and Short Sensory Profile</li> </ul>		SCORES/FINDINGS/FORMAL DIAGNOSIS <ul style="list-style-type: none"> <li>▪ Peabody Developmental Motor Scales 2<sup>nd</sup> Ed. – 12<sup>th</sup> %ile; Visual motor integration – 14<sup>th</sup> %ile</li> <li>▪ Miller Assessment – below average</li> <li>▪ Beery Test of Visual Motor Integration – 28<sup>th</sup> %ile</li> <li>▪ Sensory Processing – between 2<sup>nd</sup> and 10<sup>th</sup> %ile</li> </ul>	
NAME OF AGENCY ABC Family Society	NAME OF ASSESSOR L. Low	QUALIFICATIONS OF ASSESSOR Speech Language Pathologist	DATE OF ASSESSMENT (yyyy/mm/dd) 2009/01/03
BASIC DATA (i.e. instrument, if applicable) <ul style="list-style-type: none"> <li>▪ Preschool Language Scale 4<sup>th</sup> Ed. (PLS-4)</li>   <li>▪ Boehm Test of Basic Concepts 3<sup>rd</sup> Ed.</li> <li>▪ Structured Photographic and Oral-Motor Skills</li> </ul>		SCORES/FINDINGS/FORMAL DIAGNOSIS <ul style="list-style-type: none"> <li>▪ PLS-4: Receptive Language 5<sup>th</sup> %ile; Expressive language assessment was not completed due to lack of attention; Expressive language delay</li> <li>▪ Boehm: Not scored; assessment discontinued</li>   <li>▪ Uses 1-3 words at a time</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	

**Section D. Assessment Recommendations**

PROVIDE A BRIEF SUMMARY OF ASSESSMENT RECOMMENDATIONS

**BCAAN Team Recommendations:**

- IEP required – taking into account learning difficulties as well as social and communication goals
- Emphasis on supports including intensive program of speech language therapy and social skills training
- Occupational therapy recommended to work on sensory and motor issues
- Structured day schedule to manage transitions; Make environment as predictable as possible
- PECS and Boardmaker should be used for programming.
- Use manipulative and kinaesthetic supports
- Social stories
- Clear and simple communication; Break tasks into small steps; Check for understanding
- Frequent Breaks
- Behavioural intervention
- Watch for safety issues; Play ground support
- Additional SEA support needed
- Regular communication between home and school

**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.

# SAMPLE 'G' BCAAN COMPLETED FORM

**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.)

<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	<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>▪ Poor receptive language skills make it difficult for her to comprehend teaching/instructions</li> <li>▪ Not able to participate in classroom verbal interactions due to marked expressive language delay</li> <li>▪ Difficulty maintaining focus and benefitting from teaching</li> <li>▪ Delay in fine motor skills affect participation in class activities (e.g., cut, glue, print etc.)</li> <li>▪ Due to sensory issues is easily confused and distractible which further impedes classroom learning</li> </ul>	<p><b>Classroom Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Oversees and implements curriculum with modifications</li> </ul> <p><b>SEA</b></p> <ul style="list-style-type: none"> <li>▪ Supports academic work and provides 1-1 assistance for her modified program</li> </ul> <p><b>Resource Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Oversees and coordinates the development and implementation of IEP</li> <li>▪ Provides additional individualized instruction</li> <li>▪ Coordinates meetings and specialists</li> </ul> <p><b>Speech Pathologist:</b></p> <ul style="list-style-type: none"> <li>▪ Works 1-1 to develop language and social skills; Provides practice activities to school-based team</li> </ul> <p><b>Occupational Therapist:</b></p> <ul style="list-style-type: none"> <li>▪ Works on fine motor skills in relation to academics and assists with adaptations/modifications to activities;</li> <li>▪ Sensory issues are addressed both in therapy and in classroom.</li> </ul>	<p><b>MODIFICATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ 1-1 support through SEA for all academic and daily tasks</li> <li>▪ Small group work</li> <li>▪ Adapted materials/supplies (i.e. scissors, special crayons and pencils, etc.)</li> </ul> <p><b>PROGRAMS:</b></p> <ul style="list-style-type: none"> <li>▪ Modified academic program rich in language - songs, poems, short simple stories and finger plays</li> <li>▪ PECS for daily schedule and transitions</li> <li>▪ Boardmaker program to create picture cues</li> </ul> <p><b>STRATEGIES:</b></p> <ul style="list-style-type: none"> <li>▪ Hands-on kinesthetic activities</li> <li>▪ Manipulatives for early literacy and numeracy activities (i.e. magnetic letters and counting bears)</li> <li>▪ Basket system to organise self and materials</li> <li>▪ Short and clear interactions</li> <li>▪ Activities that promote unilateral fine motor skills (e.g., Play dough, Lego, Marble Works, etc.)</li> <li>▪ Smart Board with for visual and kinesthetic learning and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of functional literacy and numeracy skills</li> <li>▪ Participation in class with peers; Increased opportunities to interact with peers</li> <li>▪ Vocabulary development</li> <li>▪ Increase ability to follow simple (one step) instructions</li> <li>▪ Increased ability to actively engage in a simple task</li> <li>▪ Increased ability to take part in classroom activities</li> <li>▪ Increased ability to manipulate objects with increased dexterity</li> </ul>

## SAMPLE 'G' BCAAN 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
			reinforcement of concepts	
B E H A V I O U R A L	<ul style="list-style-type: none"> <li>▪ Poor awareness of surroundings and self</li> <li>▪ Poor self regulation which impedes her ability to learn</li> <li>▪ "Tunes out" and disengages when she is overwhelmed</li> <li>▪ Scared to use the washroom by herself</li> <li>▪ Sensory issues interfere with classroom learning, focus, and the ability to remain in the classroom for extended periods of time</li> <li>▪ Fixates on certain objects or people</li> </ul>	<p><b>Classroom Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Oversees and implements modifications; Encourages use of self-regulation strategies</li> </ul> <p><b>SEA:</b></p> <ul style="list-style-type: none"> <li>▪ Encourages use of self-regulation strategies</li> <li>▪ Monitors safety on the playground and in class</li> <li>▪ Assists in washroom</li> <li>▪ Supports student both in and out of the classroom</li> </ul> <p><b>Resource Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Provides individualized instruction on self regulation strategies</li> </ul> <p><b>Occupational Therapist:</b></p> <ul style="list-style-type: none"> <li>▪ Ongoing assessment of sensory strategies</li> <li>▪ Works with school team to develop appropriate self-regulation strategies</li> </ul>	<p><b>MODIFICATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Behaviour goals in place</li> <li>▪ Well structured classroom with clear expectations, goals and schedule</li> <li>▪ Washroom schedule</li> </ul> <p><b>PROGRAMS:</b></p> <ul style="list-style-type: none"> <li>▪ PECS program</li> <li>▪ Modified 'Worry Dragons' program</li> </ul> <p><b>STRATEGIES:</b></p> <ul style="list-style-type: none"> <li>▪ Modeling and role playing of appropriate behaviour</li> <li>▪ Direct instruction – self regulation</li> <li>▪ 'Breaks' – using PECS</li> <li>▪ Play therapy</li> <li>▪ Quiet area outside of classroom is used to calm down when necessary</li> <li>▪ Safety Plan is in place for the playground; All staff is aware of plan</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Beginning awareness of safety issues on the playground and her own personal space</li> <li>▪ Increased ability to self-regulate her behaviour</li> <li>▪ Ability to function in the classroom for longer periods of time</li> <li>▪ Increased independence in the washroom – working towards use without support</li> </ul>

## SAMPLE 'G' BCAAN 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
C O M M U N I C A T I V E	<ul style="list-style-type: none"> <li>▪ Difficulty expressing herself, which impacts both learning and interactions with peers</li> </ul>	<p><b>Speech Pathologist:</b></p> <ul style="list-style-type: none"> <li>▪ Works with school team to develop appropriate strategies and communication tools/ materials</li> <li>▪ Regular progress monitoring of language acquisition and use</li> </ul> <p><b>Classroom Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Provides opportunities and encourages communication and social interaction with peers</li> </ul> <p><b>SEA:</b></p> <ul style="list-style-type: none"> <li>▪ Models appropriate language</li> <li>▪ Facilitates communication and social interactions with peers</li> </ul>	<p><b>PROGRAMS:</b></p> <ul style="list-style-type: none"> <li>▪ PECS</li> <li>▪ Additional support made with Boardmaker</li> </ul> <p><b>STRATEGIES:</b></p> <ul style="list-style-type: none"> <li>▪ Visual cues / Picture cues</li> <li>▪ Vocabulary flash cards</li> <li>▪ Prompts</li> <li>▪ Rehearsal of social situations</li> <li>▪ Social modelling</li> <li>▪ Social Stories</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved speech and language skills</li> <li>▪ Will begin to communicate with peers and staff</li> <li>▪ Will communicate more effectively</li> </ul>
P H Y S I C A L	<ul style="list-style-type: none"> <li>▪ Very sensory defensive profile which makes her hypersensitive to stimuli</li> <li>▪ Poor balance and coordination make PE as well as simple daily activities difficult</li> <li>▪ Has difficulty moving her body through space with good control and fluency. This affects her ability to move safely in her environment.</li> </ul>	<p><b>Occupational therapy:</b></p> <ul style="list-style-type: none"> <li>▪ Provides a sensory program</li> <li>▪ Works with school team to develop program to address motor planning, balance and bilateral skills</li> </ul> <p><b>Physiotherapist:</b></p> <ul style="list-style-type: none"> <li>▪ Works on gross motor skills in relation to overall ability to sit/function in classroom</li> <li>▪ Provides suggestions to modify the PE program</li> </ul> <p><b>SEA:</b></p> <ul style="list-style-type: none"> <li>▪ Shadows in PE to ensure safety</li> </ul>	<p><b>MODIFICATIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Modified PE program with adapted PE equipment (i.e. sensory balls with nubs, light balls, etc.)</li> </ul> <p><b>STRATEGIES:</b></p> <p>Gross Motor:</p> <ul style="list-style-type: none"> <li>▪ Activities to increase bilateral control (e.g., creeping, crawling, rolling, silly seat walks, etc.)</li> </ul> <p>Balance:</p> <ul style="list-style-type: none"> <li>▪ Activities to facilitate static balance skills (i.e., balance board, therapy ball, platform swing, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ability to better copy/participate in PE class</li> <li>▪ Interact safely with peers</li> <li>▪ Sensory regulation will increase ability to stay in the classroom for longer periods of time</li> <li>▪ Development of fine motor skills</li> <li>▪ Better control of gross motor skills – balance and movement</li> </ul>

# SAMPLE 'G' BCAAN 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
			<p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>▪ 'How Does Your Engine Work?' program (Including sensory diet, fidget toys, brushing program, balance ball, etc.)</li> <li>▪ Regular body breaks which are rich in linear vestibular input (movement) – jumping, running on the spot, body shakes</li> <li>▪ 60Activities rich in proprioceptive input (deep pressure) –vibration, weight lap belt</li> </ul> <p><b>Fine Motor:</b></p> <ul style="list-style-type: none"> <li>▪ Activities such as Thread Art projects, Running Man, Tricky Fingers, Caps Off, Penny Race, and Floor/Wall/Desk Push up's</li> <li>▪ Theraband exercises</li> </ul>	
S O C I A L	<ul style="list-style-type: none"> <li>▪ Poor social skills and social language impact her ability to relate to other children and develop friendships</li> <li>▪ Lacks the ability process and regulate sensory input</li> <li>▪ Very limited with who she interacts with</li> </ul>	<p><b>Classroom Teacher</b></p> <ul style="list-style-type: none"> <li>▪ Provides support and safe environment</li> <li>▪ Provides opportunities for social interactions</li> <li>▪ Teaches social skills</li> </ul> <p><b>SEA</b></p> <ul style="list-style-type: none"> <li>▪ Encourages and supports social interactions with peers and adults in the school</li> </ul> <p><b>Speech Language Pathologist:</b></p> <ul style="list-style-type: none"> <li>▪ uses social stories and</li> </ul>	<p><b>STRATEGIES:</b></p> <ul style="list-style-type: none"> <li>▪ Social Stories</li> <li>▪ Mediation</li> <li>▪ Boardmaker for visual cues</li> <li>▪ Social skills group with speech language pathologist</li> <li>▪ Individual speech therapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will be better able to handle social interactions</li> <li>▪ Increased social skills and social language will allow for greater participation in the classroom</li> <li>▪ Will start to develop friendships with peers</li> </ul>

## SAMPLE 'G' BCAAN COMPLETED FORM

*Special Education Grant Application and  
Summary of Professional Assessment  
Fall Application Form 2010/11*

<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
		encourages social interactions		

Special Education Grant Application and  
Professional Assessment  
Application Form 2010/11

## SAMPLE 'G' BCAAN 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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