REGIONAL COLLABORATIVE SERVICE DELIVERY - REGION 2

Wood Buffalo Regional Collaborative Service Delivery Framework

Acknowledgement:

The former partners of Wood Buffalo Student Health Partnership greatly acknowledges the work of those who have developed and produced the Wood Buffalo Regional Collaborative Service Delivery Framework (WBRCSD), including

Principal Writer:

Dr. Brenda Sautner, Fort McMurray Public School District

Advisory Committee:

Trudy Cockerill, Child and Family Services Authority
Anne Lastiwka, Child and Family Services Authority
Monica Mankowski, Fort McMurray Catholic School District
Eileen McCracken, Northern Lights Health Region
Shannon Noble, Fort McMurray Public School District
Stephanie Ritcey, Northlands School Division
Debra Samek, Alberta Health Services
Andrea Spring, Alberta Health Services
Dalique Vandernest, Alberta Health Services

For further information, contact:

Alberta Education
Cross-Ministry Services
44 Capital Blvd.
10044 - 108 Street
Edmonton, Alberta T5J 5E6
Call toll-free (from anywhere in Alberta): 310-4455
Fax toll-free anywhere in Alberta: 310-0000, when you hear the operator dial: 780-422-2852

This resource is intended for all teachers, school administrators, special education consultant, directors, senior administrators, managers and other government staff working in public education systems to promote regional collaborative service delivery on behalf of the Government of Alberta.

Each child or youth of today is the learner of tomorrow, the learner who becomes the productive and contributing citizen of tomorrow. Students achieving today will ensure that our citizens of tomorrow are equipped to be self-sufficient, reliable, and make important contributions to their communities, the workforce, and our future economy.

Learning is everyone's business. Schools alone cannot fulfill this imperative. The support of families and community agencies is essential if all students are to achieve at higher levels. We, the partners, support enhanced collaborative efforts to effectively meet the learning needs of all students. Not every student comes to school motivationally ready and able to learn. Some experience barriers that interfere with their ability to benefit from classroom instruction. Supports are needed for teachers to remove, or at least to alleviate, the effects of barriers to teaching and learning. Each student is entitled to receive the supports needed to ensure that he or she has an equal opportunity to learn and to succeed in school. The Wood Buffalo Child and Youth Integrated Services Framework provide all staff guidance for a new direction for student support that brings together the efforts of schools, families, and our community agencies.

If every student in every school and community in the Municipality of Wood Buffalo is to achieve at higher levels, we must rethink how student supports are organized and delivered to address barriers to learning. This will require that schools and school districts, in collaboration with government and community partners, develop a comprehensive, cohesive approach to delivery of learning supports that is an integral part of school improvement efforts. Investing in our young people today is investing in their future, and, in turn, investing in their future is an investment in the future of our economy and community.
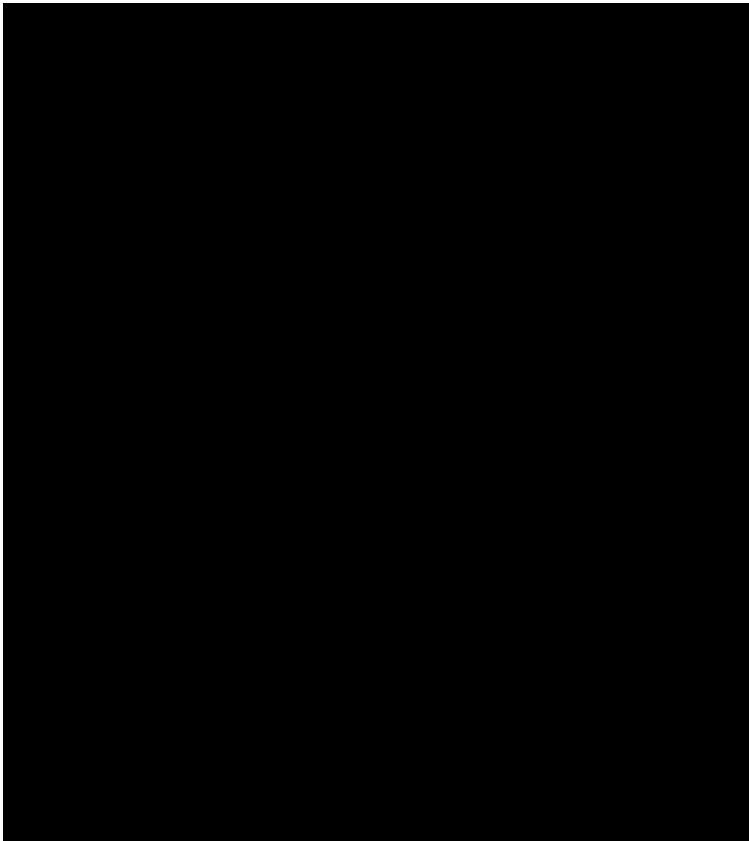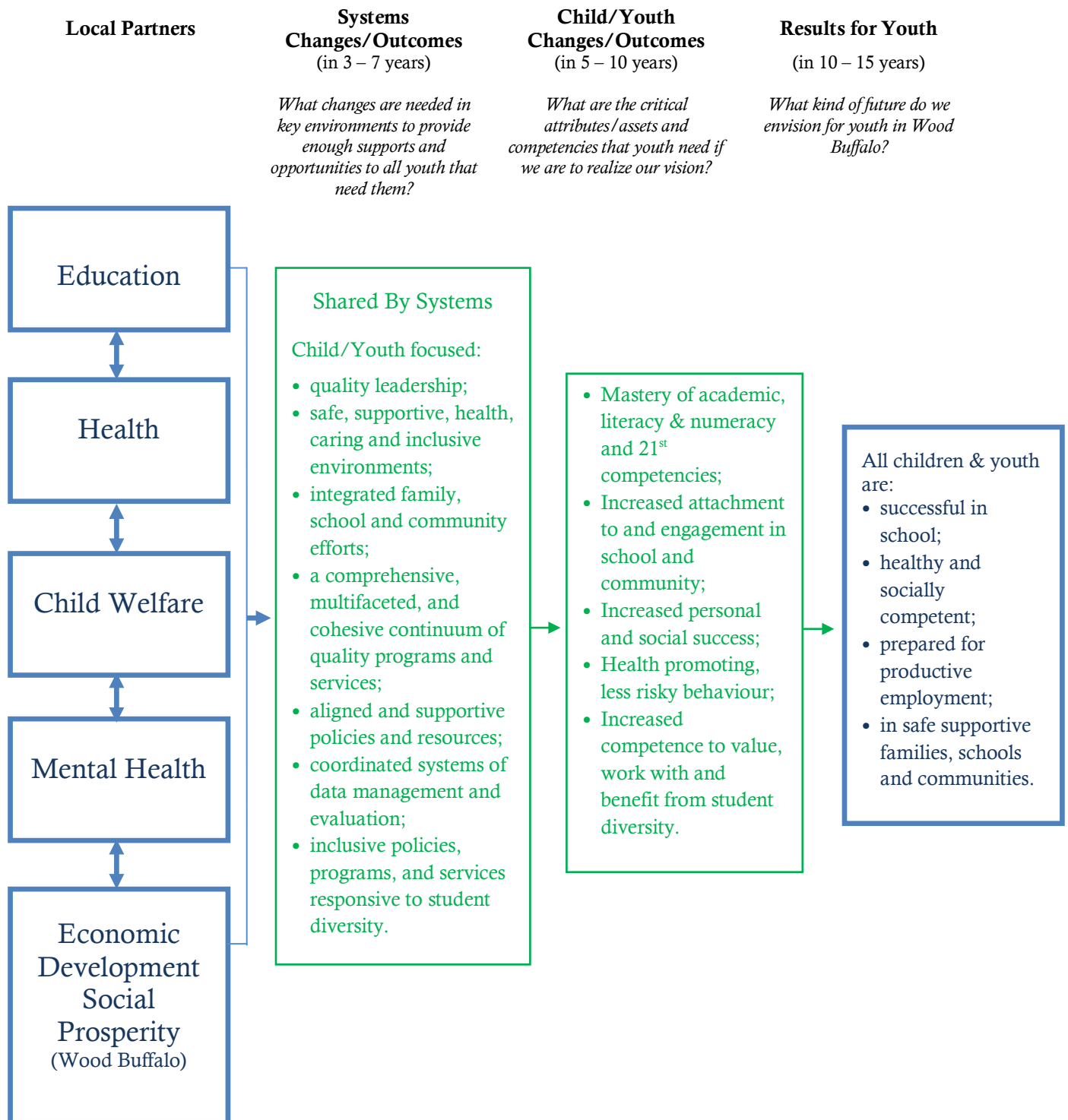
Table of Contents

Forward

Recognizing the need for more effective school-community collaboration, the Wood Buffalo Regional Collaborative Service Delivery Framework (WBRCSD) Partners developed this guiding framework to enhance the development, implementation, and evaluation of each school and school district's system of learning supports. To guide the educational system's role in providing learning supports, the framework focuses on a three-component organizational model that expands and supports school improvement efforts. The three components are: (1) Academic Instruction, (2) Learning Supports, and (3) Leadership Teams.

This guiding framework recognizes that providing all students with an equal opportunity to succeed in schools requires not only helping teachers, but also implementing more efficient ways for schools, families, and community agencies to facilitate learning by removing barriers that interfere with students' learning and teachers' teaching. The future focus must be on a more cohesive system of learning supports that wraps around the teacher in classrooms and results in increased student achievement and school improvement.

We all contribute every day to ensuring all children and youth grow up physically, socially, emotionally, cognitively, and behaviorally healthy and that the schools, homes, and the community where they live, work, and play. Every staff member of every collaborating agency must focus on the achievement of all students and seek more effective ways to improve student learning. This framework introduces a new model to provide student health related services. It introduces new concepts for re-designing the system of learning supports at the school level. This handbook is based on changing the past process for providing consulting services by reducing fragmentation between service providers, provincial initiatives and programs by aligning these supports to increase their effectiveness. This framework is designed to ensure all supports and services are fully integrated with efforts to improve instruction and increase student achievement. To these ends, the intent is to embed the design of the learning support system into the local school improvement process. Through better integration of services and enhanced collaboration, the outcomes are that students are healthy, students get better after receiving services, and/or students live well with an illness or disability and are subsequently able to function more independently as a result.

The WBRCSD-Region 2 Framework for effective collaboration is intended to marry the mandates and braid the resources of government ministries and community agencies to achieve better outcomes for the regional service delivery and our children and youth.

Local Partners	Systems Changes/Outcomes (in 3 – 7 years)	Child/Youth Changes/Outcomes (in 5 – 10 years)	Results for Youth (in 10 – 15 years)
	What changes are needed in key environments to provide enough supports and opportunities to all youth that need them?	*What are the critical attributes/assets and competencies that youth need if we are to realize our vision?*	*What kind of future do we envision for youth in Wood Buffalo?*

Education

Health

Child Welfare

Mental Health

Economic Development Social Prosperity
(Wood Buffalo)

Shared By Systems

Child/Youth focused:

- quality leadership;
- safe, supportive, health, caring and inclusive environments;
- integrated family, school and community efforts;
- a comprehensive, multifaceted, and cohesive continuum of quality programs and services;
- aligned and supportive policies and resources;
- coordinated systems of data management and evaluation;
- inclusive policies, programs, and services responsive to student diversity.

- Mastery of academic, literacy & numeracy and 21st competencies;
- Increased attachment to and engagement in school and community;
- Increased personal and social success;
- Health promoting, less risky behaviour;
- Increased competence to value, work with and benefit from student diversity.

All children & youth are:

- successful in school;
- healthy and socially competent;
- prepared for productive employment;
- in safe supportive families, schools and communities.

Goals

1. Ensure children and youth academic, social, emotional and physical development and address learning, behaviour and emotional problems to promote learning and enhance functioning for independent living.
2. Ensure schools and the community provides children and youth a safe, healthy, caring learning environment that respects individual differences and maintains high expectations for achievement and independence.

Guiding Principles

- Enable all children to learn and all teachers to teach effectively
- Ensure coordinated and integrated tiered systems of prevention, early intervention and care using strength-based interventions
- Remove barriers to learning and independence and engage students in classroom instruction
- Support children, youth and families in the context in which they live and learn
- Support the least restrictive and non-intrusive form of intervention(s) required to respond to children/youth needs and accommodate diversity
- Respect individual, family, cultural, language and special needs
- Commit to evaluate the effectiveness of interventions and resources (services and programs) in order to seek continuous improvements to the collaborative service delivery model over time

Outcomes and Results for Students

1. Students are proficient in literacy and numeracy, achieve Alberta's student learning outcomes, and develop competencies for success as engaged thinkers and ethical citizens with an entrepreneurial spirit.
2. Students are healthy and collaborative efforts prevent occurrence of injuries, risk factors, illness, chronic conditions and resulting disabilities,
3. Students get better after receiving care for acute illness or injury,
4. Students live with illness or disability, function independently as a result of support provided.

Collaborative Partners

1. Alberta Health Services/Northern Alberta Health Authority Allied Health and Mental Health and Addictions Services
2. Child and Family Services Authority Region 9
3. Fort McMurray Catholic School District
4. Fort McMurray Public School District
5. Northlands School Division
6. Community agencies (e.g., Canadian Mental Health Association, Personal Support Network, Parent Link, etc. and other government initiatives (e.g., FASD Network, Success in School Protocol, etc.)

Changing Focus

Despite every school's best intentions, there are students who have barriers in their lives that interfere with their success in school and learning. They display a wide range of learning, behavioral, physical, and social-emotional problems that often interfere with their ability to participate fully and effectively in inclusive learning environments and benefit from the instruction teachers provide. Educators recognize, and research supports, that these barriers to learning require a more integrated, comprehensive and leveled approach. A more focused, cohesive, research-based effort that engages schools and their communities in collaboratively promoting the healthy development of all children and youth is required to remove barriers to learning and teaching.

All levels of government, including the education system, are simultaneously facing declining resources and increasing demands for results and accountability. As educators, policymakers, and community agencies work to continually improve their schools and meet the academic achievement standards set forth by the Government of Alberta, the challenges are clear. To achieve the result that "all students succeed in school", it is essential to:

- Increase student proficiency in literacy and numeracy
- Increase school completion
- Increase student attendance
- Reduce the achievement gap between students (i.e., First Nations, Métis, Inuit, English Language Learners, and students with special educational needs)
- Ensure schools provide safe and caring environments that promote respectful, responsible behaviours and reduce bullying and harassment.

To accomplish the above goals, efforts must be on improving instruction, enhancing the professional development of teachers and educational leaders, focusing on the healthy functioning of all students, and removing barriers to learning and teaching. With specific respect to barriers to learning and teaching, supports and services must extend beyond just improving the quality of instruction and beyond the regular classroom. In addition, schools continue to be challenged to (a) provide sufficient support for such transitions as students entering a new school and/or grade, (b) increase home involvement in schooling, and (c) respond effectively when learning, physical, social-emotional, or behavioral problems first arise. These challenges are overcome when the resources of schools and community agencies are woven together into a comprehensive and systemic component of learning supports aligned to efforts to increase student achievement and improve schools.

The education system's primary role is teaching and learning. This framework is designed based on a three-component organizational model that expands on and guides future school improvement efforts.

Figure 1

Creating this three-component model means taking all the resources currently expended for learning supports and creating a comprehensive framework for enabling students to learn and teachers to teach.

The components of the framework are:

Government of Alberta's vision is for all students be prepared for the 21st century. We need to ensure that *all* students have an equal opportunity to become *engaged thinkers, ethical citizens with an entrepreneurial spirit*. Pursuing this future vision requires effectively integrating three core functions: (1) effective instruction, (2) addressing barriers to learning and teaching, and (3) school-based leadership.

Instruction ensures effective teaching of all students so all students meet the provincial learner outcomes as required in the provincial programs of study. 21st century teaching requires all teachers to be skilled in assessment for learning, understanding by design, differentiated instruction, response to intervention and data-based decision-making.

Learning supports are those services that are effectively integrated and coordinated to help teachers of students at risk of learning failure and students with delays and disabilities. A key learning support system is school-based learning teams that meet regularly to monitor the development and evaluation of individualized education programs, services, or supports provided to all students to ensure their effectiveness in increasing student learning.

Leadership consists of school administration and teacher-based leadership roles with the responsibility and accountability for ensuring the vision and mission of the District is honoured. The administrator meets with and provides ongoing support and mentoring to teachers to meet the needs of all students.

All three components are necessary, complementary, and overlapping.

Effective collaboration is essential to reduce current fragmentation, counterproductive competition for resources, and marginalization of efforts to provide learning supports.

This framework guides the development of a comprehensive system at every school, integrates all programs and services into a more cohesive system for addressing barriers to learning and teaching, and reworks the organizational infrastructure for a school with the view to weaving resources together to develop a coordinated learning system. For each school and the community as a whole, the intent is to produce a safe and caring school environment characterized by respect for individual differences with high expectations that ensure all students have an equal opportunity to succeed at school.
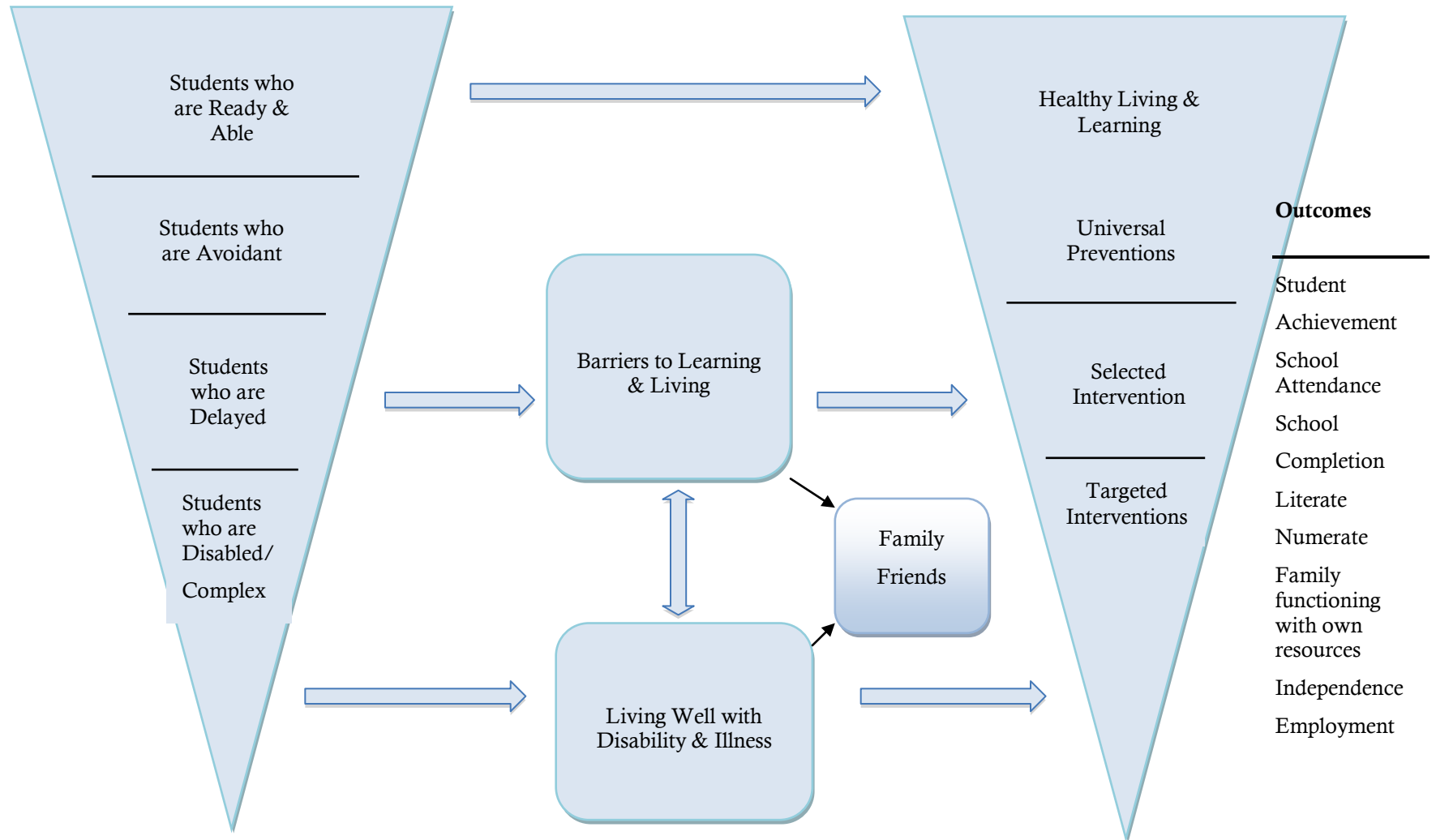
The future critical work will be defining what each school must do to enable *all* students to learn and *all* teachers to teach effectively. There are many district, school and community initiatives. Every school offers additional activities over and above what is required in the provincial programs of study. Too often, these initiatives and activities are not aligned nor well coordinated. Although important to have, too many activities at once interferes with our central focus on increasing student achievement as staff time and energies are spread too far.

All three components lead to the achievement of one goal—increased student achievement. The regional framework will form the basis for setting the instructional focus, redeploying resources, and linking services to the additional resources available within the school, the school district, and in the community.

Each school begins by realigning programs along a continuum of student needs to provide the right services for the right students at the right time, and ensure interventions are aligned to

1. promote healthy development and prevent problems (universal)
2. intervene as early after the onset of problems as is feasible (targeted interventions); and
3. provide special assistance for severe and chronic problems (individualized interventions).[i]

Outcome Based Integrated Service Delivery Approach

Students who are Ready & Able

Students who are Avoidant

Students who are Delayed

Students who are Disabled/ Complex

Barriers to Learning & Living

Family Friends

Living Well with Disability & Illness

Healthy Living & Learning

Universal Preventions

Selected Intervention

Targeted Interventions

Outcomes

Student

Achievement

School

Attendance

School

Completion

Literate

Numerate

Family functioning with own resources

Independence

Employment

How government/district/schools initiatives currently address barriers to learning and living
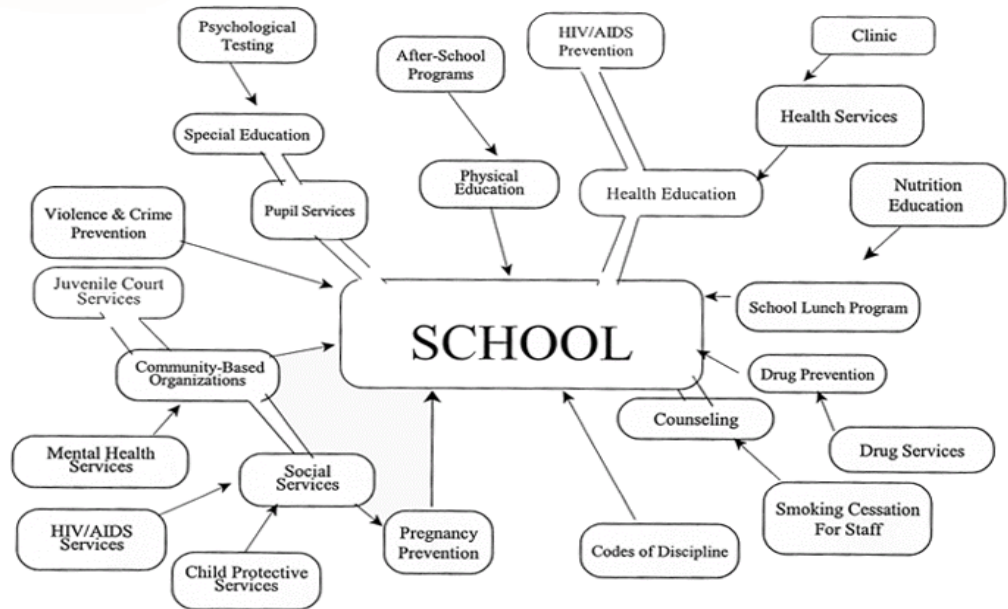
Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

Schools and communities are already implementing some programs and services that address the needs of students. Currently, many of these programs and services operate in isolation of one another and do not provide a cohesive, comprehensive approach to providing learning supports. Too much fragmentation renders the current student health system ineffective.

The new framework is structured to help schools and community agencies understand the importance of conceptualizing supports and services in a more systemic way. The framework weaves together school and community agency resources to address a wide range of factors interfering with learning and teaching. The leveled framework of intervention is designed to assist schools and community agencies to identify gaps and overlaps in existing programs and services, to connect them to student needs, and to strategically involve all staff in enhancing the effectiveness, efficiency, and economy of a comprehensive, multifaceted, and cohesive system of learning supports.

Each school is responsible for developing, implementing and evaluating a Learning Support System that is effective, efficient, and fully integrated manner with the annual processes of school improvement. A learning supports system is comprised of mechanisms (e.g., school-based learning team, alignment of programs, services, supports) that include administrators, staff, and community agencies. The school-based learning team creates the system of learning supports based on the overall needs of all students and local resources. The team generates decisions for adding, deleting, and

enhancing programs and practices in order to maximize the efficiency and effectiveness of learning supports and resources. The processes used include assessing needs, mapping resources, evaluating effectiveness, and then providing leadership for local capacity building, and continuous improvement of the learning support system

The learning supports component is established at each school by deploying, redeploying, and weaving all existing services and resources together into increasing levels of intervention. The function of a learning supports system are the same as the continuous improvement planning cycle (e.g., data collection and analysis, annual strategic planning and reporting of annual results).

The framework to follow must combine an integrated continuum of interventions with the outcomes expected at each level. The intent, over time, is for all schools to play a major role in establishing a full range of integrated learning *systems* (not just levels or listing of resources) that is aligned to school improvement efforts for:

1. promoting healthy development and preventing problems (level 1 – students who are motivationally ready & able to learn);
2. intervening early to address problems as soon after onset as possible (level 2 – students who are avoidant, unmotivated or lacking pre-requisite skills, or have learning deficits);
3. assisting with chronic and severe problems (level 3 and 4 – students who are disabled, seriously ill or have complex needs).[1]

The interventions are to be aligned along a continuum based on the assessed needs of all students. In keeping with the mission of public education and public health promotion, the framework must focus more efforts to enable academic, social, emotional, and physical development and then address behaviour, learning, and emotional problems before the students develop more chronic or pervasive disabling conditions.

---

[1] This framework is adapted from Adelman, H.S., and Taylor, L. (2006). *The implementation guide to student learning supports in the classroom and school wide: new directions for addressing barriers to learning.* Thousand Oaks, CA: Corwin Press.

Leveled Continuum
of Integrated Supports
and Services

The following chart provides a guide for schools to structure supports and services into increasing levels of intensity of interventions needed to appropriately support student learning:

Level of Support	Level 1 Universal	Level 2 Targeted	Level 3 Individualized	Level 4 Specialized/Complex
Definition	Basic support provided to all students to support diverse learning needs in inclusive/regular classrooms promote healthy development and preventing problems	Small group support provided to students in addition to Level 1 supports, additional school-based supports in addition to classroom teacher support intervene as early after the onset of problems as is feasible	Individual student provided in addition to Level 1 & 2 supports, additional supports provided based on formally assessed needs of students provide special assistance for mild and moderate problems to increase achievement and functioning	Specialized services, including multi-agency collaboration to wrap services around individual students with complex needs and their families provide special assistance for severe and chronic problems to increase living well with illness or disability
Target Population	All students	Students at-risk of learning or behavior problems	Students with mild and moderate needs	Students with severe and complex learning needs
Type of Supports	No consent required Regular documentation School-wide supports to promote learning and positive behavior Classroom interventions based on curriculum-based assessments Tutoring Consultation Coaching	No consent required Record of results to intervention provided Consultation support for classroom teacher Response to Intervention for Literacy and Numeracy Guidance Counselling Behaviour Support Planning	Consent required Written report Early Intervention Programming Special Education Support English Language Learners Mental Health Therapy Family support	Consent required Case management plan Complex Needs Case Conferencing Wrap-around Services Specialized Programming Home Education Residential or Treatment Program Coaching caregivers
Outcome or Results Expected	Enhance awareness Change behavior Enhance peer support Prevent problems or future referrals	Reduce risk of failure or relapse Return to normal functioning	Increase functioning independence Self-management	Improve quality of life Live well with illness/disability

Integrated Support System
Begins at the School Level

Integrating supports and services begins at the school level. Instructional leadership, student assessment, education program outcomes, school improvement, student discipline, collaboration with the community agencies and parents are the major responsibilities under each school principal. Therefore, the process of assessing student needs and providing interventions begins at the school level.

Regular education is the door through which all students are provided equal access and opportunities. It is important to ensure that teachers in regular education classrooms provide an appropriate program for all students and ensure adaptations are made to support the achievement of students with special educational needs. In any given classroom, students demonstrate a wide range of learning needs. Some may have difficulties reading or writing. Others may be new to our culture and language. Other students may read complex books or understand complex concepts more readily than others. Some students may lack motivation or underachieve relative to their abilities. Whatever the learning needs of the students, teachers must respond effectively and ensure each student is learning to his/her potential.

Providing special assistance does not necessarily mean that a student has to be identified as having a special educational need. The first line of response is to give specific help to students who experience difficulty. This help may be in the form of tutoring, assigning a study buddy, or adapting a teaching unit. Preliminary help is typically remedial (i.e., provide corrections to student learning), compensatory (i.e., to provide additional help to make up for a learning deficit) or enriching (i.e., enhance or extend classroom activities).

The majority of students with special educational needs are in regular classrooms. This supports the mission of the school district which is to ensure all staff is dedicated to educating all students. Some students with severely disabling conditions may require a specialized or congregated program. These students must be provided a modified program of studies to support their intensive learning and/or behaviour needs. Each school district's mission applies equally to all students and the focus must be on better outcomes for students.

Teaching students with special educational needs is a shared responsibility among all teachers. Working together, the general and, special education teachers, the school-based learning team, administrators, consultants and educational assistants, provide effective intervention and support to each other to meet student learning needs.

School staff must believe and expect that all students can learn because adult expectations play an important role in student success. High expectations facilitate respect for different approaches to learning, recognition of cultural differences, and understanding of students with disabilities and their developmental variations.

Shared responsibility for the education of students with learning difficulties or special educational needs is reinforced and strengthened when programs

and supports are viewed as an integral part of school improvement efforts, rather than separate programs or staff responsibilities to support.

Ongoing professional development for all teachers will help ensure that the needs of all students are met in the regular classroom as much as possible.

When teaching students with diverse learning needs, it is important to remember:

❐ Students have different rates and styles of learning.
❐ Students vary in their cognitive, physical, linguistic, social and emotional development.
❐ Students differ in their level of ability to work and study independently.
❐ Students can experience different reactions and responses to instruction and teacher expectations at different times and for different reasons.
❐ Curriculum and instruction geared to students' developmental levels, and respect for cultural differences, result in increased student learning.
❐ Parents are important partners in their child's education. They must be consulted on decisions that affect their child and be provided with regular updates on their child's progress.
❐ Collaboration with community agencies and local health authorities supports teachers and ensures schools are family- friendly and responsive to meeting needs of all students.
❐ Adaptations to the provincial curriculum and classroom environment, if implemented properly over time, support the achievement of all students.
❐ If a special educational need is evident and the deficit is impacting the student's ability to function successfully in the classroom environment, teachers should first request assistance from former teacher(s) and the school-based learning team. Parents and other professionals provide additional information and support. This process provides greater information should a request for a formal assessment be needed.

When a student begins to experience difficulties achieving the learner outcomes of the provincial curriculum, or demonstrates inappropriate behaviours, the process of intervention must begin. The first level is within the classroom. The classroom teacher collects data on the achievement or behaviour of the student. Results of classroom tests, observations, interviews and feedback from other staff are used to decide what to do more of or less of to better support the needs of that student.

When a student does not make satisfactory progress, even with teacher modifications and adaptations, the teacher then seeks help from the school-based learning team. Teams are usually made up of staff members with a wide range of expertise who can help. The learning team's primary goal is to support the classroom teacher. Additional academic assessments are also conducted to determine if the source of student difficulties are the lack of student's prerequisite knowledge or skills.

When a student fails to make satisfactory progress after the efforts of the school-based team are implemented, subsequent levels of support include assistance and advice from the school district. The following diagram illustrates the levels of assessment for intervention.

Levels of Assessment for Intervention

Once a student experiences learning or behaviour difficulties, the class teacher shall:

Classroom Interventions: Gathering Information					
Consult with former teacher(s), parents, Learning Coach	Review the students' school record/cumulative file	Collect work samples	Assess student performance in all subject areas, using curriculum –based measures	Collect observation data and anecdotal reports	Review Student work and study habits

Identify Student Strengths and Needs: Identify and Implement Adaptations			
Request support from the Learning Coach and Learning Team	Request support from parents and other professionals	Differentiate instruction and document student success, or lack thereof	Implement adaptations to instructions, environment, and materials

Evaluate Adaptations and Document Progress			
Assess academic skills using formal and informal screening tools (i.e., Level A tests)	Implement adaptations for 4 – 6 weeks	Document student progress to support future learning and/or a referral for specialized assessment(s)	Report progress to parents

Difficulties Solved	**OR**	Difficulties Persist

School Based Intervention			
Refer to school-based learning team	Conduce academic assessment (i.e., Level B tests)	Case conference with parents and staff to determine future course of action	Implement program modifications

District Intervention				
Obtain written parent consent for formal assessment(s)	Complete School-based Referral Form	Request/update psycho-educational assessment	Implement recommendations from assessments	Monitor and report student progress to parents

Wood Buffalo Regional Collaborative Service Delivery				
Complete WBRCSD Referral Form	Obtain informed and written parent consent	Case conference and case management plan	Coordinate services across multiple service providers	Focus on increased functioning, rehabilitation and school/community integration

School-based Collaboration and Intervention

If the student continues to experience difficulties in learning or behaviour, the teacher then requests the support of the school-based learning team.

Referrals to the school's learning team must be carried out at the school level before more formal, or psycho-educational, assessment is requested. The learning team's major role is to assist staff working with students who are having difficulties, especially students identified with special educational needs. The learning team will refer a student for a more formal specialized assessment only if curriculum and academic (i.e., Level B) assessments have been completed and program modifications have been implemented with little success. School-based assessment results must be provided to support a request for coordination of additional services.

The teacher's initial consultation with the learning team is to identify the needs of the student, plan strategies to meet those needs, monitor and evaluate progress, and assess the results achieved. This consultation process uses the expertise at the school level (e.g., administrator, school counsellor, special education teacher, regular education teacher and/or educational assistant); facilitates input from other professionals (e.g., speech and language pathologist, family school liaison worker and/or mental health therapist); and facilitates shared decision making to support student learning.

The heart of the school referral is the collaborative problem-solving process. Collaboration is an interactive process that pools professional expertise to design and implement solutions to problems. The learning team facilitates the collaborative problem-solving process by clarifying the problem, brainstorming solutions, assisting with implementing strategies, and providing follow up support. Members of the team work together in this process by providing greater insight to the problem; providing expertise and encouragement; implementing suggestions or possible solutions; and accepting advice and/or support from colleagues.

Early identification and support prevents many problems from escalating. Effective intervention at the school level often reduces the need for additional specialized assessments and/or placement in more congregated programs. School districts provide professional development and consultative support to school-based teams and learning teams as well as individual school staff. The intent of school-based intervention is to enhance and strengthen the classroom and school-level intervention system and learning support.

The primary role of the school-based learning team includes:

❒ Provide support for small groups or individual students for learning essential skills in literacy and numeracy.
❒ Support the development, implementation and evaluation of individualized programming.
❒ Provide school-based supports, resources and strategies to support teachers and Educational Assistants.
❒ Assist teachers to consult with parents and other professionals to support the student and/or the family (e.g., speech language pathologists or other consultants).

❒ Consult, plan, problem-solve with staff to better meet student learning needs.
❒ Assist with curriculum based assessments, linking assessment to instructional decision-making and data-based decision-making.
❒ Assist teachers to implement functional behaviour assessments and behaviour support plans.
❒ Assist consultants who work with staff to arrange classroom visits, review files and manage case conferences.
❒ Liaise with school district and coordinate services with other professionals or agencies to support teaching and learning.

The school-based learning team coordinates the formal referral process to the school district by:

❒ Reviewing teacher and student information and recommending classroom adaptations, strategies and/or materials to the classroom teacher.
❒ Conducting or arranging additional assessments, including academic assessments, to determine modifications to instruction and/or behaviour strategies to support student learning.
❒ Collaborating with classroom teachers, parents and other professionals to implement school-based supports and services.
❒ Monitoring and reviewing progress of students with the school-based Learning Team.
❒ Coordinating referrals to consulting services and liaises with consultants assigned to the school or District.
❒ Gathering information from teacher, parents, student file, or results of previous assessments to determine the nature and extent of classroom adaptations or support services needed.
❒ Coordinating meetings with staff and parents, when needed.
❒ Meeting with parents, staff and other professionals to discuss formal assessment results, modifications made, strategies used and possible eligibility for additional supports and services.
❒ Coordinating requests for written parental consent for psycho-educational assessments; referrals to District Special Education Programs; Individualized Program Plans; and/or coordination of additional services, etc.
❒ Coordinating professional development and school-based professional learning communities for support staff.
❒ Facilitating the transition planning process for students and staff between schools, grades and specialized programs.

Before a formal referral to the school district is made, staff must document what adaptations or modifications were made based on their own assessments. The results of classroom and school-based assessments and subsequent program adaptations or modifications are used for the process for requesting additional services or a referral to the local regional manager. The referral process is prioritized for students whose special educational needs are severe, more complex or intense. Consultants are also available to assist teachers in instructional planning or programming for students with complex

needs and to assist with the case management of some students unresponsive to classroom-based services.

Written parental consent is required for any formal specialized assessment in addition to information collected in levels one or universal and level two or targeted interventions. Once parental written consent and the request for additional assessment are received at the school district, the request is processed and tracked.

Coordination of services includes the provincial requirement that:

a. Staff shall collaborate with other professionals or service providers, including regional health and children's services authorities, in coordinating additional support services for students with special educational needs.
b. Staff shall obtain written parent consent before additional support services are provided to students.

Coordination of services takes place through the actions of school-based team members who learn and implement more individualized program plans. Within a collaborative framework, the contributions of team members are educationally relevant and necessary to student success. All members of a student's learning team share in carrying out their roles so that the team can function successfully and address goals intended to increase the quality of education for each student. How well students are served in the educational environment is greatly influenced by how the people work together.

A collaborative and coordinated team approach is the model of working together as it provides a structure of working and communicating among team members. Programming decisions are made by consensus, under the guidance of the learning team. Assessments and recommendations from each professional area of expertise are integrated into one plan for the classroom teacher to oversee implementation. All team members work together to agree on each student's learning goals and to support the teacher.

Through this process, team members acquire a shared understanding and knowledge of other areas of expertise and incorporate that into a collaborative individualized education program plan. All learning occurs within the classroom environment, including the integration of therapy into classroom instruction. The end result is a collaborative program that is based on goals and objectives that are determined to be in the best educational interests of the student and reflect the priorities that staff and family consider to be most important. The key question to ask throughout the collaborative team process is *"Will this make a difference in the student's ability to be more successful in learning in class/course/life)?"*

Some additional services can contracted by the regional Wood Buffalo Regional Collaborative Service Delivery Team to support teachers in developing and implementing more specialized educational programs for students with severe special educational needs.

Service providers become members of school based learning teams and they assist teachers in:

- ❑ Collaboratively determining priorities and educational goals based on results of assessments
- ❑ Providing programming recommendations and strategies
- ❑ Modeling strategies and programming modifications
- ❑ Assisting staff with reporting student progress to parents
- ❑ Providing resources and in-services for staff.

Recommendations provided by consultants are to be designed to be integrated into the activities and routines of the classroom and teaching process. It is important as skills taught within the natural context are more readily learned and generalized than the traditional pullout model. The integration of skills into the classroom setting also provides many more opportunities for students to achieve learner goals, functional independence, and participation in age appropriate activities and routines. It is also expected that the recommendations made by consultants be reflected in each student's individual educational program.

Accessing Additional
Consulting Services
For Teachers

Additional supports and consulting services are available to classroom teachers to support the teaching and learning of students with special educational needs. The supports available range from providing additional assessments to recommending strategies based on the individual needs of each student. Level one or universal and level two or targeted interventions and services are designed to provide consultation and programming advice to classroom teachers. Level three or individualized and level four or specialized/complex interventions are designed to provide wrap around support to the student and his/her family.

The universal and targeted support services available to assist teachers and school-based learning teams in meeting the educational needs of students include, but are not limited to, the following supports:

Universal and Selected Services for
Students At-Risk or
Delayed in Learning

School Counselling Services:

- ❐ Provide services to students, parents, and teachers in the areas of educational, personal and/or career counselling.
- ❐ Conduct additional assessments for students requiring social, emotional or behavioural interventions (i.e., social emotional inventories)
- ❐ Assists in the coordination of additional support services, including peer support or small group interventions.
- ❐ Referrals to the school-based counselling services are made directly at the school level and tracked by each counselor for reason for referral.

School Psychologist:

- Support the work of school counsellors and teachers working with students at risk of failure or with special educational needs
- Assist in the formal assessment of students referred for assessments.
- Liaises with the learning team and teacher prior to the process of completing request for psycho-educational assessments.
- Provide behaviour support and crisis intervention as needed.
- Liaise with other psychologists and community health care providers to support teachers working with students.
- Referral to a Psychologist is made to the school district with supporting student documentation.

Speech Language Pathologist:

- For students in Grades 1-2 who have a speech, language, communication and/or oral motor delay or disability.
- The NLHR's Speech and Language Pathologist (SLP), Occupational (OT) and/or Physical Therapist (PT) determine consultation, functional assessment and treatment schedules in collaboration with the classroom teacher and/or school-based learning team.
- Therapist primary support is for teachers' programming for students with a mild or moderate language or communication delay.
- No pre-approval is needed for the teacher or learning team to access this service.
- The WBRCSD provides funds for this service. There is no cost for schools to access.

Family School Liaison Worker:

- Family School Liaison Workers support students and families with emotional/behaviour challenges that interfere with schooling.
- No pre-approval is needed for the teacher or learning team to access this service.
- The WBRCSD provides funds for this service. There is no cost for schools to access.

Mental Health Therapist:

- Assists teachers of students with the diagnosis of mental health disorders, understanding and treating mental health disorders and provides consultation to staff to support students with mental health issues or emotional/behaviour difficulties.
- Parents must approve and agree to the referral, as this is a voluntary not mandatory service.
- No pre-approval is needed for the teacher or learning team to access this service.
- The WBRCSD provides funds for this service. There is no cost for schools to access.

Targeted and Individualized Services
for Children/Youth with
Severe/Complex Needs

The Hearing Consultant for staff working with deaf-or-hard of hearing students will, upon written request:

❒ Assess student's hearing abilities.
❒ Recommend educational strategies, specialized learning materials and resources for teachers to address the student's hearing needs.
❒ Recommend environmental and instructional modifications or accommodations to support student learning and instruction.
❒ Provide information about sign systems (American Sign Language, Signed English) and in-services related to beginning sign language.
❒ Assist teachers to develop student specific goals to enhance auditory, academic, sign and/or oral language skills.
❒ Provide in-services for school staff regarding the educational implications of a hearing loss and integration of deaf and hard of hearing students into the regular classroom.
❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention.
❒ WBRCSD referral form is sent directly to regional manager and then to consultant assigned to the school.

The Audiologist for staff working with deaf or hard of hearing students will, upon written request:

❒ Increase teachers' understanding of the educational implications of student hearing loss and student personal hearing aids.
❒ Provide support to teachers for adapting instruction and developing learner goals and objectives to support student learning and instruction.
❒ Interpret assessment and hearing aid fitting information from community audiologists.
❒ Assist in making recommendations regarding the purchase, service and repair of assistive listening devices.
❒ Provide in-services for school staff regarding the use of assistive listening devices.
❒ Provide on-call technical support to schools regarding assistive listening devices including FM systems and/or evaluate acoustic environments and make recommendations for enhancing the learning environment.
❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention
❒ WBRCSD referral form is sent directly to regional manager and then to Audiologist assigned to the school.

The Speech and Language Pathologist for staff working with students with moderate to severe delays will, upon written request:

❐ Determine nature and extent of a student's pre-verbal, verbal and non-verbal communication abilities.

❐ Determine the need for and the type of augmentative/alternate communication systems.

❐ Provide teachers support for adapting or modifying instruction to support learning goals and objectives.

❐ Recommend and provide intervention strategies for individuals and groups regarding all forms of communication.

❐ Consult with the teacher regarding classroom and/or home communication programming.

❐ Provide assessment and strategies for enhancing oral motor and feeding skills.

❐ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention

❐ WBRCSD referral form is sent directly to regional manager and then to Speech Language Pathologist assigned to the school.

The Physical Therapist for staff working with students with moderate to severe gross motor delays will, upon written request:

❐ Assess student's gross motor development (strength, flexibility, posture, balance, spatial awareness, coordination and motor planning) in order to maximize physical functioning in the school setting.

❐ Provide support to teachers for adapting physical education programs to support learning goals and objectives.

❐ Facilitate use of adaptive equipment within the school setting to maximize the student's physical functioning in the classroom and school environment.

❐ Provide consultation with respect to school accessibility, the student's mobility within the classroom and school setting, including relevant safety issues.

❐ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention

❐ WBRCSD referral form is sent directly to regional manager and then to Physical Therapist assigned to the school.

The Consultant for staff working with students who are visually impaired or blind will, upon written request:

❐ Assess student's functional vision to determine educational implications and programming.

❐ Interpret medical vision reports as they relate to educational programming.

❐ Assess educational skills: (i.e. academic, Braille, use of specialized equipment, functional academics).

❐ Support registration with Materials Resource Centre (MRC) for eligible students and recommend appropriate learning media.

❐ Consult with teachers regarding specialized material and / or equipment adaptations to maximize visual functioning and learning.

❐ Consult in development of student literacy programs (i.e. Braille, large print, audio tape).

- ❒ Provide support to teachers for adapting instruction and developing learner goals and objectives
- ❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention
- ❒ WBRCSD referral form is sent directly to regional manager and then to Vision Consultant assigned to the school.

The Consultant for staff working with students requiring orientation and mobility training will, upon written request:

- ❒ Assess orientation and mobility skills as they relate to the student's classroom and school environments.
- ❒ Provide program suggestions and recommendations to school personnel and family to enhance the student's level of skill in orientation and mobility.
- ❒ Provide information regarding use of sensory skills (functional vision, auditory, tactile, and olfactory) for orientation and mobility.
- ❒ Develop student programs that teach mobility concepts: sighted guide, self-protective techniques, cane skills and independent travel.
- ❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention
- ❒ WBRCSD referral form is sent directly to regional manager and then to Mobility Specialist assigned to the school.

Occupational Therapist for staff working with students with severe fine or sensory motor delays will, upon written request:

- ❒ Assist fine motor, visual perceptual, planning and organizational, sensory processing skills of students.
- ❒ Provide strategies for increasing student independence, self care and positioning issues.
- ❒ Assist with use of assistive technology.
- ❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention
- ❒ WBRCSD referral form is sent directly to regional manager and then to Occupational Therapist assigned to the school.

The Education/Behaviour Consultant for staff working with students with severe behaviour disorders will, upon written request:

- ❒ Assist teachers by providing information and assessment to help determine educational or behaviour needs of students.
- ❒ Assist with functional assessment of student behaviours and positive behaviour support systems.
- ❒ Support physical management and safety of students with severely disabling conditions.
- ❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention
- ❒ WBRCSD referral form is sent directly to regional manager and then to Behaviour Consultant assigned to the school.

The Mental Health Therapist for staff working with students with emotional disorders will, upon written request and parental consent:

- ❒ Assist staff to understand and provide appropriate programming for students with mental health or emotional disorders.
- ❒ Assist staff to understand and support parents and families dealing with mental health issues.
- ❒ Provide staff development on mental health issues
- ❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention
- ❒ WBRCSD referral form is sent directly to regional manager and then to Mental Health Therapist assigned to the school.

The Social Worker/Family School Liaison for staff working with students with serious family issues or students with emotional disorders will, upon written request and parental consent:

- ❒ Assist staff to understand and provide appropriate programming for students who have been neglected or abused.
- ❒ Assist school counselors with implementing small groups for enhancing family relationships, self-harm, life skills, teen pregnancy, and enhance home-school communication
- ❒ Assist staff to support parents or caregivers dealing with moderate mental health issues or crisis situations
- ❒ Provide guardianship support for children in government care
- ❒ WBRCSD referral form, signed by parent, is required for students requiring targeted or individualized intervention
- ❒ WBRCSD referral form is sent directly to regional manager and then to Social Worker assigned to the school.

Other regional programs and services to support children and youth success in school include:

WOOD BUFFALO REGION: RESOURCE MAP OF COMMUNITY RESOURCES AVAILABLE FOR ALL PUBLIC SCHOOLS

UNIVERSAL PRIMARY PREVENTION	TARGETED EARLY INTERVENTION	INDIVIDUALIZED INTENSIVE INTERVENTION
Early Intervention/Childhood Services – HUB, Parent Link, RMWB Boys & Girls Club, Girls Inc. Aboriginal Mentorship **Family Community Support Services (FCSS)** Roots of Empathy (only Gr. 1-2) classrooms **AHS- Health Promotion** Comprehensive School Health (2 FTE coordinators) **Some Other Solutions (SOS)** – Mentorship program & Students Assisting Students (SASP) **Girls Inc. of Northern Alberta** - life skills & drug abuse prevention **EDUCATION** – Health and CALM Program of Studies **EDUCATION** - APPLE Schools, Comprehensive School Health	**SOS -** bereavement support groups, child, youth & family **CFSA** - Family Violence & Bullying Prevention Council **CMHA** - Youth Programs (grades 7-9) and FRIENDS training **EDUCATION** - anxiety prevention & treatment (FRIENDS infused into Health & Life Skills Curriculum); school counsellors **EDUCATION** – Framework for Student Learning, 21st century student competencies, differentiated instruction, intervention programs for literacy and numeracy,	**Family Crisis Society (FMFCS) -** 24 hour crisis line & sexual assault centre, Unity House (shelter for women & children), outreach & follow-up **SOS** - 24 hour crisis line (trained volunteers) **Victim Services (RCMP WB) -** support to victims of domestic violence **EDUCATION** – wrap around collaborative practices, special education, inclusive education, Triple P Parenting Program
AHS/EDUCATION FRIENDS Curriculum (facilitator training Community Service Provider) **AHS - Addiction & Mental Health -** Mental Health and Wellness (school presentations & MH First Aid Training**)** **SOS -** suicide prevention workshops & MH First Aid **CMHA -** family support workshops & professional development in Applied Suicide Intervention Training (**AHS -** Addiction Adolescent Information **CMHA -** consumer advocacy, staff support	**AHS** – Addictions Counsellors **Education/Family Violence & Bullying Coordinating Council -** bullying prevention, planning and resource development **Education** – school counsellors, self esteem and anger management programs, behaviour support plans **Education** – learning coaches/learning assistance teachers, classroom support teachers, educational assistants, speech language assistants **CFSA** – Success in School Protocol, Family School Liaison Workers	**AHS/FMPSD** - Critical Incident Stress Debriefing (CISD) **AHS** - Mental Health Triage Unit, Psychiatric Services **CFSA** –Family Youth Enhancement Act, Social Workers,
Victim Services (RCMP) - public education **FMFCS -** community resources & public awareness (teen sexual violence)	**EDUCATION** - safe and caring schools, character education, effective behaviour support systems, bullying prevention programs	**Stepping Stones Youth Services** (for students ages 12 - 17); mobile outreach youth/family counselors)
AHS Speech-Language Therapy – preschool assessment, parent training **EDUCATION/CFSA** - PUF/FSCD III Program, home visits **AHS/EDUCATION** -Occupational Therapy, Handwriting without Tears, How Does Your Engine Run, classroom consultation	**CFSA -** Family and School Liaison Worker (FSLW), school-site support to students and families **AHS** – Addiction counselor (for each high school) **FCSS -** supportive counseling, teen-parent programs, individual & family counselling	**AHS - Children's Team** - Emergency Crisis Nurse), Mental Health Therapists; Social Worker (FASD Network) **NEAFAN** – FASD Diagnostic Clinic & Mental Health Therapist **AHS/EDUCATION** – Dr Goulden Diagnostic Clinic **AHS** – Medical services in the home

The resource map of government and community resources available to all public schools illustrates that schools and communities are already implementing some programs and services at each level of intervention. However, too many of these programs and services operate in isolation of one another and do not provide a cohesive, comprehensive approach to providing learning supports. Therefore, by viewing the programs along a continuum of student needs, schools and communities are able to provide the right services for the right students at the right time. Such continua must encompass efforts to positively affect a full spectrum of learning, physical, social-emotional, and behavioral problems in every school and community by:

• promoting healthy development and preventing problems;

• intervening as early after the onset of problems as is feasible; and

• providing special assistance for severe and chronic problems.

A continuum provides the structure for mapping resources and identifying gaps and redundancies in services, thus increasing effectiveness and efficiency of the supports for learning. When complete, the interventions identified should encompass the full continuum of student needs and address both developmental levels and the entire age span served in each school and school district.

The school-based learning team will differ from the traditional case-oriented team (e.g. staff who refer students to services for specialized services or process to be put on a waitlist for service). Case-oriented teams will continue to focus on individual students who are having problems. In contrast, the learning team will also focuses on supporting classroom teachers, mapping resources, aligning interventions, wrapping supports around students, and evaluating the overall effectiveness of the learning supports system. The focus is not only on specific individuals, but on levelling resources to achieve better results. In carrying out this additional function, the learning team provides an important link for managing and enhancing community programs and systems in ways that integrate, strengthen and improve interventions for all students. Learning teams also help build capacity of teachers by sharing expertise and strategies. For a small school, the school improvement team may assume the functions of a learning supports resource team. Larger schools may have staff sufficient to form a student-focused learning support team. Other existing teams, such as student or teacher assistance teams have demonstrated the ability to carry out resource-oriented functions. Resource-oriented function includes mapping and aligning available resources into leveled interventions. In adding the resource-oriented function to the learning team's agenda, great care must be taken to ensure sufficient time is devoted ensuring available resources, or interventions, are to be truly integrated, improved, and increasingly infused with classroom instruction.

School districts and schools develop better systems of learning supports by grouping existing resources, programs and services into six content/support areas and fitting the intensity of interventions within the continuum of prevention, intervention then system of care. These areas, based on

intervention levels then form the structure for organizing and selecting interventions that address the overall needs of students who encounter barriers to learning at school and/or life. The six content areas form an effective learning supports system are:

1. Supplements to Instruction
2. Child/Youth Engagement
3. Support for Transitions
4. Family Support and Involvement
5. Safe, Healthy, and Care Environments
6. Community Partnerships

By further defining the content that makes up the learning supports system into these six areas, a more unifying framework is created within which a school-community continuum of learning support programs and practices are to be organized.

Overview of Content Areas for Learning Supports[2]

Supplements to Instruction -- fostering healthy cognitive, social-emotional, and physical development.

A broad range of research-based teaching and learning strategies and extra-curricular activities during school and non-school hours are provided through a variety of recreational, enrichment, leadership, and academic supports. School districts provide training and professional development for teachers to ensure that children and youth have the full benefit of quality instruction. Learning teams need to design classrooms that (a) prevent problems, (b) facilitate intervening as soon as problems are noticed, (c) develop intrinsic motivation for learning, and (d) re-engage students who have become disengaged from classroom learning. To these ends, and in keeping with the Alberta Teacher Quality Standards, a few examples of Supplements to Learning include understanding by design, differentiated instruction, response to intervention, literacy and numeracy support; instruction in life skills, character education, social skills, and healthy schools; and conflict resolution and other academic enrichment programs.

Child/Youth Engagement -- providing opportunities for youth to be engaged in and contribute to their communities.

Effective youth involvement in their communities and in decision-making positively affects the youth involved and the school culture. While children and youth are recipients of the collective supports provided by their family, their school, and the community, they must also be viewed as *partners* in this process. An integral part of positive youth development includes the opportunities for children and youth to exercise leadership through active roles in the development and implementation of options for their own learning and enrichment. Youth engagement has the greatest impact when

---

[2] Adapted from Developing Our Youth: Fulfilling a Promise, Investing in Iowa's Future, Enhancing Iowa's System of Supports for Developing and Learning (2004). Iowa Department of Education, Fall.

adults create such opportunities and support youth as they engage in developmentally appropriate activities. Some examples of youth leadership programs, service-learning projects, mentorship, peer mentoring, self-advocacy, and community-based leadership programs, or youth service groups.

Supports for Transitions -- enhancing the school's ability to address a variety of transition concerns that confront children, youth, and their families.

Transitions are part of the lives of children and youth – transitions from early childhood programs to grade one, a new school, transitions between school levels (elementary, middle, and high school), transitions from home to school, transitions between classes, transitions precipitated by family moves within and between communities, and transitions to and from school to adulthood. Successful transitions for children and youth make a significant difference in their attachment to and engagement in school, their motivation, their readiness to learn, and their ability to benefit from classroom instruction. Transition planning is important for increasing positive attitudes toward school and should focus on issues that confront children, youth, and their families. Supports include access to community programs, local transportation, and additional networks of social support. Examples of relevant practices include tutoring services, before and after school programs, after school recreation programs, vocational and college programs, and school-to-career programs. The scope of planning also needs to address family mobility and supports in countering the effects of too many school transfers.

Family Support and Involvement -- promoting and enhancing the involvement of parents and family members in education.

Families must be actively engaged (at home, at school, and in the community) as advocates and decision-makers in their child's education. Children and youth with parents involved in their education have higher grades and achievement, have better attendance, complete homework consistently, and exhibit more positive attitudes and behavior. Schools must create and support partnerships that include the families of all students and include practices such as: supporting families to meet their basic obligations to their children; establishing respectful two-way communication between home and school; enhancing home-school connections and sense of community; involving family from different cultures or languages; engaging families in supporting their children's learning at home; eliciting help from families to meet classroom, school, and community needs; and additional support for individual families, such as immigrant services or interpreting services. Community-linked agencies often can provide what is needed for many children, youth, and their families, if linked to the learning support system.

Safe, Healthy, and Caring Learning Environments – providing environments school-wide that ensure the physical and psychological wellbeing and safety of all children and youth through positive youth development efforts and proactive planning for management of emergencies, crises, and follow-up.

Safe, healthy, and caring environments create the psychological and physical settings needed for teachers to provide quality instruction and for students to benefit from instruction. Psychological environments affect the ability of students and staff to function effectively at school. Such environments attend to emotional well-being (sense of belonging in the learning environment) and the social conditions (safe and caring community) of the school. School-wide efforts in this area typically address the culture and climate of the school and may include school-wide positive behaviour supports and character education programs. Physical environments (classroom, school building, grounds, and surrounding neighborhoods) include safety conditions, temperature, noise and lighting, furnishings, and accessibility. The need for well-coordinated crisis prevention, response, and follow-up is important so parents and students effectively handle unexpected disruptions, perceive their environment as safe, and is safe and caring. Healthful learning environments require attention to nutrition, wellness, and physical fitness programs

Community Partnerships -- participating with multiple sectors of the community to build linkages and collaborations offering youth development services, opportunities, and supports.

Meaningful community involvement, linkages, and collaborations are critical to providing a comprehensive system of learning supports and will result in better outcomes for children/youth and families. School/Community partnerships must have broad, inclusive representation when planning for the needs of all students. Such partnerships need to include local government services, business and industry initiatives, systems of positive youth development (e.g. local public library, YMCA/YWCA, Big Brothers Big Sisters, etc.), and other health services (e.g. alcohol and other drug abuse prevention and treatment, counseling, and apprenticeship training, etc.). Schools must also be active members of existing collaborative groups that work to improve results for children and families. Ideally, such partnerships share common information on needs assessment, planning, and evaluation and focus on common measurable results to facilitate coordination of resources and ensure their programs, services and supports are effective and efficient and therefore designed to achieve results.

Content Area & Resources to Support Integrated Services

A well-designed, comprehensive and integrated leveled intervention learning support system includes programs and services currently available in schools, at the school district level, and from government and community agencies. The design of the school's learning support system should provide staff the opportunity to weave together existing resources and services into the content areas and ensure a continuum of universal, targeted and individualized

interventions. The regional framework also provides an opportunity to implement programs and services that function in a more cohesive, cost-efficient, and equitable way based on continuous evaluation process.

The framework for a comprehensive system of supports begins at the school level. That is, conceptually, the emphasis is first on integrating current resources. Then, the focus expands to connect services to community resources. Ultimately, schools, school districts and community agencies need focus on results or outcomes of the programs and services provided to students and teachers. The framework for the learning support system provide an excellent opportunity to braid together existing school and community resources and ensure programs and services operate in increasingly cohesive way. Once mapped into appropriate level of an intervention, gaps and overlaps are identified for further review.

The six content areas form the comprehensiveness of the learning support system. Structured into a leveled system, the focus is first on prevention, then intervention before specialized system of care is provided. Resource mapping helps each school and school district to graphically organize resources (i.e., programs, services, support staff, agency, etc.) that are locally available at each level across each content area.
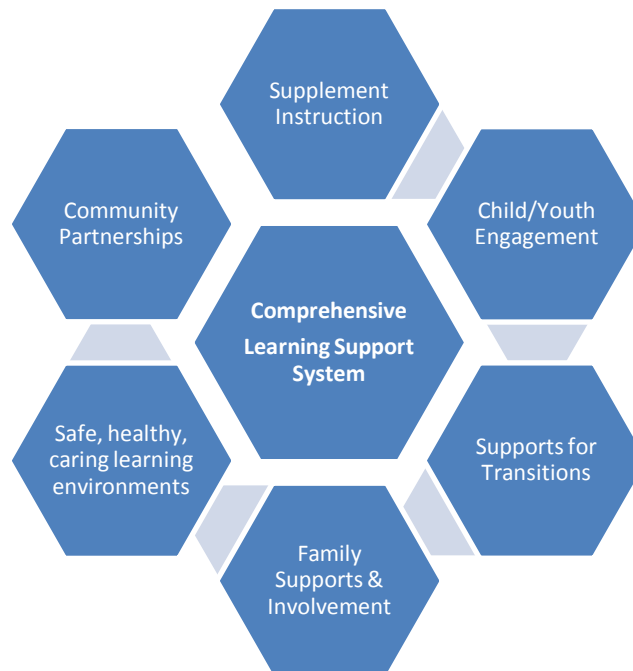
Continuum of Interventions by Content Area

School-based learning teams begin by listing programs, resources, services and staff available then arranging by level of intervention. For example:

Content Area	Universal	Targeted	Individualized/Specialized
Supplements to Instruction	Assessment for Learning Differentiated instruction First Steps to Literacy First Steps to Numeracy FRIENDS Program Learning Coaches	Academic and/or Psycho-social Assessment Literacy/Reading Interventions Numeracy/Math Interventions English Language Learning Support Educational Assistants (EAs) Speech Language Therapy Occupational Therapy Physical Therapy Behaviour Consultant Audiologist	Psycho-educational Assessment School Psychologist Individualized Program Plan (IPP)/Special Education Vision Consultant Hearing Consultant Speech Language Pathologist Occupational Therapist Physical Therapist Orientation & Mobility Specialist
Child/Youth Engagement	Safe and caring school environment Assistive Technology Project-based learning Cooperative Learning	Behaviour Support Planning Mentorship Program Students Assisting Students Pregnant Teen Program Cognitive Behaviour Therapy	Educational Assistant (EA) Summer School Program Restorative Justice Life Space Crisis Intervention
Supports for Transitions	Early Childhood Services Kindergarten Orientation Early Years Evaluation Academic Assessment	School Counsellors Post-Secondary Career Fair Immigration Worker	Healthy Beginnings Success in School Protocol Case Management Plan Persons with Developmental Disabilities
Family Support & Involvement	School Councils Parent Volunteers Parent Teacher Interviews Homework Without Tears Triple P: Positive Parenting Program Sexual Health Program	Early Intervention Program Healthy Families Program Dental Health Program Family School Liaison Aboriginal Health & FNMI Liaisons Triple P: Positive Parenting Program	Child and Family Intervention Services In-home Family Support Program Triple P: Positive Parenting Program (Pathways) Family Supports for Children with Disabilities

		Mental Health Therapist Personal Support Network Prevention of Family Violence and Bullying	Complex Needs Case Management Public Health Hi Risk Home Visits Home care
Safe, healthy, caring learning environments	Comprehensive School Health/APPLE Schools Active Living Daily Physical Education Character Education Programs (i.e., Tribes, Effective Behaviour Support)	Bully Prevention Program Tobacco Reduction Program Mental Health First Aid Mental Health Therapist Addiction Adolescent Information Series PARTY Program	School Nurse Registered Dietician 24 Hour Crisis Line Applied Suicide Intervention Addiction Services
Community partnerships	Preschool Health Fair Parent Link Centre Some Other Solutions (SOS) Girls Inc of Northern Alberta	Roots of Empathy YMCA Before/After School Care Programs Bullying Prevention Council	Victim Services Mental Health Triage North East Alberta Fetal Alcohol Network (NEAFAN)

Once completed, the resource map illustrates the resources available and collaboration required to fully integrate the resources into a continuum of learning supports. The process of resource mapping includes:

- Map current resources for children, youth and families
- Map current resources along the continuum of universal, targeted, and individualized or specialized intervention
- Align current resources to ensure seamless transition to more intensive interventions based on assessed needs of students
- Identify gaps and overlaps
- Enhancing resources, where needed to fill gaps
- Reduce resources, where needed to avoid duplication
- Redeploying resources, staff roles and responsibilities to ensure effective and efficient interventions
- Marry mandates and braid resources of community agencies and government services to school-and district supports
- Evaluate effectiveness and efficiency of resources provided
- Invite community agencies to add additional services
- Implement interventions with fidelity and monitor effectiveness
- Update regularly and make available to staff and parents

The purpose of resource mapping is to develop and evaluate a system of learning supports and reduce fragmentation and duplication of programs, services or resources. The purpose is to ensure comprehensive and integrated levels of supports are provided based on assessed needs of students or families. Once completed, it becomes an integral part of the overall framework of a learning support system. The framework for learning support system includes:

1. School vision and strategic plan
2. Resource Map
3. Continuum of Interventions
4. Outcomes and Results Expected

Levels of Support

	Level (1) Universal Prevention All Students	Level (2) Targeted Interventions Small Group Support	Level (3) Individualized Programs	Level (4) Individualized Services / Complex Needs
Supplement to Instruction				
Child/Youth Engagement				
Support for Transitions				
Family/Support and involvement				
Safe, healthy, caring learning environments				
Community Partnerships				

Content Areas for addressing barriers to learning & promoting healthy development

Accommodations for differences & disabilities   Specialize assistance & other intensive interventions (e.g., Special Education)

Accountability for Results

Assessment is the process of collecting data for the purpose of making decisions to improve programs and report student progress. Decisions based on assessment data should be made at the classroom level and focus on improving student achievement. By gathering evidence of learning through classroom assessments, teachers are able to develop a complete picture of students' progress in meeting identified outcomes. Teachers, parents and students need timely feedback about academic achievement for a number of reasons, but most importantly, to help students achieve the goals set out for them.

The results of assessment are used to improve teaching and learning, enhance program adequacy and identify effective instructional practices for students with special educational needs. It is important to assess and report student performance within the framework of what is expected of all students. Three key questions need to be answered:

1. What do we want the student to know and be able to do as a result of supports or services provided (i.e., speech language therapy or support provided by an educational assistant)?
2. How will we know if/when each student has acquired the knowledge and skills expected (i.e., results of functional assessment or behaviour change)?
3. How will we respond to improve teaching and increase learning (i.e., measure response to intervention provided or outcomes expected by the case management team)?

Expectations and procedures should be in place to ensure that as many students as possible with special educational needs participate in the provincial assessment system in a fair and equitable manner. In some cases, students are approved for special accommodations such as extra writing time, use of a reader, a scribe or the opportunity to provide a recorded response. Such accommodations should be part of the student's instructional program prior to being used with a provincial achievement test or diploma examination and student proficiency using such accommodations must be considered by all professionals involved in the service delivery of supports. With appropriate supports and services provided, more students with special needs should be able to participate in the provincial assessment system.

Students for whom the provincial curriculum must be significantly modified will require a different form of assessment to determine their progress. The decision to participate in an alternate form of assessment should be based on the student's ability, not the student's placement, program or disability code. Appropriate year-end assessments may include curriculum, functional and/or academic assessments to evaluate learning and academic growth. When additional supports and services are provided to a student, there must be a measured and observable improvement in that student's learning.

Content Area
Intended Outcomes

The overall goal of the learning support system is to ensure an integrated and comprehensive system to increase child and youth proficiency in literacy and numeracy, achieve Alberta's student learning outcomes, and develop competencies for success as engaged thinkers and ethical citizens with an entrepreneurial spirit.

The content areas must also include a focus on outcomes to evaluate the effectiveness of the learning support system. The primary focus is on building capacity of all teachers to teach all students. The content areas are to be designed to increase child and youth engagement, support transitions, family support and involvement, provide safe, healthy and caring learning environments, and enhance community partnerships.

The following activities or outcomes operationalize the effectiveness of the Learning Support system:

Supplements to Instruction
- Schools provide all children and youth a safe, healthy, inclusive, and caring learning environment that respects individual differences and maintains high expectations for learning and achievement.
- Student personal, social and emotional growth are achieved through meaningful relationships with peers and all staff
- Classroom instruction is focused on achieving learner outcomes of the provincial program of study and student achievement
- Instruction emphasizes literacy and numeracy skills
- Instruction is differentiated based on the assessed learning needs of students
- Technology is infused into learning activities
- Student assessment is aligned to provincial learner outcomes and results used for instructional decision making
- Students are engaged in learning and motivated to take risks
- Student progress is regularly monitored and adjusted using assessment data
- Students at-risk of failure are identified and early interventions are provided based on assessed needs (e.g., literacy, numeracy skills, counselling services, etc.)
- Children enhance functioning and independence as a result of supports provided
- Student achievement data is used to ensure interventions and supports are effective

Child/Youth Engagement
- First Nations, Métis and Inuit (FNMI) children and youth are engaged in learning and achieve educational outcomes at the same level as other students
- Technology is used to engage students in learning
- Mentors are assigned to individual students
- Phone calls home are used to track students who are absent

- Students report their school is safe and caring
- Students report that staff care for them

Supports for Transitions
- New students, newcomers and visitors feel welcomed
- Daily transitions are planned and known in advance
- Transitions for students are planned in advance with caregivers to ensure smooth and effective transitions between settings and services
- Information is shared for children transitioning from early childhood services into formal schooling
- Children receiving early childhood services are prepared for Kindergarten or Grade one
- Students are including in transition planning from elementary to middle to secondary school and post-graduation supports
- Students with special needs are provided formal transition plans to fade support and services to increase functioning and independence
- Ensure community resources for schools are effectively coordinated/integrated to remove barriers to learning and living

Family Support and Involvement
- Families are involved in decisions that affect their child
- Regular communication is provided to parents
- Families are provided timely information on available supports and services
- Homework help or tutoring is available
- Staff receive timely and relevant family information to support needs of student(s)
- Students are healthy and occurrence of injuries, risk factors, illness, chronic conditions and resulting disabilities are prevented
- Child and youth get better and function well with acute illness or injury
- Child and youth live well with illness or disability
- Family involvement in school is evaluated for continuous improvement

Safe, Healthy and Caring Environments
- Students are provided a sense of belonging, mastery, independence and generosity in each classroom
- Students use conflict resolution skills to resolve conflicts
- Students report incidents of bullying or harassment
- School staff provide a welcoming, respectful, safe and caring environment that fosters and maintains respectful responsible behaviours
- Staff foster collaborate relationships with other professionals and community agencies to provide supports and services to students and their families.
- Staff are trained and aware of the school emergency response plan

- Families have access to mental health services in emergency or crisis situations
- Families receive immediate assistance in emergencies so child can resume learning
- Counsellors evaluate use of social skills, self-esteem, anger management and conflict resolution skills by students
- Staff responds to all reports of abuse, bullying or risk of suicide.

Community Partnerships
- Community agencies' resources are integrated into the continuum of services
- All partners have a shared vision for the learning support system
- Strength-based interventions are coordinated and integrated into continuum of prevention, selected and targeted interventions
- Evaluation and results are used to assess effectiveness of resources (services and programs) to ensure their efficiency and effectiveness
- Professional development is provided to teachers to support shared understandings of new regional collaborative service delivery model
- Common language and definitions are understood for and used to guide planning, managing and delivering interventions for child/youth, family, school and community agencies.
- Resources and actions are coordinated and all staff work together towards a shared/common goal, using share measurements
- All partners collect data and measure results for disciplines and interventions provided to support system improvement efforts
- Communication is consistent and open to assure greater collective impact and achieve common vision
- Partners create greater collective impact by ensuring programs, resources, services and staff are coordinated and aligned to common vision
- Policies, procedures and regulations are aligned and support common vision
- The effectiveness of interventions and resources (services and programs) is regularly evaluated to seek continuous improvements to collaborative efforts and learning support system.

Collaborating for Accountability

Mapping local and provincial resources is a crucial element to develop the framework for implementing a cohesive system of learning supports. Properly constituted, the school-based learning team provides on-site leadership for efforts to comprehensively address programs and practices that facilitate learning and ensure the maintenance and improvement of a multifaceted and integrated approach. Learning teams must reduce fragmentation and increase cost-effectiveness by determining and supporting ways that programs are integrated. For example, a team can coordinate resources, increase communication among school staff, families, and community partners about available services, and monitor programs to be certain they are functioning effectively and efficiently. More generally, this team provides leadership in planning, organizing, and re-deploying resources

in addition to guiding school and community personnel to achieve the school and district vision for all children and youth. This process also includes establishing priorities and resources for learning support.

Collaborative Practices[3]

Schools are most effective in addressing the needs of children, youth and their families when school staff members and their community partners collaborative effectively. Successful collaboration can strengthen relationships among members of the school community and allow staff to navigate within and between different systems to find innovative solutions to problems. Collaboration is about building relationships to create an effective learning support system. It is not only about personal relationships but collaborating to be more effective in meeting the needs of children and youth.

Collaboration involves working together to produce an effective and efficient learning support system and interventions that work to support increased student learning and functioning. Effective collaboration requires staff training, time and authority to fulfill assigned roles and responsibilities. Common vision, problem-solving, case conferencing, team meetings, data-based decision-making, conflict resolution and emphasis on continuous improvement makes collaboration effective.

Using a collaborative approach helps to:

- reduce gaps in and the overlap of services

- enhance relationships among all members of the school community

- focus on the strengths of the child or youth, thus promoting optimism and motivation

- increase the community's capacity to address the needs of children and youth.

Collaborative practices describe many different activities that support a culture in which children and youth are equipped to overcome challenges and experience success in school. Student success is when schools, school districts and community partners work together to provide supports and services in a way that is timely, culturally sensitive and responsive.

Based on an extensive literature review, a provincial research project, and input from teachers, administrators, parents, youth and other education stakeholders, wraparound principles have been identified and reflect best practices. The wraparound principles are to be used for staff and caregivers to gain an understanding of how to build a culture that supports collaboration, as well as how to coordinate and access supports and services that address the needs of children/youth and their families within the context of the local school and community. When these principles are used to address the needs of children and youth and their families, the many people who are involved work together to:

---

[3] Alberta's approach to collaborative practices based on wraparound principles (2011). Alberta Education

- examine, reflect and discuss local collaborative practices and how the principles of wraparound can be embedded in the foundation of those activities,

- celebrate the local collaborative practices that already exist,

- reinforce the value of building a foundation for collaboration based on wraparound principles that supports local children, youth and their families, and

- determine a local call for action or case management plan and commit to improving the success for children, youth and families.

Wraparound Principles[4]

Collaboration is a process for setting collective priorities, and incorporating different perspectives. This is reflected in the way people commit to working together to meet their shared goals. It allows for the blending of perspectives, expertise, resources and shared accountability and responsibility.

Shared leadership is evident in schools where administrators model the value of collective wisdom. Where school staff, focus on developing meaningful relationships within the school and community, partnerships and collaboration naturally emerge. We see the collective benefits for our children, youth and their families by capitalizing on the strengths and experiences of all involved.

Team based involves a group of people, including the family members, who work collaboratively toward the success of the child or youth and their family, through informal or formal supports and services. Team based ensures the supports and services are consistently and effectively implemented, managed and measured.

School-community linked means working collaboratively to promote and strengthen partnerships by eliminating barriers between the school and community. These strategies take place in the most inclusive, most responsive and most accessible settings to enhance the child or youth and family's school, home and community life.

Persistent means not giving up on, blaming or rejecting children, youth or their families. When faced with challenges or setbacks, everyone continues working toward meeting the needs of the youth and their family, and achieving the goals identified until it is determined that formal coordination of the supports and services are no longer necessary.

Family voice and choice ensures child or youth and family perspectives are intentionally elicited, prioritized and actioned as part of a collaborative wraparound practice. Planning is grounded in family members' perspectives. The individuals involved in the process strive to provide options and choices that reflect the family values and preferences.

---

[4] Adapted from National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.http://www.nwi.pdx.edu/ (Accessed March 2011)

Culturally responsive practices respect and build upon the values, preferences, beliefs, cultural context, and identity of the child or youth, family and community. The team recognizes these unique attributes as sources of great strength.

Natural supports are individuals drawn from family members' network of personal and community relationships. These individuals are intentionally sought out and encouraged to become full participants in supporting the child or youth and their family.

Individualized means a customized set of strategies, supports and services are developed to support the goals identified for the child or youth and their family.

Strength based practices build on a child or youth's capabilities, knowledge, skills, and assets, to help them develop the resiliency needed to overcome challenges.

Data informed goals and strategies are used to support the child or youth and their family. They are observable, measurable and can be used as indicators of success, to monitor progress and revise supports and services accordingly.

Guidelines for Effective
Case Management

Case management is an approach used at the school then the regional level to ensure service delivery is:
- ➢ Integrated
- ➢ Student/Client-Centered
- ➢ Coordinated
- ➢ Results or outcome focused
- ➢ Accountable
- ➢ Comprehensive

Ultimately, effective case management benefits the child or youth because it:
- incorporates a collaborative, problem-solving approach to solutions;
- focuses on the strengths and needs of the child or youth;
- seeks continuous improvement within the child and the environment of which he or she is functioning.

With effective case management, interventions are better coordinated and scarce resources are effectively used. The function of case management is to marry the mandates and braid the resources between agencies based on the child's needs then provide the intervention that is critical for increased success in school and life

Case Management requires a formal partnership. Case management is, first and foremost, a system of partnerships: between the partners, regional manager and child and caregivers based on respective mandates. In an effective case management system, the school –based learning team and/or regional manager works in partnership with professionals, caregivers and the child, sharing responsibility for marrying mandates and braiding resources to achieve agreed upon outcomes.

Case management must provide predictability. Effective case management system works to define who does what, when and why, to achieve agreed upon outcomes. This predictability helps staff plan, set goals, and undertake a systematic process of meeting those goals.

Case management demands accountability. Caregiver trust and effective coordination rest on the delivery of services in a timely and effective manner. Effective case management involves clarifying roles and responsibilities, tasks and timelines are written down as the agreed upon.

Case management communicates respect for the child and family. The success of any case management effort depends on the degree to which the child is engaged in the decisions that affect the child and appropriateness of the intervention plan to family culture and language. As much as possible the child or youth should be involved in self-management of own intervention plan.

Making Case Management Work

The formal referral process for accessing individualized or specialized services establishes the future relationship between families and service providers, sets expectations about available services, and accountability for desired outcomes.

Support with accountability is the base of collaborative service relationships. Families need to be oriented to the purposes and structure of integrated services, what it can and cannot provide, and what respective responsibilities will be. Parents/caregivers should clearly understand that regional manager works in partnership with them and that development of a case management plan constitutes a commitment to services based on agreed upon outcomes. Equally important, the initial contact needs to convey an attitude of respect and hope for better outcomes. The regional manager and future service providers need to show a genuine feeling of enthusiasm, caring, and dignity to all families dealing with children with severe or complex needs.

Intake and assessment should also be caring, professionally-handled experiences that communicate respect to each family. Assessment will probably also involve formal testing and functional assessments. It is important to choose assessments that assist to provide a complete understanding of a child's strengths and future needs. Respect the rule: "collect all the information you can use, and use all the information you collect." In sum, the intake and assessment process helps determine appropriate services and track progress as a result of services provided.

A well-designed case management plan is integrated and should be designed to ensure greater ownership by the family. Further, clearly defined goals, responsibilities, time lines, and available services should also help the young person feel that it is also his or her plan, and that he or she is empowered to achieve the intended outcomes. To reinforce the importance of family ownership, predictability and accountability represented by the plan, the regional manager will include dates to review the plan with the family and service providers, and a projected date for transitioning from services.

Accountability and predictability in implementing an integrated case management plan also depend on communication among the service providers. As much as possible, there should be regular team meetings, face to face, with the various service providers. Outcomes must be agreed to, strategies shared, expectations established in advance. Team meetings (or case conferences) are at the heart of the system of care expected at the individualized and specialized intervention levels. Finally, the long-term goal of any integrated case management plan should be for the child to eventually to no longer need services. Partnership, predictability, accountability and respect are all aimed at helping young people and their families to achieve their plan, learn how to access other services on their own, and feel ready to handle life without professional intervention - in short, to be ready to break from case management dependence and increase independence, functioning and live well with a disability.

Children/Youth with Complex Needs

Children and youth who have complex needs require services from a number of government ministries or agencies. It is critical that the integrated service plan is developed collaboratively and services are integrated to ensure the child and family is able to live with an illness, disability and function more independently as a result of services provided. Children with complex needs require extraordinary services due to multiple impairments, extreme mental health issue, or significant behaviour that still disables the child from functioning after services and supports have been provided with little success. Formal diagnoses include students who are blind, deaf, have severe post-traumatic stress disorders, acquired brain injury, and/or a severe medical condition and require a number of services from two or more government ministries. To better support these children, the regional manager will coordinate the development, implementation and evaluation of a complex needs integrated case management plan. This level of plan will require a single contact person for all services, more frequent communications among service providers to support integrated services, and the effectiveness of interventions provided. Responsibility for communicating with parents or caregivers remains the responsibility of the referring agency or school district.

Case Conference

It is important that all case conferences:
- Are planned with advance notice for all members, especially the family/caregivers
- Start and end on time
- Follow a written agenda that prioritizes priorities of child/youth, parents and service providers
- Have a facilitator to chair the conference to ensure everyone has an opportunity to present issue, discuss, decide and identify who will do what by when

- Have a recorder that documents nature and extent of discussion, issues, recommendations, assigned tasks, responsibilities, and timelines for completion.
- Minutes documented and shared with all members

Results Reporting

The progress of every child or youth provided an intervention or service must be monitored and reported. At the school level, the teacher is responsible for reporting progress throughout the school year. Service providers assist teachers by providing therapy progress updates and/or functional assessments that demonstrate progress or lack of. Determining need for continued services will be based on:

1. Length of time service/intervention has been provided
2. Child/youth progress when service/intervention provided
3. Child/youth level of functioning when service/intervention not provided
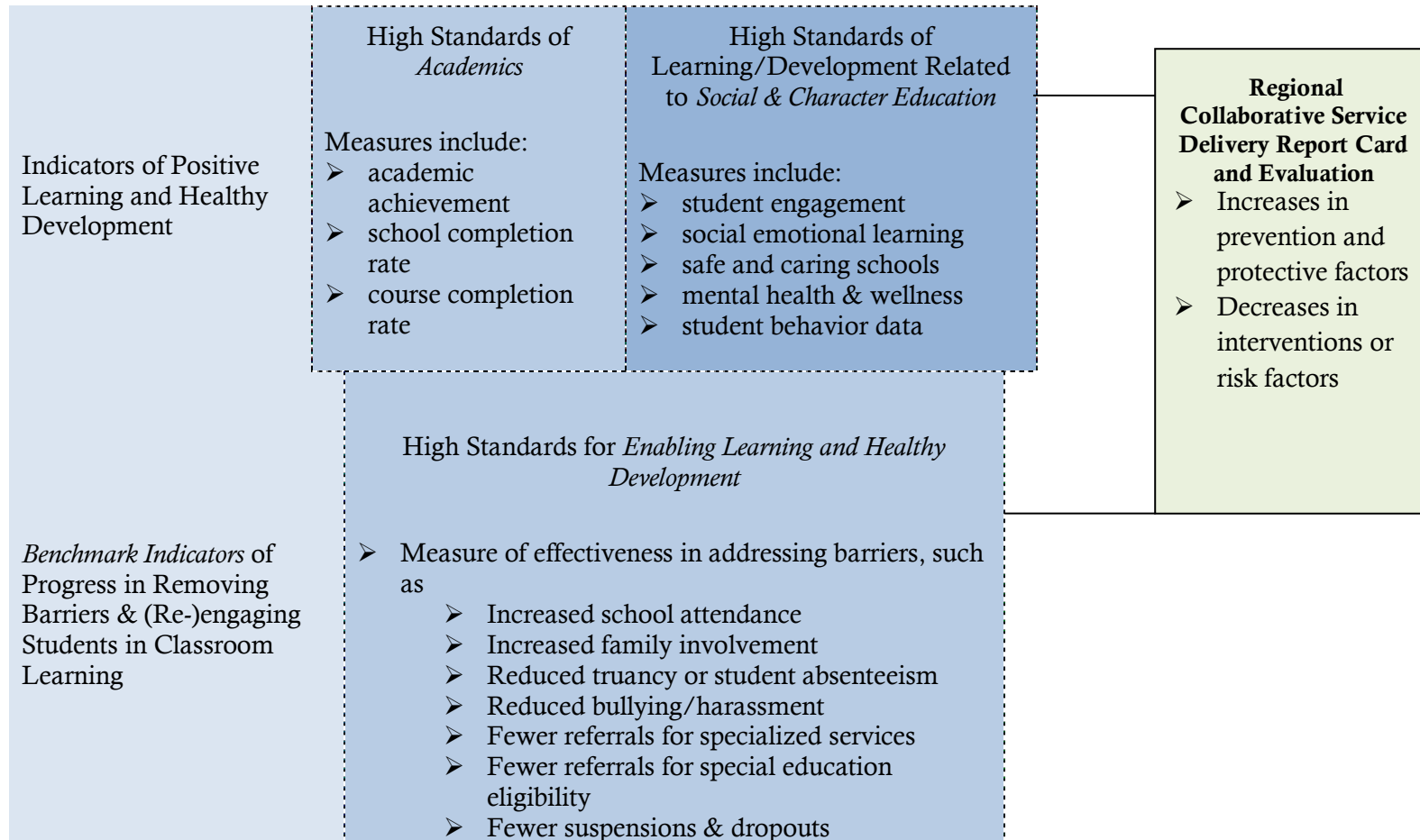4. Individualized Program Plan review of goals to increase student functioning and independence

Effective service and intervention plans presume that the child/youth will transition to greater independence and functioning. The integrated case management plan must include preparing the child and family for the eventual withdrawal of services or interventions. Should regression occur, the process can be re-initiated.

All service providers must document outcomes of services provided. This information is used to determined effectiveness of service delivery provided as well as continuous improvement of the learning support system. Each service provided must result in the child/youth's increased success in school, home and the community. To determine whether to continue, increase, reduce or transition from a service provided, it is important to determine if the service effectively addressed the purpose for which the service was provided to begin with. Other outcomes or results include:

- How many children/youth moved from severe to mild/moderate functioning?
- How many children/youth moved from mild/moderate to functioning independently?
- How many children/youth increased attendance rate? From what level to what level?
- How many children/youth referred for service no longer requires that service?

Accountability for improving each school district and school's learning support systems include:

Expanding the Student Health Partnership Measuring the Effectiveness of the Learning Supports System

Indicators of Positive Learning and Healthy Development

High Standards of *Academics*

Measures include:
➤ academic achievement
➤ school completion rate
➤ course completion rate

High Standards of Learning/Development Related to *Social & Character Education*

Measures include:
➤ student engagement
➤ social emotional learning
➤ safe and caring schools
➤ mental health & wellness
➤ student behavior data

Regional Collaborative Service Delivery Report Card and Evaluation
➤ Increases in prevention and protective factors
➤ Decreases in interventions or risk factors

High Standards for *Enabling Learning and Healthy Development*

➤ Measure of effectiveness in addressing barriers, such as
  ➤ Increased school attendance
  ➤ Increased family involvement
  ➤ Reduced truancy or student absenteeism
  ➤ Reduced bullying/harassment
  ➤ Fewer referrals for specialized services
  ➤ Fewer referrals for special education eligibility
  ➤ Fewer suspensions & dropouts

Benchmark Indicators **of Progress in Removing Barriers & (Re-)engaging Students in Classroom Learning**

*Information Sharing
Protocol[5]*

Service providers must work together in an integrated way by coordinating their service plans and working jointly with children, youth and families. Information sharing is critical to coordinating services. The formal process of sharing information is documented through the process of integrating services. As defined by the *Freedom of Information and Protection of Privacy Act* (FOIP), integrated service means the program or service has several distinct components, each of which may be delivered separately, but when considered together, comprise the complete program or service.

Under FOIP, participants within an integrated service can share information, with or without consent. Organizations who need to share information on an ongoing basis should formalize their involvement in an integrated service approach.

Consent-Based Approach

A formal integrated service delivery approach may not satisfy all of the issues regarding information sharing in and of itself. This is especially true for organizations that are not covered under FOIP (e.g., a non-profit agency) or for organizations that are covered under Health Information Act (HIA), when they need to access or share information. A consent-based approach should therefore be used whenever possible.

A consent-based approach within the integrated service delivery will also ensure that children, youth and their families are provided with better information about the services they will be provided. This will include information on how their personal information will be used and disclosed and which service providers will be involved in the delivery of services, allowing them to be a part of the process from the outset.

Although organizations that fall under HIA may participate in an integrated service approach, consent is generally required before health information can be disclosed (Note that lack of consent does not preclude clients from being present during discussions). Consent is a requirement in many situations under the FOIP legislation, and in most situations under HIA.

General Approach to Information Sharing

Identify the issues or concerns. Service providers need to discuss what information is needed and who has it. Information should be shared on a "need to know" basis. What does the teacher need to know to best serve the child, youth or family?

Networks build relationships. Develop an understanding of each service provider's mandate, purpose and training in relation to other roles and mandates and how they interrelate to best support children/youth and families.

---

[5] Information Sharing in an Integrated/Collaborative Framework, Alberta Education. Child and Youth Initiative

Check assumptions. Sometimes professionals disagree on what information needs to be shared. It is important for team members to discuss why information is needed and what the team hopes to accomplish for the child, youth or family with such information.

Determine necessary information. If there are disagreements among service providers and/or with the family, develop an understanding of what information is necessary from the perspective of each agency based on legislated mandates or regulations.

Ensure a common understanding. Ensure service providers provide the child/youth and family with terms, definitions, an understanding about what information can be disclosed, how much information can be disclosed and the best mechanism for doing that and the reasons why. Reaching an agreement on why information is needed to enable better service delivery and what information should be shared will require ongoing communication, patience and trust.

Document information requested and received. Document information requested or shared including what information was disclosed, to whom, when it was disclosed. Subsection(s) of Section 40 in the FOIP Act authorizes this disclosure. When disclosing a record under HIA, the person requesting and receiving it must make note of the disclosure in compliance with section 41 of the Act.

The overall goal of information sharing is to support positive outcomes for children, youth and families within the context of integrated, coordinated and effective service delivery. Common programs and integrated services allow sharing of personal information where it is needed to deliver the program/service.

It does not allow sharing of:

- Health information under HIA.

- Personal information to non-public bodies (unless they are operating under a contract with the public body).

- More personal information than is required.

The following principles provide direction for sharing information related to providing services and supports to children, youth and families:

Respect for privacy. The right to individual privacy of children, youth and families must be respected. Only the minimum amount of personal information necessary may be shared within the requirements of existing legislation.

Clarity for sharing information. Children, youth and families must understand why and how their information will be shared, how much information will be shared and how services will be provided as a result of the information being shared.

Consent-based. Informed consent from the parent/guardian, or child/youth, where appropriate, is the preferred method of enabling the sharing of information among professionals and service providers.

Coordinated and integrated services and supports. Children, youth and families are better served when services and supports are provided in an integrated manner that considers the needs and resources required to meet those needs using a comprehensive approach, rather than in isolation.

Balance between sharing and privacy. There needs to be a balance between disclosure of personal information and protection of privacy within the context of existing legislative requirements.

Relevancy is an important consideration. Determine what information is necessary to be collected and then shared with service providers. Information sharing should only be on a need to know basis. However, this can only be determined if there is an understanding of each other's roles and mandates. Under the *Health Information Act* (HIA), relevancy considerations include:

- Least amount of information - Determine exactly what information is required/necessary for the specific task/purpose.
- Highest level of anonymity - What degree/level of information is required?
- Need to know - Depending on the role/duties to complete a particular task, what information is required?

The sharing of student information with other service providers is governed by provincial guidelines. The three major privacy legislations in Alberta include *Freedom of Information and Protection of Privacy Act* (FOIP), *the Health Information Act* (HIA), and *Personal Information Protection Act* (PIPA). There are guidelines to be followed when any school staff member is requested to disclose or share information on a student. These guidelines are according to the level and severity of need include:

Green Light:
❑ Student information can be shared with other service providers, with parent consent, to protect health and safety of the student, or with professionals who share in the treatment of care of student. Parent consent is not required to make a report under Child Youth & Family Enhancement Act or Youth Justice Act, or to cooperate with police or comply with an Order of the Court.

Yellow Light:
❑ Student information must not be shared with other professionals without written parent consent. However, if there is a serious health issue, potential for serious harm to self or others, involvement in a criminal activity, a request made by a social worker, lawyer or doctor, or there is a violation of a professional code of ethics, information may be shared. Please contact the school district for assistance in these situations.

Red Light:
- ❑ Student information must never be shared if there is no written parent consent provided, no health or safety concerns or criminal investigation exists.

Student Records and
Document Management

School staff and service providers are required to keep records documenting services provided along with sufficient data for monitoring and evaluating student progress. The student record is the official and permanent record of a student's progress through school. This record must contain all information affecting the decisions made about the education of the student that is collected for educational planning, placement, and progress reporting. The student record must contain information on services provided, coordination of services, and referrals to outside agencies. Information of a sensitive nature should not be included in the student record, including counseling notes or status as a young offender. For students requiring individualized or specialized case management plan, a separate record will be kept by the regional manager.

Local Appeal Process

Where a parent disagrees with the placement of, programming for, or support services provided to a student, every effort shall be made to resolve the dispute in a collaborative, timely, fair and open manner. If this process does not lead to a resolution, parents may appeal to the Director of Student Services before the involvement of the Associate Superintendent. Subsequent appeals may be made to the Superintendent of Schools and to the Board of Trustees. In the event that parents are not satisfied with a decision made by the Board of Trustees, they have the right to request, in writing, that the Minister of Education review the school board's decision.

Parents have a right and responsibility to participate in decisions about the education of their child. Parents must be acknowledged as important members of their child's learning team. Ongoing involvement and support of parents are critical to the overall educational success of students.[6]

Parents have the following rights:
- ❒ Be involved in decisions that affect their child's education.
- ❒ Be provided information to make informed decisions.
- ❒ Be meaningfully involved in planning, problem-solving and decision-making related to their child's Special Education programming.
- ❒ Receive regular progress reports on their child's learning.
- ❒ Provide written consent for individualized program planning, coordination of services and psycho-educational assessments.
- ❒ Be provided an interpretation of assessment results by person qualified to do so.
- ❒ Review contents of their child's school record/cumulative file upon request.

---

[6] *The Learning Team: A Handbook for Parents of Children with Special Needs* (2003). Alberta Education.

❑ Be consulted on educational placement decisions.
❑ Appeal any decision staff made in regard to their child's education.

There will be instances when the professional opinions of staff differ from the opinions of parents about the education of their child. Issues may arise in regard to appropriateness of placement, identification, assessment, or extent of support services. If parents and staff continue to have a difference of opinion, staff or parents can contact the school district for assistance and advice on the next steps.

Any decision made by a staff member related to the education of any student is deemed to be a decision of the Board of Trustees. Further, any or all staff decisions are appealable by parents, all the way up to the Minister of Education. Therefore, it is imperative staff relationships with parents be collaborative and respectful at all times.

Every reasonable effort must be made at the classroom and school level to resolve concerns collaboratively with parents. Should a concern remain unresolved, additional support and guidance from the school district is available. In such cases, parents must be advised of their right to make a formal appeal of decisions and the step-by-step process to follow, including:

1. Request a meeting with the teacher and share concerns with the view to resolve the matter. Provide a time frame for resolution. Document actions taken.
2. Arrange a meeting with the school's learning team to share concerns and seek satisfactory resolution. Provide a time frame for resolution. Document actions taken.
3. Arrange a meeting with the school principal. Parents can share their issues, discussions to date and seek assistance in resolving the matter.
4. Contact Student Services Department. Parents can share their concerns, efforts to date and request assistance in resolving the issue at hand. Student Services will work with staff and parents to satisfactorily resolve the issue at hand.
5. Contact the WBRCSD Regional Manager. Parents can share their concerns, efforts to date and request assistance in resolving the issue at hand. The WBRCSD, if needed will collect all documentation for review.
6. Formal Review by WBRCSD. All documentation is reviewed to ensure compliance with policy, mandate accountability requirements and framework guidelines.

---

[i] This framework is adapted from Adelman, H.S., and Taylor, L. (2006). *The implementation guide to student learning supports in the classroom and school wide: new directions for addressing barriers to learning*. Thousand Oaks, CA: Corwin Press.