



Huron-Superior Catholic District School Board

**OPEN SESSION OF THE BOARD
MEETING
WEDNESDAY, JANUARY 15, 2020**

AGENDA & REPORTS

MEETING TO BE HELD IN

BOARD CHAPEL

OF THE CATHOLIC EDUCATION CENTRE

INAUGURAL MASS: 4:30 P.M.

St. Mary's College Chapel

OPEN SESSION: 7:15 P.M.

Board Office Chapel

**AGENDA FOR THE OPEN SESSION BOARD MEETING OF THE
HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
ON WEDNESDAY, JANUARY 15, 2020 @ 7:15 PM
BOARD CHAPEL – CATHOLIC EDUCATION CENTRE**

A CALL TO ORDER

1. Acknowledgement of Traditional Lands – (Anthony)

We begin our Board meeting by acknowledging that our city schools and Board offices sit on the traditional lands of the Batchewana First Nation, the Garden River First Nation and the Métis Nation. We also acknowledge that this meeting occurs in our Board's Chapel, which is a sacred space, entrusted to us by the Congregation of the Sisters of St. Joseph of Sault Ste. Marie.

2. Prayer (Pg 7)

3. Call the Roll:

Trustees:

Lindsay Liske (Chair), Sandra Turco (Vice-Chair), John Caputo, Leslie Cassidy-Amadio, Tony D'Agostino, Carol MacEachern, Debbie Mayer, Kathleen Rosilius, Joe Ruscio, Gary Trembinski

Regrets:

Officials:

Rose Burton Spohn (Director of Education), Joe Chilelli, Christine Durocher, Chris Spina, Danny Viotto

Student Representatives:

Anthony DeLorenzi, Lucas Marano

Other Reps:

Darrell Czop (President, O.E.C.T.A.)
Sergio Bernardo (Vice-President, O.E.C.T.A.)
Wayne Greco (President, C.P.C.O.)
Brenda Rankin (President, C.U.P.E.)

OUR MISSION

*Persons present are invited to indicate how they have seen
Our Mission lived out recently.*

B ADOPTION OF ORDER OF BUSINESS

1. **Proposed Resolution:** That the Huron-Superior Catholic District School Board adopts the Agenda for the Board Meeting of January 15, 2020.

Are there any additions/changes/deletions?

C DISCLOSURE OF CONFLICT OF INTEREST AND THE GENERAL NATURE THEREOF

D NEW BUSINESS

E CONFIRMATION OF MINUTES

1. **Minutes of the Board Meeting of December 11, 2019.** (Pg 10)
Proposed Resolution: That the Huron-Superior Catholic District School Board approves the Minutes of the Board Meeting of December 11, 2019.
2. **Minutes of the In-Committee Meeting of December 11, 2019.**
Proposed Resolution: That the Huron-Superior Catholic District School Board approves the Minutes of the In-Committee Board Meeting of December 11, 2019.

F BUSINESS ARISING FROM THE MINUTES

COMMITTEES OF THE BOARD

Chairperson of the Board Lindsay Liske confirmed the names of the Committees of the Board.

Audit Committee (4-Year term)

- Lindsay Liske
- Joe Ruscio
- Gary Trembinski

Board Marketing Committee

- Leslie Cassidy-Amadio

Finance Committee

- Committee of the Board

Focus on Faith Committee

- Leslie Cassidy-Amadio
- Alternate: Kathleen Rosilius

Parent Involvement Committee

- John Caputo
- Alternate: Tony D'Agostino

Policy Committee

- Tony D'Agostino
- Lindsay Liske
- Debbie Mayer
- Kathleen Rosilius

Special Education Advisory Committee

- Gary Trembinski
- Alternate: Kathleen Rosilius
- Sandra Turco
- Alternate: Carol MacEachern

Transportation Governance Committee

- Sandra Turco

Trustee Retreat Committee

- Debbie Mayer
- Lindsay Liske
- Leslie Cassidy-Amadio
- Sandra Turco

Ad Hoc Committees (when required)**Centre for Social Justice and Good Works Committee**

- Sandra Turco
- Alternate: Carol MacEachern

Director's Performance Appraisal Committee

- Committee of the Board

Supervised Alternative Learning Committee (SAL)

- Leslie Cassidy-Amadio
- Alternate: Sandra Turco

Suspension/Expulsion Committee

- Committee of the Board

G PRESENTATIONS

1. **Elders in the Classroom** – Superintendent Christine Durocher to introduce Mona Jones, Indigenous Education Lead.

H COMMITTEE REPORTS

1. **Minutes of the Special Education Advisory Committee Meeting** (Pg 14)
Proposed Resolution: That the Minutes of the S.E.A.C. meeting of the Huron-Superior Catholic District School Board of October 30, 2019 be approved.

I ADMINISTRATIVE ITEMS REQUIRING ACTION

1. **Policy 6000 – Criminal Reference Checks** (Pg 20)
Proposed Resolution: That the Huron-Superior Catholic District School Board approves Policy 6000 as presented.
2. **Policy 6007 – Leaves of Absence** (Pg 22)
Proposed Resolution: That the Huron-Superior Catholic District School Board approves Policy 6007 as presented.
3. **Policy 7008 - Concussion** (Pg 27)
Proposed Resolution: That the Huron-Superior Catholic District School Board approves Policy 7008 as presented.
4. **2019-2020 Revised Estimates** (Pg 113)
Proposed Resolution: That the Huron-Superior Catholic District School Board approves the 2019-2020 Revised Estimates as presented.
5. **OCSTA 2020 Catholic Trustees' Seminar – January 17-18, 2020**
Proposed Resolution: That the Huron-Superior Catholic District School Board allows Leslie Cassidy-Amadio, Tony D'Agostino, Lindsay Liske, Debbie Mayer, Kathleen Rosilius, Joe Ruscio, Gary Trembinski, Sandra Turco and Director Rose Burton Spohn to travel to Toronto to attend the OCSTA 2020 Catholic Trustees' Seminar.
6. **OCSTA 2020 AGM and Conference – April 30 – May 2, 2020**
Proposed Resolution: That the Huron-Superior Catholic District School Board allows Leslie Cassidy-Amadio, John Caputo, Lindsay Liske, Debbie Mayer, Kathleen Rosilius, Gary Trembinski, Sandra Turco and Director Rose

Burton Spohn to travel to Ottawa to attend the OCSTA 2020 AGM and Conference.

5. **Fieldtrips** (Pg 122)

Proposed Resolution: That the Huron-Superior Catholic District School Board approves the following fieldtrip applications:

1. St. Mary's College – To travel to Ottawa, ON on March 4, 2020 and returning on March 7, 2020.
2. St. Paul School – To travel to Toronto, ON on June 16, 2020 and returning June 19, 2020.

J INFORMATION ITEMS

1. **Reports to the Director of Education**

a) **SMC Activity Report** – Anthony DeLorenzi and Lucas Marano (Pg 148)

2. **Correspondence**

3. **Notes of Thanks**

K TEN MINUTE QUESTION AND ANSWER PERIOD

• ON AGENDA ITEMS FOR THOSE IN ATTENDANCE

L UPCOMING EVENTS

January 17-18	- OCSTA 2020 Catholic Trustees Seminar
January 29	- SEAC Meeting
January 31	- PA Day
February 12	- Next Board Meeting

M CLOSING PRAYER – Kathleen Rosilius

N ADJOURNMENT



January 2020

“The Hope Within Us”

+

OPENING PRAYER - Anthony

Let us pray

Lord our God,

You strengthen us with a hope that is always before us in the love of Jesus and in our caring for our fellow human beings.

You bring us hope in our darkest despair.

The gift of your Son is our ever present source of hope.

We thank you for this hope that is manifest in the world; especially in the love of people for each other.

May humanity continue to grow in hope through its service to one another.

Keep us ever mindful of your love and the hope that dwells among us.

We ask this through your Son, Jesus Christ.

Amen. +

READING: A Reading from the Book of Isaiah (Isaiah 40:31) - Lucas

Have you not known? Have you not heard? The Lord is the everlasting God, the creator of the ends of the earth. He does not faint or grow weary; his understanding is unsearchable. He gives power to the faint, and strengthens the powerless. Even youths will faint and be weary, and the young will fall exhausted; but those who wait for the Lord shall renew their strength, they shall mount up with wings like eagles, they shall run and not be weary, they shall walk and not faint.

The Word of the Lord. **R. Thanks be to God.**

QUESTIONS FOR PERSONAL REFLECTION – Anthony

Let us take a moment of personal reflection (two minutes of silence)

Throughout the world, many people bring hope through compassion and assistance in times of crisis and hardship.

Can you think of organizations that you are aware of that are a source of hope among us?

Consider the verse in the Isaiah scripture passage, *“He gives power to the faint, and strengthens the powerless...”* Where do you see this source of hope in our world today?

INTERCESSIONS: - Lucas

Our response to each prayer is: **Loving God, hear our prayer.**

For a New Year filled with peace, we pray:

For a New Year filled with love, we pray:

For a New Year filled with joy, we pray:

For a New Year filled with hope, we pray:

CLOSING PRAYER

Let us pray together

Loving God,

Continue to strengthen us to be a source of hope.

You are the hope that dwells among us in the form of endless love and compassion.

May we bring this to others.

Amen. +

Huron-Superior Catholic District School Board
Our Mission Statement



**Rooted in Jesus Christ,
we are a Catholic learning community
called and committed to develop
the full potential of each child and
to nurture a personal relationship with Jesus
that will inspire Catholic leadership.**



*Dedicated to excellence in education
and the desire to
live the values of Jesus, we strive to:*

- † *affirm the sacredness of life and respect for all creation*
- † *revere the dignity of each person as a Child of God*
- † *provide an enduring education that reflects the essence of our Catholic traditions*
- † *proclaim Christ's message throughout the curriculum*
- † *celebrate God's love in prayer, at Eucharist and in all sacramental moments of life*
- † *create sacred learning environments*
- † *cultivate enriching opportunities that will deepen faith*

Guided by the Spirit on our journey, together with family and Church, we mutually invite, encourage and support one another in our efforts to transform the world.

**MINUTES FOR THE OPEN SESSION BOARD MEETING OF THE
HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
ON WEDNESDAY, DECEMBER 11, 2019 @ 7:15 PM
BOARD CHAPEL – CATHOLIC EDUCATION CENTRE**

PRESENT Trustees:

Lindsay Liske (Chair), Sandra Turco (Vice-Chair), John Caputo, Leslie Cassidy-Amadio, Tony D'Agostino, Carol MacEachern (via skype), Debbie Mayer, Kathleen Rosilius, Joe Ruscio, Gary Trembinski

Officials:

Rose Burton Spohn (Director of Education), Joe Chilelli, Christine Durocher, Chris Spina, Danny Viotto

REGRETS

Student Representatives:

Anthony DeLorenzi, Lucas Marano

Other Reps:

Darrell Czop (President, O.E.C.T.A.)
Sergio Bernardo (Vice-President, O.E.C.T.A.)
Wayne Greco (President, C.P.C.O.)
Brenda Rankin (President, C.U.P.E.)

Values and Vision

Trustee Kathleen Rosilius highlighted the gift project at Our Lady of Fatima School in Elliot Lake. Various items were donated to the school, which students could purchase for their families. This was a very well received event at the school.

Trustee Leslie Cassidy-Amadio thanked the board and community for the overwhelming response for the Joy-full Socks Campaign. Over 4,200 pairs of socks, over half of which were from the board's students and employees, were collected and distributed to over 20 locations in the city.

Director Rose Burton Spohn presented the Board's Annual Report for 2019, which highlights our mission statement in action and the board's achievements and next steps in fulfilling its multi-year strategic plan.

Adg# Res#

- B-1 B-416 **Moved by: Kathleen Rosilius** **Seconded by: Lindsay Liske**
That the Huron-Superior Catholic District School Board adopts the Agenda for the Board Meeting of December 11, 2019.

CARRIED

- C **Disclosure of Conflict of Interest and the General Nature Thereof**
Trustee Kathleen Rosilius disclosed a deemed pecuniary interest in item I-6 on the agenda for the board meeting of December 11, 2019 and did not take part in the consideration or discussion of, or vote on any question with relation to this item. Trustee Kathleen Rosilius recused herself.

- D-1 **ELECTION FOR OFFICE OF CHAIRPERSON**

The following trustees were nominated for the position of Chair:

Trustee Leslie Cassidy-Amadio - declined the nomination
Chair Lindsay Liske - let his name stand
Trustee Gary Trembinski - declined the nomination

Chair Lindsay Liske was acclaimed as the Chair of the Board for 2020. Chair Lindsay Liske assumed the Chair.

- D-3 **ELECTION FOR THE OFFICE OF VICE-CHAIR**

The following trustees were nominated for the position of Vice-Chair:

Trustee Leslie Cassidy-Amadio - declined the nomination
Trustee Kathleen Rosilius - declined the nomination
Vice-Chair Sandra Turco - let her name stand

Vice-Chair Sandra Turco was acclaimed as the Vice-Chair of the Board for 2020. Vice-Chair Sandra Turco assumed the Chair.

- B-417 **Moved by: Leslie Cassidy-Amadio** **Seconded by: Gary Trembinski**
That the ballots be destroyed at this time.
CARRIED

- D-4 **COMMITTEES OF THE BOARD**

Appointments will be announced at the January 15, 2020 Board Meeting.

Chair Lindsay Liske asked all trustees to submit their committee requests via email no later than 11:59 p.m. on Monday, January 6, 2020.

- E-1 B-418 **Moved by: Leslie Cassidy-Amadio** **Seconded by: Gary Trembinski**
That the Huron-Superior Catholic District School Board approves the Minutes of the Board Meeting of November 13, 2019.
CARRIED
- E-2 B-419 **Moved by: John Caputo** **Seconded by: Joe Ruscio**
That the Huron-Superior Catholic District School Board approves the Minutes of the In-Committee Board Meeting of November 13, 2019.
CARRIED
- I-1 B-420 **Moved by: Debbie Mayer** **Seconded by: Tony D'Agostino**
That the Huron-Superior Catholic District School Board approves Policy 4004 as presented.
- I-4 That the Huron-Superior Catholic District School Board approves Policy 6006 as presented.
- I-5 That the Huron-Superior Catholic District School Board approves Policy 6008 as presented.
CARRIED
- I-2 B-421 **Moved by: Sandra Turco** **Seconded by: Leslie Cassidy-Amadio**
That the Huron-Superior Catholic District School Board approves Policy 4018 as presented.
CARRIED
- I-3 B-422 **Moved by: Leslie Cassidy-Amadio** **Seconded by: Carol MacEachern**
That the Huron-Superior Catholic District School Board approves Policy 5011 as presented.
CARRIED
- I-6 B-423 **Moved by: Gary Trembinski** **Seconded by: John Caputo**
That the Huron-Superior Catholic District School Board approves the 2018-2019 Audited Financial Statements as presented.
CARRIED
- I-7 B-424 **Moved by: Gary Trembinski** **Seconded by: Sandra Turco**
It is recommended that the Huron-Superior Catholic District School Board approve the appointment of **Lynda Lewis** as a new SEAC member.
CARRIED
- I-8 B-425 **Moved by: Tony D'Agostino** **Seconded by: Kathleen Rosilius**
That the Huron-Superior Catholic District School Board approve the Memorandum of Settlement for C.U.P.E. (Plant).
CARRIED

I-9 B-426 **Moved by: Leslie Cassidy-Amadio** **Seconded by: Gary Trembinski**

That the Huron-Superior Catholic District School Board approve the Memorandum of Settlement for C.U.P.E. (Clerical, Educational Assistants and Early Childhood Educators).

CARRIED

I-10 B-427 **Moved by: Carol MacEachern** **Seconded by: Kathleen Rosilius**

That the Huron-Superior Catholic District School Board approves the following fieldtrip applications:

1. Holy Name of Jesus School – Travelling to the YMCA Camp Pine Crest in Torrance, ON on June 1, 2020 and returning June 8, 2020.
2. St. Mary's College – Travelling to the Stratford Festival in Stratford, ON in May, 2020 (date to be determined) and returning the following day.

CARRIED

J-1 **Internal Audit Committee Reports**

Superintendent Chris Spina spoke to the two reports that are completed on an annual basis, one of which will be submitted to the Ministry of Education.

J-2 **Purchasing Report**

Superintendent Chris Spina provided some background on the purchasing procedures for this stage and advised that guidelines were followed.

J-3 **SMC Activity Report**

Student trustee Anthony DeLorenzi reported on the accomplishments of the SMC student athletic teams and highlighted some December events at the school. A few noteworthy items were the Heaven Cent Campaign, talent show, Mr. SMC, student vs. teacher hockey game, Christmas cards for seniors, and the Santa Claus Parade.

N-1 **Moved by: John Caputo** **Seconded by: Tony D'Agostino**

That the Huron-Superior Catholic District School Board meeting of Wednesday, December 11, 2019 adjourns at 8:20 p.m.

CARRIED

Chairperson: _____

Secretary: _____



Huron-Superior Catholic District School Board

SPECIAL EDUCATION ADVISORY COMMITTEE

S.E.A.C

Minutes

Date: Wednesday, October 30, 2019

Place: Board Office - Mtg. Room 2

Time: 4:00pm - 6:00pm

Attendance: Rosanne Zagordo, Theresa Coccimiglio, Suzanne Pleau, Tina Newell, Lorna Connolly Beattie, Irma DiRenzo, Sherri Kitts, Rose Burton Spohn, Paula Valois, Jared Lambert, Vicki Kearn, Jared Lambert, Lori Ivey

SMC Student Trustees and Guests: Anthony DeLorenzi, Lucas Marano

Regrets: Joe Chilelli, Sandra Turco, Gary Trembinski, Marty Young

AGENDA ITEMS		ACTION	WHO	WHEN
1.	PRAYER FOR SEAC	<ul style="list-style-type: none">SEAC prayer was said by all.	All	
2.	ACCEPTANCE OF PREVIOUS MINUTES (September 25, 2019)	<ul style="list-style-type: none">Minutes were accepted.	Sherri Lori	
3.	AGENDA ADDITIONS/CHANGES	<ul style="list-style-type: none">Nick D'Amato was in attendance to share his role with the Board. He is the Special Education Consultant who supports the EAST schools on a weekly basis and visits the NORTH schools on a needs basis.		
4.	GUEST(s): REPORTS <ul style="list-style-type: none">Student Trustees	<ul style="list-style-type: none">SMC is hosting a special education basketball tournament. Specific student questionnaires have	Anthony Lucas	

		<p>East. He serves as a link to the Special Education Coordinator and supports the system initiatives.</p> <ul style="list-style-type: none"> • Jared Lambert, is our new Mental Health Lead for the Board. He oversees, the way Mental Health is intervened and handled at the board level including certain initiatives. He has a lot of involvement with community partners and school teams. He has a staff wellness approach and has started an emotional wellness newsletter that is sent to all staff. This newsletter will be sent to SEAC as well. 		
5.	MINISTRY UPDATES	<ul style="list-style-type: none"> • There are no reports/updates at this time. 		
6.	<p>SEAC BUSINESS</p> <ul style="list-style-type: none"> • SEAC meetings • Behaviour Team Referral Form • SBRS- OT/PT/Speech • BMS- New Trainers • Wellness Coach-EAST 	<ul style="list-style-type: none"> • SEAC meeting in November will be hosted by Laurie MacEachern, principal of Holy Name of Jesus in Hornepayne. • The behaviour team referral form was reviewed. • THRIVE will begin taking referrals for OT/PT and Speech December 1, 2019 • Lorrain Belanger is the Wellness Coach for the East Schools. • SEAC meeting in January will be hosted by Fil Lettieri, principal of St. Basil in Sault Ste Marie. 	Rosanne Zagordo	
7.	BUSINESS CARRIED FORWARD			
8.	<p>SUPERINTENDENT AND COORDINATOR'S REPORT</p> <ul style="list-style-type: none"> • EQAO 	<ul style="list-style-type: none"> • In primary and junior literacy, our students with special needs outperformed the province (direct comparison) • A better comparison might be to look at the gap between all HSCDSB students and those with special needs and compare to the province. • For example, in primary reading and writing, the gap would be 18% and 9 % respectively. For the province the gaps are 25% and 22%. This shows we have done a good job in closing the gap for our students with special needs (relative to the province) • Our Boards gap achievement gap between all students and students with special needs was 	Rose Burton Spohn	

		<p>better than the province in all categories and all grade levels except academic mathematics.</p> <ul style="list-style-type: none"> • ·Both at the board and provincial level, students with special needs did not fare as well. • ·Writing is a real strength for us, especially at the junior level, where the full benefits of assistive technology are realized. • Something odd happened at the secondary academic level. This may be related to students or parents who selected the incorrect stream. • Next steps include working closely with our numeracy team who are providing targeted support. • It is important to recognize that the scores for students with special needs will typically be lower, as they encompass students with varying exceptionalities, including those working on modified or alternative programs. • How do we account for our gap closing for students with special needs? Accommodations vary from student to student, but some include the following: <ul style="list-style-type: none"> • Use of assistive technology • Accommodations such as large print or audio version • Additional time, providing a quiet area to write. • Use of scribes • Preexposure to testing situations so students know what to expect -reduce anxiety. • Provide time to build relationships with adult scribe so students feel comfortable • Preparations occur all year – our students particularly benefit from the use anchor charts for writing • Practice with inferencing and making connections • Providing some problem solving frameworks • Practice with multiple choice type questions 		
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9.	ASSOCIATION REPORTS			
i	North Shore Tribal Council (S. Kitts)	<ul style="list-style-type: none"> Natalie Barry and Diane Roach are filling in for Sherri Kit. Marney Yourchuk will be in attendance for the next meeting. 	Sherri Kitts	
ii	AUTISM ONTARIO SSM CHAPTER PARENT INVOLVEMENT COMMITTEE (I. DiRenzo)	<ul style="list-style-type: none"> November 4-7 there will be an ultra informative . workshop The website will be sent out to Rosanne to forward to SEAC and others. 	Irma Dizenzo	
iii	ALGOMA FAMILY SERVICES (T. Coccimiglio)			
iv	SSM DOWN SYNDROME SOC. (S. Pleau)	<ul style="list-style-type: none"> November 1-7 is National Down Syndrome Day. TED talk by Karen Gaffney has been recommended. 	Suzanne Pleau	
v	ALGOMA PUBLIC HEALTH (L. Ivey)	<ul style="list-style-type: none"> Transition meeting was held today at APH for new students with special needs moving to the school board. HSCDSB will be attending transition meetings starting January 13-17, 2020. 	Lori Ivey	
vi	THRIVE – WELL BEING COMMITTEE (T. Newell)	<ul style="list-style-type: none"> CEO of THRIVE, Christianne Monico has resigned. Susan Vanagas Cote has agreed to step in for a short while until a new CEO is hired. 	Tina Newell	
vii	COMMUNITY LIVING ALGOMA			
x	MEMBER-AT-LARGE (P. Valois)	<ul style="list-style-type: none"> Paula may be planning a visit to St. Joseph school. She said the librarian at that school is a welcoming provides a positive and inviting place to work and learn. The librarian runs a girls groups. There are roughly 60 students who attend St. Joseph School 	Paula Valois	
xi	MEMBER-AT-LARGE – FOCUS ON FAITH (L. Connolly Beattie)			
xii	TRUSTEES REPORT (G. Trembinski)			
10.	NOTES	<ul style="list-style-type: none"> Adjournment @ 6:05 pm 	Suzanne Pleau	

Huron-Superior Catholic District School Board

POLICY TITLE:	CRIMINAL REFERENCE CHECKS	Approved:	January 20, 1999
		Amended:	January 15, 2020
POLICY NO:	6000	Page:	1 of 1

POLICY

The Huron-Superior Catholic District School Board has the moral and legal responsibility to provide a safe and secure working and learning environment for students and employees. The Board is in a position of trust with regard to students and must protect their intellectual, physical, spiritual, mental and emotional well-being.

Toward this end, the Board will annually require that existing employees produce evidence that they have not been convicted of criminal offences. The Board shall also require all new employees and volunteers to produce such evidence.

ADOPTED	Regular Meeting of the Board January 20, 1999 Motion B-30	DISTRIBUTION
REVISED	Regular Meeting of the Board March 24, 2010 Motion B-26	i) Trustees
REVISED	Regular Meeting of the Board March 11, 2015 Motion B-35	ii) Administration
REVISED	Regular Meeting of the Board January 15, 2020 Motion B-	iii) Principals
		iv) All Personnel



PROCEDURAL GUIDELINES
CRIMINAL REFERENCE CHECK

All potential employees will be asked to submit a Vulnerable Sector Check completed within the previous six months by the local police force and/or OPP. The results of this criminal reference check must be made available to the Huron-Superior Catholic District School Board prior to the commencement of work. All volunteers must also provide a satisfactory Vulnerable Sector Check completed within the previous six months by the local police force and/or OPP prior to providing services to a school.

The Human Resources Department will examine all Vulnerable Sector Checks to identify any areas of concern. Persons with a criminal record who are otherwise suitable shall not be automatically disqualified. Any mitigating circumstances must be assessed before a final decision with respect to suitability is made. The following factors shall be considered, where applicable:

- a) The specific duties and responsibilities of the position in question and the relevance of the criminal charge(s)/conviction(s) to that position;
- b) The length of time since the conviction(s);
- c) Rehabilitative or other efforts undertaken;
- d) The risk posed to students, employees, and Board property and equipment.

Final decisions concerning suitability shall be made by the Director of Education or designate.

In addition to completing an initial Vulnerable Sector Check, each employee will be required annually to complete and submit an Offence Declaration in which the person attests that there have been no convictions since their last criminal reference check or they disclose any conviction(s) since their last criminal reference check. Completed Vulnerable Sector Checks and annual Offence Declarations for employees will be secured in the person's personnel file.

Where a person is a volunteer for more than one year, it is acceptable to have the person sign an Offence Declaration for a maximum of two (2) years following the submission of their Vulnerable Sector Check. Volunteers will be required to provide an updated Vulnerable Sector Check every three (3) years. Completed Vulnerable Sector Checks and Offence Declarations for volunteers will be secured at the school where the volunteer provides services.

Huron-Superior Catholic District School Board

POLICY TITLE:	LEAVES OF ABSENCE	Approved:	November 23, 1999
		Amended:	January 15, 2020
POLICY NO:	6007	Page:	1 of 1

POLICY

The Huron-Superior Catholic District School Board reveres the dignity of each person as a child of God. The board recognizes that, from time to time, employees may require a leave of absence for various reasons (e.g., compassionate, bereavement).

NOTE: Policy No. 6008 deals with Political Leaves.

(Relevant Form – Leave Request Form)

<u>ADOPTED</u>	Regular Meeting of the Board November 23, 1999		<u>DISTRIBUTION</u>
	Motion B-152	i)	Trustees
	Regular Meeting of the Board September 15, 2010	ii)	Administration
	Motion B-90	iii)	Principals
	Regular Meeting of the Board March 11, 2015	iv)	All Employees
	Motion B-37		
	Regular Meeting of the Board January 15, 2020	v)	C.U.P.E.
	Motion B-	vi)	O.E.C.T.A.

Huron-Superior Catholic District School Board

PROCEDURAL GUIDELINES LEAVES OF ABSENCE

These procedural guidelines refer to all leaves of absence, paid and unpaid, for which an application process is followed, with the exception of political leaves.

In determining whether a leave of absence will be granted, the board will consider the following:

- Collective agreements, terms and conditions, and/or personal service contracts;
- Relevant legislation, including the Employment Standards Act;
- Nature and/or circumstances surrounding the leave request;
- Staffing needs of the system and availability of replacement staff;
- Equity and fairness in practice;
- Frequency / duration of the leave request.

Unpaid leaves of absence of more than a two-year period will not be granted.

Procedures

Employees considering a leave of absence will follow the process outlined below:

1. Consult their collective agreement, terms and conditions, personal service contracts, and/or relevant legislation to determine if they are eligible for such a leave.
2. Consult their union / association representative, if applicable and/or if desired.
3. Complete the form related to the type of leave requested. Such forms are available on the board website and should be completed and submitted as far in advance as possible.
4. Should no form related to the leave type exist (e.g., maternity leave, paternity leave, extended leaves without pay), contact the Manager of Human Resources in writing. The correspondence will serve as an official record of the request and will include the start date, end date, and reason for the leave request.
5. Within 15 business days of receiving the leave request, the Manager of Human Resources or designate will respond to the request in writing. If approved for the leave, employees must update their calendar in EasyConnect (if applicable) to demonstrate their unavailability during that time.



LEAVE REQUEST FORM - TEACHER

NAME: _____ DATE: _____ 20____

SCHOOL / DEPARTMENT: _____

Article 8 of the Central Terms - Earned Leave Plan (ELP)

Partially Paid Day (PPD) Paid Day (PD) *you will need 2 PPDs to qualify

The Board shall communicate no later than October 15th the previous year's board average annual rate of permanent teachers' absenteeism consisting of the use of paid sick leave, short-term disability, and other paid leave days excluding bereavement, jury duty, quarantine, association leave, long-term disability and WSIB.

Each permanent teacher with a rate of absenteeism less than or equal to the greater of the school year board average minus one (1) day; or seven (7) days, shall be provided with one partially-paid day (PPD) off reimbursed at the occasional teacher rate of pay and shall have access to one voluntary unpaid day leave of absence.

PPDs and unpaid days earned can be accumulated to a maximum of six (6) days.

Two (2) PPDs can be combined for a paid day (PD) off at full salary.

ABSENCE from duties, on the following date:

TOTAL number of day(s) absent: _____

Employee's Signature

.....
THIS SECTION – FOR OFFICE USE ONLY

DATE: _____ Meets Criteria Does Not Meet Criteria

REMARK(S): _____

Signature of Director / Designate

cc: Employee / Principal
Human Resources
Payroll



LEAVE REQUEST FORM

NAME: _____ DATE: _____ 20__

SCHOOL / DEPARTMENT: _____

EMPLOYEE GROUP:	Early Childhood Educator	Educational Assistant	Noon-Hour Aide
	Office/Administration Staff	Principal/Vice-Principal	Teacher
	Other: _____		

LEAVE REQUEST (Check where applicable and explain below)

Personal Leave	Compassionate Leave	Leave Without Pay
Special Leave	Funeral (State Relationship: _____)	

For the following reason(s): _____

ABSENCE from duties, on the following date(s):

TOTAL number of days absent: _____

Employee's Signature

.....
THIS SECTION – FOR OFFICE USE ONLY

DATE: _____ APPROVED NOT APPROVED

REMARK(S): _____

Signature of Director / Designate



LEAVE REQUEST FORM - TEACHER

NAME: _____ DATE: _____ 20____

SCHOOL / DEPARTMENT: _____

Article 16.1 of the Central Terms

Child's illness

"The Board shall approve for permanent and long-term occasional teachers, a leave of absence for reasons other than personal illness or injury, under a provision of the 2008 – 2012 Collective Agreement or board practice and policies that were in effect during the 2008 – 2012 Collective Agreement that utilized deduction from sick leave, shall be granted without loss of salary or deduction from sick leave, to a maximum of five (5) days per school year.

The parties further acknowledge that the past practice in 2008 – 2012 for such usage was for unforeseen circumstances to attend to and take care of a child as a consequence of the child's illness."

Additional information: _____

ABSENCE from duties, on the following date:

TOTAL number of day(s) absent: _____

Employee's Signature

.....
THIS SECTION – FOR OFFICE USE ONLY

DATE: _____ Meets Criteria Does Not Meet Criteria

REMARK(S): _____

Signature of Director / Designate

cc: Employee / Principal
Human Resources
Payroll

Huron-Superior Catholic District School Board

POLICY TITLE:	CONCUSSION POLICY	Approved:	February 18, 2015
		Amended:	June 15, 2018
POLICY NO:	7008	Page:	1 of 1

POLICY

In accordance with Ministry of Education Memorandum No. 158, 2019, *school board policies on concussion*, and *Bill 193 - Rowan's Law (Concussion Safety) March 7, 2018*, the Huron-Superior Catholic District School Board recognizes any concussion as a serious injury which requires appropriate follow-up measures to reduce risk of potential additional injury. The board also recognizes that children and adolescents are among those at greatest risk for concussions, and that while there is potential for a concussion any time there is body trauma, the risk is greatest during activities where collisions can occur, such as during physical education classes, playground time, or school sanctioned sports activities. Concussion awareness, prevention, identification and management are a priority for the board. The implementation of the board's Concussion Policy and procedural guidelines is another important step in creating healthier schools.

REFERENCES:

Education Act, R.S.O. 1990, c. E.2.

Ministry of Education, Policy/Program Memorandum 158, School Board Policies on Concussion
OPHEA Guidelines

Bill 193 - Rowan's Law (Concussion Safety) March 7, 2018

Parachute Canada

<u>ADOPTED</u>	Regular Board Meeting – February 18, 2015 Motion B-23	<u>DISTRIBUTION</u>
		i) Trustees
		ii) Administration
		iii) Principals
<u>Amended:</u>	June 15, 2018	iv) OECTA
		v) School Councils

Huron-Superior Catholic District School Board

PROCEDURAL GUIDELINE

POLICY 7008 CONCUSSION

OVERVIEW

Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner. The definition of concussion given below is adapted from the definition provided in the concussion protocol in the Ontario Physical Education Safety Guidelines. A concussion:

- is a brain injury that causes changes in the way in which the brain functions and that can lead to symptoms that can be physical (e.g., headache, dizziness), cognitive (e.g., difficulty in concentrating or remembering), emotional/behavioural (e.g., depression, irritability), and/or related to sleep (e.g., drowsiness, difficulty in falling asleep);
- may be caused either by a direct blow to the head, face, or neck or by a blow to the body that transmits a force to the head that causes the brain to move rapidly within the skull;
- can occur even if there has been no loss of consciousness (in fact most concussions occur without a loss of consciousness);
- cannot normally be seen by means of medical imaging tests, such as X-rays, standard computed tomography (CT) scans, or magnetic resonance imaging (MRI) scans

It should also be noted that if an individual suffers a second concussion before he or she is free from symptoms sustained from the first concussion, this may lead to “second impact syndrome,” a rare condition that causes rapid and severe brain swelling and often has catastrophic results. Concussions can only be diagnosed by a medical doctor or a nurse practitioner.

ROLES AND RESPONSIBILITIES

Concussion prevention and management requires the cooperation of all partners in the school community. To ensure the safety of students while they enjoy the many benefits of being active, parents/guardians, students, volunteers, staff, and school boards must all understand and fulfill their responsibilities. It is critical to a student’s recovery that Return to Learning/Return to Physical Activity Plans be developed through a collaborative team approach led by the school principal. This team may include the concussed student, his/her parents/guardians, school staff and volunteers who work with the student, and the medical doctor/medical practitioner. Ongoing communication and monitoring by all members of the team is essential for the successful recovery of the student. Further to the concussion policy, the board outlines the following roles and responsibilities:

THE SCHOOL BOARD

The school board is expected to communicate, on an annual basis, its policy and procedural guidelines on concussion prevention and management to parents, school board staff, and

others in the school community who are in direct contact with students. Within the following components, the school board will:

Concussion Awareness Strategies and Training:

- Ensure that the approved Concussion Awareness Resources (Appendices A, B & C) are made available, through letters or emails, in a student handbook, and/or on the board website, to students, parents, school and school board staff, volunteers, Indigenous communities, partners and organizations, organizations that use school facilities such as community sport organizations and licensed child-care providers operating in the school board's schools, as well as relevant community-based organizations;
- Ensure that confirmation is received from each of the following individuals, that an approved Concussion Awareness Resource was reviewed every school year prior to participation in board-sponsored interschool sports:
 - Students participating in board-sponsored interschool sports;
 - Parents of students under 18 years of age who are participating in board-sponsored interschool sports;
 - Coaches, team trainers, and officials participating in board-sponsored interschool sports.
- Receive confirmation that annual concussion training is provided to school staff about the contents of Policy 7008 and its procedural guidelines, using Ophea's Concussion E-Learning Module;
- Ensure that concussion related curriculum is taught in each school, using the revised Health and Physical Education Curriculum Grades 1-8;
- Ensure that Rowan's Law Day, which occurs on the last Wednesday in September, is recognized in every school through an awareness event.

Concussion Codes of Conduct:

- Establish Concussion Codes of Conduct (Appendices D & E) for those participating in board-sponsored interschool sports, including: students, parents of students under 18 years of age, coaches and team trainers;
- Ensure that the Concussion Codes of Conduct are available, through letters or emails, in a student handbook, and/or on the board website, to students, parents, school and school board staff, volunteers, Indigenous communities, partners and organizations, organizations that use school facilities such as community sport organizations and licensed child-care providers operating in the school board's schools, as well as relevant community-based organizations;
- Ensure that schools receive confirmation from each of the following individuals, that the relevant Concussion Code of Conduct was reviewed every school year prior to the participation in board-sponsored interschool sports:
 - Students participating in board-sponsored interschool sports;
 - Parents of students under 18 years of age who are participating in board-sponsored interschool sports;
 - Coaches and team trainers participating in board-sponsored interschool sports.

Identification of a Suspected Concussion:

- Ensure that all students, parents of students under the age of 18, board staff (including volunteers) involved in physical activity education and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take, based on the OPHEA concussion protocol (Appendices F,G,H,I,J & K);

- Determine and communicate the process for advising the student with a suspected concussion (Appendix G), or student's parent if the student is under the age of 18, to undergo a medical assessment by a physician or a nurse practitioner to confirm a diagnosis (Appendix L).

Return to School Plan:

- Establish a Return to School Plan (Appendices M,N,O,P & Q) to support a return to learning and a return to physical activity, for use when a student has been diagnosed with a concussion, regardless of whether the concussion was sustained at school or elsewhere;
- For a student who is recovering from a concussion and is experiencing long-term difficulties that effect their learning, the board will follow established processes for meeting the student's ongoing learning needs (e.g., accommodations or modifications on an IEP).

Concussion Tracking:

- Develop a concussion tracking tool (Appendix O) for schools to use to document and track a concussed student's progress, from removal to an activity due to a suspected concussion, to their return, through graduated steps, to learning and physical activity.

PRINCIPAL, VICE-PRINCIPAL OR DESIGNATE

Within the following components, the principal, vice-principal or designate will:

Concussion Awareness Strategies and Training:

- Make the approved Concussion Awareness Resources (Appendices A, B, & C) available, through letters or emails, in a student handbook and/or on the board's website, to students, parents, school and school board staff, and volunteers;
- Receive confirmation from each of the following individuals, that an approved Concussion Awareness Resource was reviewed every school year prior to participation in board-sponsored interschool sports:
 - Students participating in board-sponsored interschool sports;
 - Parents of students under 18 years of age who are participating in board-sponsored interschool sports;
 - Coaches, team trainers, and officials participating in board-sponsored interschool sports.
- Provide annual concussion training to school staff about the contents of the Policy 7008 and its procedural guideline, using Ophea's Concussion E-Learning Module and send confirmation of this training to their school superintendent;
- Ensure that concussion related curriculum is taught in their school, using the revised Health and Physical Education Curriculum Grades 1 - 8;
- Ensure that Rowan's Law Day, which occurs on the last Wednesday in September, is recognized in their school through an awareness event.

Concussion Codes of Conduct:

- Make the Concussion Codes of Conduct (Appendix D & E) available, through letters or emails, in a student handbook and/or on the board's website, to students, parents, school and school board staff, and volunteers;
- Every school year receive confirmation of the review of Concussion Codes of Conduct (Appendices D & E) for those participating in board-sponsored interschool sports,

including: coaches, team trainers, students, and parents of students under 18 years of age.

Identification of a Suspected Concussion:

- Ensure that all students, parents of students under the age of 18, board staff (including occasional staff and volunteers), involved in physical activity education and supervision (includes but not limited to: recess supervision, curricular, interschool, and intramural physical activity, before and after school care), are trained to recognize signs and symptoms of a suspected concussion and what immediate action to take, based on the OPHEA concussion protocol (Appendices F,G,H,I,J & K);
- Ensure that the Tool to Identify Suspected Concussion (Appendix K) is included in occasional teacher lessons plans and field trip folders;
- Advise the student with a suspected concussion, or student's parent if the student is under the age of 18, to undergo a medical assessment by a physician or a nurse practitioner to confirm a diagnosis (Appendix L);
- Ensure the required forms are completed (e.g., appropriate appendices, OSBIE report).

Return to School Plan:

- Inform all school staff, including volunteers who work with the student, about the outcome of the medical assessment and if there are any monitoring requirements;
- Ensure that the Return to School Plan components, Return to Learning Plan and Return to Physical Activity Plan, (Appendices M,N,O,P &Q) are used when a student has been diagnosed with a concussion, regardless of whether the concussion was sustained at school or elsewhere;
- Ensure that all members of the collaborative school team, e.g., the school principal/designate, the concussed student, and student's parents/guardians, teachers and volunteers who work with the student and the medical doctor or nurse practitioner, communicate regularly;
- Ensure that one school staff lead, from the collaborative school team, serves as the main point of contact for the student, the parents/guardians and other school staff and monitors the student's progress through the Return to Learning and Return to Physical Activity Plans;
- File the Medical Concussion Assessment Form (Appendix L), and any documentation for the Return to Learning and Return to Physical Activity Forms (Appendix O) in the students' OSR;
- For a student who is recovering from a concussion and is experiencing long-term difficulties that effect their learning, follow established processes for meeting the student's ongoing learning needs (e.g., accommodations or modifications on an IEP).

Concussion Tracking:

- Use the School Concussion Management Form Return to Learning and Return to Physical Activity Form (Appendix O) to document and track a concussed student's progress, from removal to an activity due to a suspected concussion, to their return, through graduated steps, to learning and physical activity.

SCHOOL STAFF

School staff should follow their school board's policies and the provisions in their collective agreements related to supporting students at risk for concussion in schools. Within the following components, school staff will:

Concussion Awareness Strategies and Training:

- Review the Opeha Concussion E-Learning Module and the board's concussion policy and procedural guidelines and provide confirmation of this review.

Concussion Codes of Conduct:

- Review the Concussion Code of Conduct for coaches and team trainers (Appendix E) for those participating in board-sponsored interschool sports and provide confirmation that it was reviewed yearly, prior to the participation in Board-sponsored interschool sports.

Identification of a Suspected Concussion:

- Review information on recognizing signs and symptoms of a suspected concussion and what immediate action to take (Appendices F, G, H, I, J & K);
- Advise the principal, vice-principal or designate when a student has a suspected concussion and provide information to complete the required reports.

Return to School Plan:

- Participate in the communication and monitoring of the concussed student as part of the collaborative school team;
- Refer to and follow the Return to School Plan components, i.e., Return to Learning Plan and Return to Physical Activity Plan (Appendices N & O) when a student has been diagnosed with a concussion;
- Ensure that occasional teaching staff are updated on a concussed student's condition;
- For a student who is recovering from a concussion and is experiencing long-term difficulties that effect their learning, follow established processes for meeting the student's ongoing learning needs (e.g., accommodations or modifications on an IEP).

Concussion Tracking:

- Use the School Concussion Management Form (Appendix O) to document and track a concussed student's progress, from removal to an activity due to a suspected concussion, to their return, through graduated steps, to learning and physical activity.

PARENTS/GUARDIANS

As primary caregivers of their children, parents/guardians are expected to be active participants in supporting the management of their child's risk for concussion while a child is in school.

Within the following components, parents/guardians will:

Concussion Awareness Strategies

- For those parents/guardians, of children under 18 years of age, who are participating in board-sponsored interschool sports, provide confirmation of the review of an approved Concussion Awareness Resource (Appendices A, B, & C).

Concussion Codes of Conduct:

- Review the Concussion Code of Conduct for parents/guardians who have a child under the age of 18 (Appendix D) who participates in board-sponsored interschool sports;
- Provide confirmation that the Code of Conduct was reviewed yearly, prior to student participation in board-sponsored interschool sports.

Identification of a Suspected Concussion:

- Notify the principal, vice-principal or designate when their child has a suspected concussion, regardless of whether the concussion was sustained at school or elsewhere;
- Have their child accessed as soon as possible by a physician or a nurse practitioner to confirm the diagnosis (Appendix L) and share the outcome with the school.

Return to School Plan:

- Collaborate with the school to develop a Return to School Plan, i.e., Return to Learning and Return to Physical Activity (Appendix O) when their child has been diagnosed with a concussion;
- Communicate with the school team if their child, who is recovering from a concussion, is experiencing long-term difficulties that effect their learning and participate in established processes for meeting the child's ongoing learning needs (e.g., accommodations or modifications on an IEP).

Concussion Tracking:

- Collaborate with the school to use the Concussion Management Form Return to Learning and Return to Physical Activity (Appendix O) to document and track their concussed child's progress, from removal to an activity due to a suspected concussion, to their return, through graduated steps, to learning and physical activity.
- Provide the school with confirmation that their child has been cleared to resume physical activity e.g., full participation in physical education, full participation in non-contact interschool sports (Appendix Q).

STUDENTS

Depending on their cognitive, emotional, social, and physical stage of development, and their capacity for self-management, students are expected to actively support the implementation of concussion guidelines. Within the following components and when able, students will:

Concussion Awareness Strategies

- Learn about concussions through related curriculum, using the revised Health and Physical Education Curriculum Grades 1-8;
- Participate in their school's Rowan's Law Day event;
- Review the approved Concussion Awareness Resource (Appendix A, B & C) prior to participation in board-sponsored interschool sports and provide confirmation of this review.

Concussion Codes of Conduct:

- Review the Concussion Code of Conduct for students (Appendix D) who participate in board-sponsored interschool sports;
- Provide confirmation that it was reviewed yearly, prior to the participation in Board-sponsored interschool sports.

Identification of a Suspected Concussion:

- Review information on recognizing signs and symptoms of a suspected concussion and what immediate action to take (Appendices A, B, & C and related curriculum);

- Immediately inform school staff of suspected or diagnosed concussions occurring during or outside of school;
- Remain on school premises until parent/guardian arrives if concussion is suspected;
- Immediately inform school staff if experiencing any concussion related symptoms (immediate, delayed or reoccurring).

Return to School Plan:

- When a student has been diagnosed with a concussion, follow concussion management strategies as per medical doctor's or nurse practitioner's direction and their Return to Learning and Return to Physical Activity Plans.

Concussion Tracking:

- Communicate concerns and challenges during their recovery process with school staff, parents/guardians and health care providers, using the Concussion Management Form Return to Learning and Return to Physical Activity (Appendix O) to document and track progress.

LIABILITY

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

- 2. (1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsection is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to, ... (b) an individual ... who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

APPENDICES

Appendix A Concussion Awareness Resource Ages 10 and Under
 Appendix B Concussion Awareness Resource Ages 11-14
 Appendix C Concussion Awareness Resource Ages 15 and Up
 Appendix D Code of Conduct Athletes, Parents of Athletes Under 18
 Appendix E Code of Conduct Coaches, Trainers, Officials
 Appendix F Chart Identifying a Concussion – Roles and Responsibilities
 Appendix G Concussion Initial Identification and Response
 Appendix H Red Flag and Other Concussion Signs and Symptoms
 Appendix I Red Flag Procedure
 Appendix J Quick Memory Function Check

Appendix K Tool to Identify Suspected Concussion
Appendix L Medical Concussion Assessment Form
Appendix M Chart Diagnosed Concussion – Stages and Responsibilities
Appendix N General Procedures for Return to School
Appendix O Concussion Management Form Return to Learning/Return to Physical Activity
Appendix P School Strategies for Cognitive, Emotional/Behavioural Difficulties
Appendix Q Medical Concussion Clearance Form

REFERENCES/ SUPPORTING DOCUMENTS

Thanks in part to the District School Board of Niagara and the Brant Haldimand Norfolk Catholic District School Board for lending drafts of their concussion policy, procedure and protocol during the creation of the original Policy dated February 18, 2015.

Special thanks to OPHEA for permission to reproduce and adapt materials pertaining to *Ontario Physical Education Safety Guidelines: Concussion Protocols, and related forms*.
<https://safety.ophea.net/concussions>

Policy/ Program Memorandum No. 158: School Board Policies on Concussion
<http://www.edu.gov.on.ca/extra/eng/ppm/ppm-158-jan-2020.pdf>

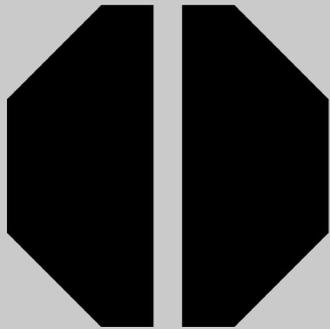
Bill 193: An Act to enact Rowan's Law (Concussion Safety), 2018
<https://www.ontario.ca/laws/statute/S18001>

[Rowan's Law Concussion Safety Ministry Website](https://www.ontario.ca/page/rowans-law-concussion-safety)
<https://www.ontario.ca/page/rowans-law-concussion-safety>

Ontario School Boards' Insurance Exchange:
<https://www.osbie.on.ca/>

GOVERNMENT OF ONTARIO

CONCUSSION AWARENESS RESOURCE

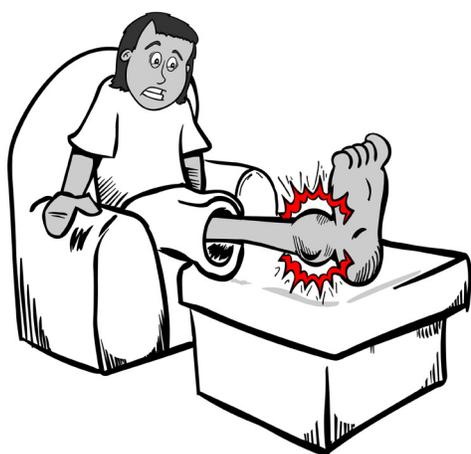
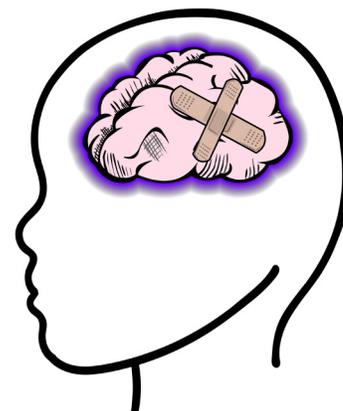


ROWAN'S LAW

E-BOOKLET: AGES 10 AND UNDER

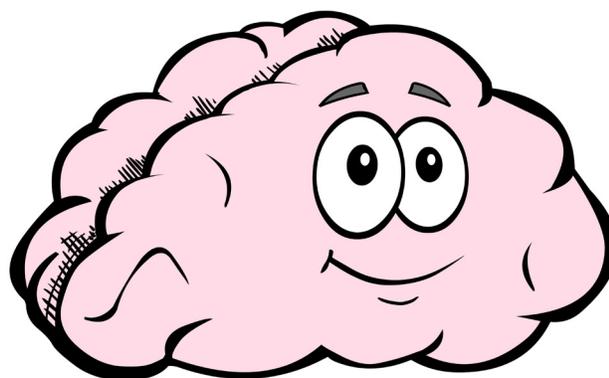


Participating in sports and other activities is fun and healthy. But sometimes when you play you can hurt yourself. Did you know you can even hurt your brain?



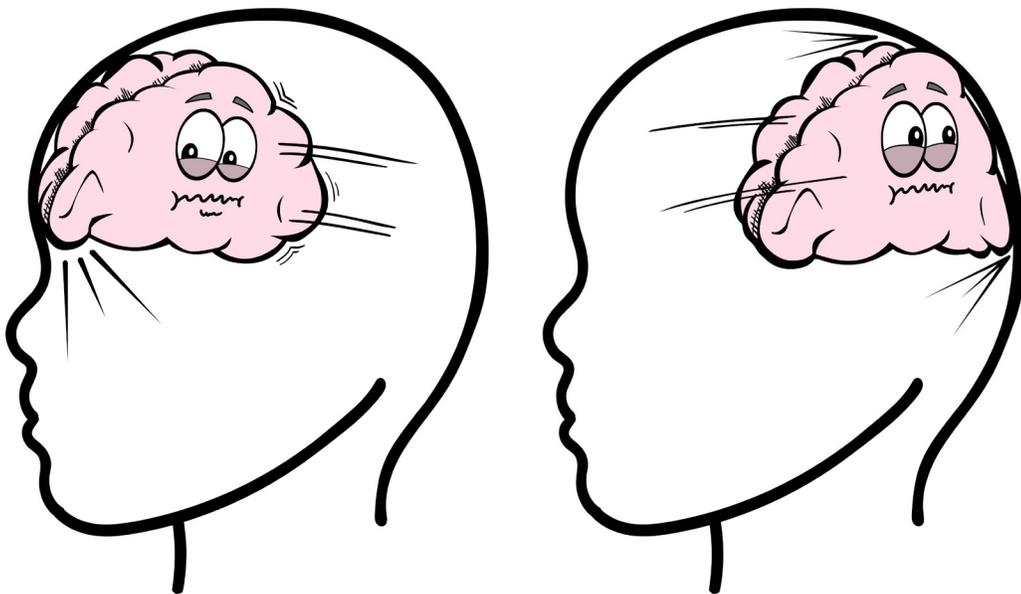
Hurting your brain is different from other injuries. If you sprain your ankle, you can see it get all red and puffy. But when you hurt your brain, it doesn't show on the outside because it's inside your head!

One kind of brain injury is called a concussion. Keep reading to learn about concussions and what to do if you think you might have one. Your brain is very important, so you want to keep it safe!



WHAT IS A CONCUSSION?

A concussion happens when your brain moves around inside your head. A hard bump to your head, neck or body can cause a concussion. For example, you can get a concussion if you are hit in the head with a ball or if you fall down hard onto the floor.



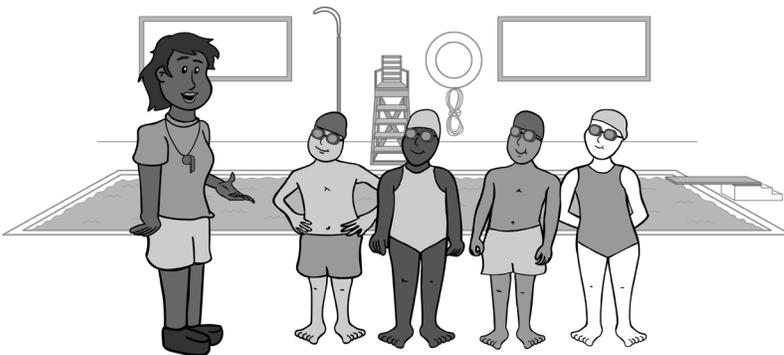
A concussion is a serious injury. Most people get better quickly but some people have long-term problems with their memory or how they feel.

KEEP YOUR BRAIN SAFE: PREVENT CONCUSSIONS!

Learn about concussions to help stay safe.

You should also:

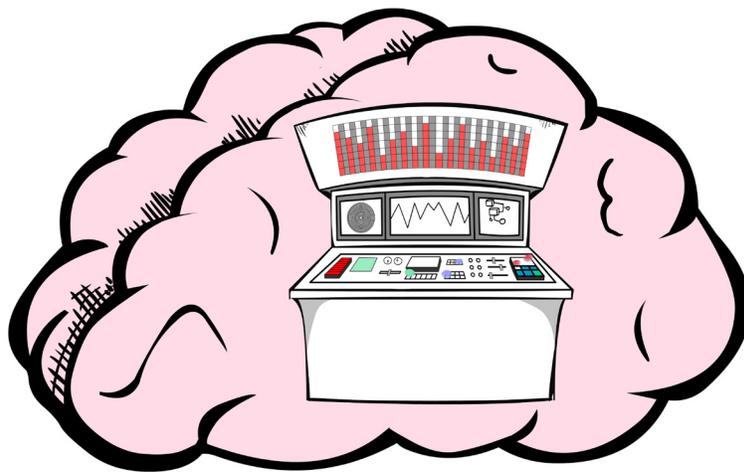
- Make sure your sports equipment is in good condition, that it fits and that you are wearing it properly.
- Follow the rules of your sport or activity. This also means listening to your coach or teacher when they give you instructions, like putting equipment away so no one trips on it.
- Read and talk about how to follow the Concussion Code of Conduct for your sport.
- If you get hurt and don't feel right, make sure to tell a parent, coach, teacher or other adult you trust so they can help.



KEEP YOUR BRAIN SAFE: KNOW THE SIGNS AND SYMPTOMS OF A CONCUSSION!

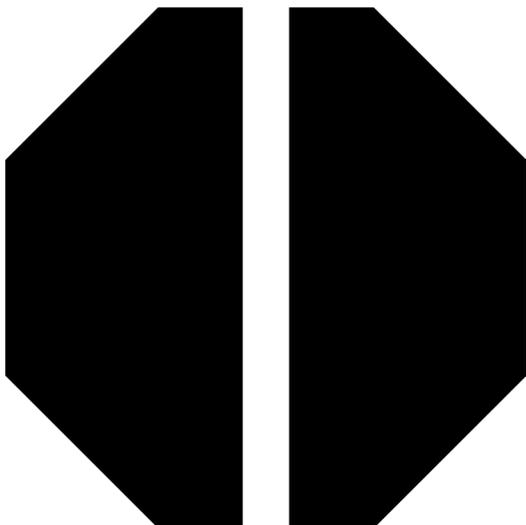
▶ HIT. STOP. SIT.

Your brain controls how you think, feel and move. So, hurting your brain can affect you in lots of ways. The chart below shows some common signs and symptoms of a concussion.



HOW YOU MIGHT FEEL:

- Headache
- Dizziness
- Throwing up or feeling like throwing up
- Blurred vision
- Lights or sounds bother you
- Ringing in your ears
- Balance problems
- Tired
- “Don’t feel right”



EMOTIONAL:

- Upset or grumpy
- More sad than usual
- Nervous or anxious

THINKING PROBLEMS:

- Feeling confused
- Problems concentrating
- Problems remembering, like what happened before you got hurt

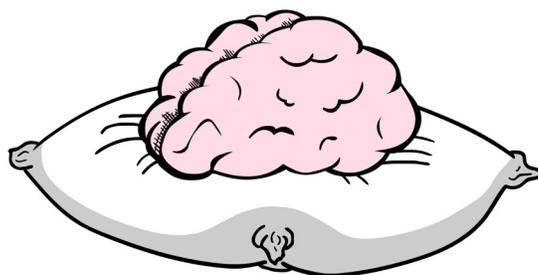
SLEEP PROBLEMS:

- Sleeping more than usual
- Sleeping less than usual
- Having a hard time falling asleep

If you think you, a friend, teammate or classmate has one or more of these symptoms, tell an adult you trust. You should not be left alone if you think you have a concussion.



KEEP YOUR BRAIN SAFE: WHAT TO DO IF YOU THINK YOU HAVE A CONCUSSION.



If you have one or more of these symptoms you should:

1. Stop playing.
2. Tell an adult, like a parent, teacher or coach.
3. Get checked by a medical doctor or nurse practitioner.
4. Rest and recover.



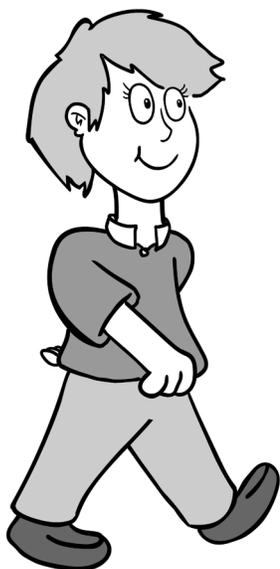
GETTING BETTER

When you have a concussion, rest is the first step for getting better.

You will have to stop doing things for a bit if they make you feel worse,

such as playing video games, school work, using a phone or tablet, playing sports

or taking part in physical education class. You need to get proper sleep.

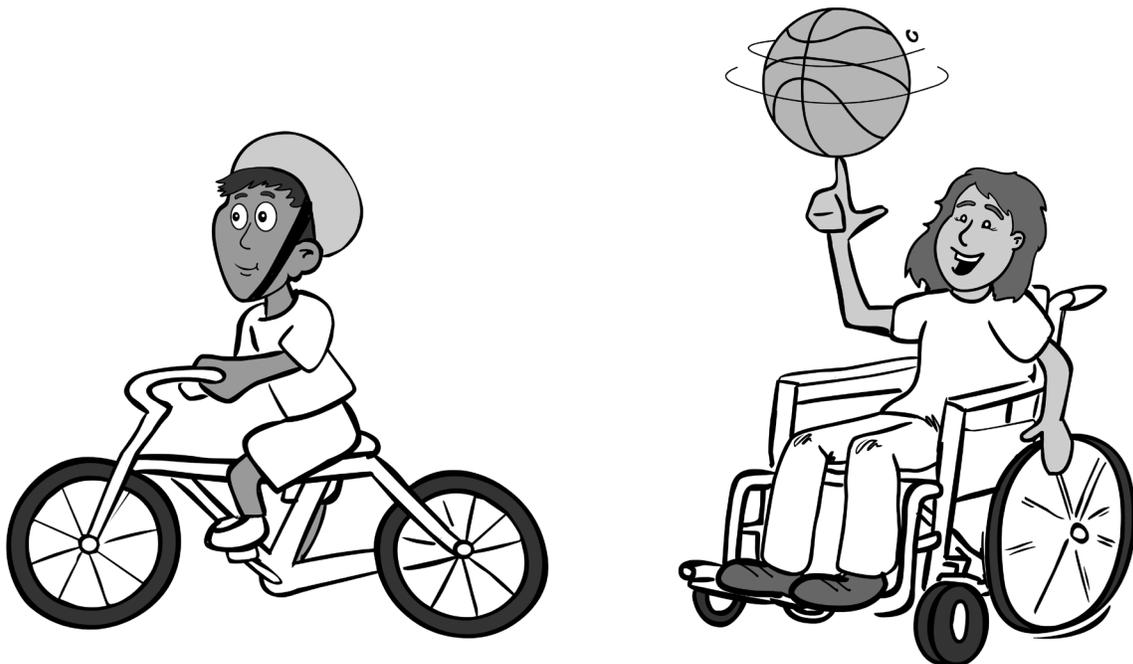


As your brain heals, you will slowly get back to your usual activities at school, at play and in sport. Getting back to your full routine at school is an important step in getting better. First, you will do simple things such as reading and going for short walks.



Once you can do things like this without feeling worse, you can move to the next step. As long as you feel OK, your parents, coaches and teachers will help you add more activities, such as running, playing with friends, attending school and practicing your sport. The last step will be taking part in games or competitions.

Your medical doctor or nurse practitioner will tell you when it's OK to go back to your activities.



REMINDER

Playing safe will help prevent you from getting injured so that you can keep doing things you love! If you think you might have a concussion, remember:

- 1. Stop playing.**
- 2. Tell an adult.**
- 3. Get checked by a medical doctor or a nurse practitioner.**
- 4. Rest and recover.**





Rowan Stringer

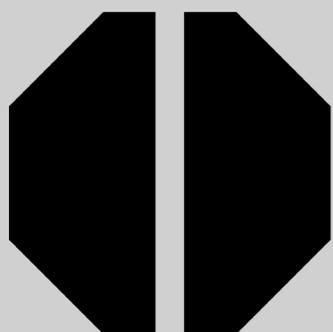
ROWAN'S LAW

This e-booklet is part of a series of Rowan's Law concussion awareness resources. Rowan's Law was named for Rowan Stringer, who was a high school rugby player from Ottawa. One day, while playing rugby with her team, Rowan got a concussion. Most people with a concussion get better after they rest and heal. But Rowan didn't know her brain was hurt and needed time to heal. Her parents, teachers and coaches didn't know, either. So, Rowan kept playing rugby. She got hurt two more times. Rowan's brain was so badly hurt that she couldn't get better.

This resource is not meant to replace medical advice about your health care. For more information about concussions please speak with a physician or nurse practitioner.

GOVERNMENT OF ONTARIO

CONCUSSION AWARENESS RESOURCE



ROWAN'S LAW

E-BOOKLET: AGES 11-14

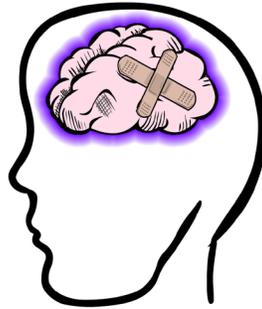


Preventing injuries will help you stay active throughout your life. Some injuries are easy to see and treat, but what about an injury inside your head? Brain injuries, such as concussions, don't show on the outside and are not always obvious. Even though others can't see your concussion, you will feel the effects and need the proper care to get better.

This resource will help you learn more about concussions, so you can stay active and safe.



WHAT IS A CONCUSSION?



A concussion is a brain injury. It can't be seen on X-rays or through other medical procedures such as CT scans or MRIs. Having a concussion may affect the way you think, feel and act.

Any blow to your head, face or neck may cause a concussion. A concussion may also be caused by a blow to your body if the force of the blow causes your brain to move around inside your skull. Examples include being hit in the head with a ball or falling hard onto the floor.

A concussion is a serious injury. While the effects are typically short-term, a concussion can lead to long-lasting symptoms and even long-term effects, such as memory problems or depression.



PREVENTING A CONCUSSION

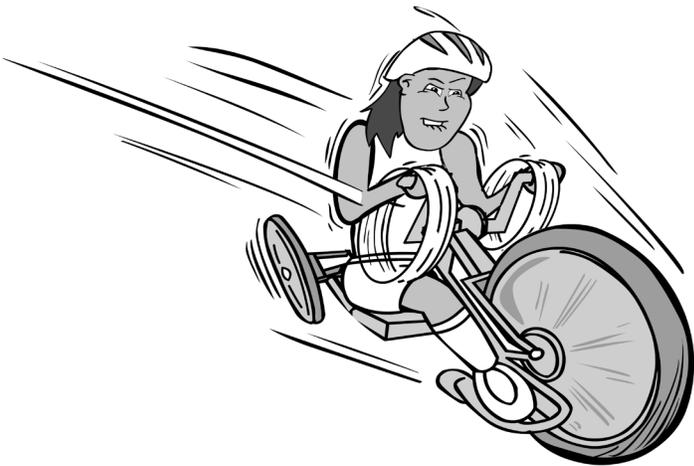
First, educate yourself about concussions.

You should also:

- Make sure your sports equipment is in good condition;
- Make sure your equipment fits properly;
- Respect the rules of your sport;



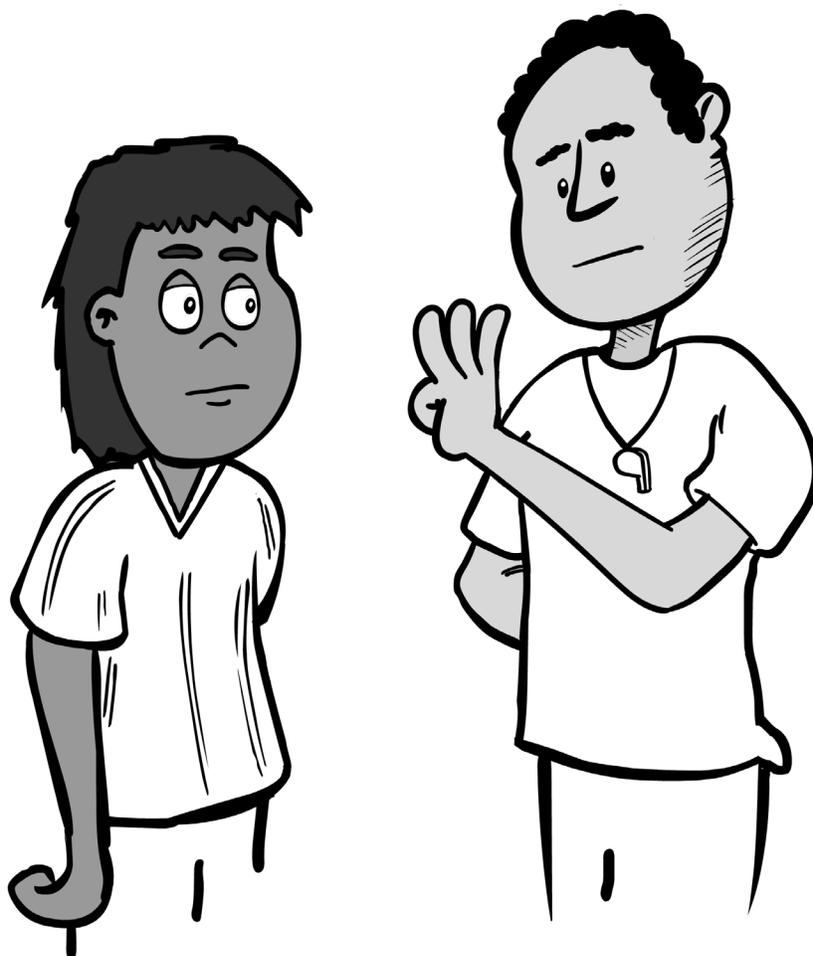
- Follow your sport club/school's Concussion Code of Conduct; and
- Report injuries to an adult you trust, such as a parent, coach or teacher. Understand the importance of speaking up to avoid risks of further injury.



RECOGNIZING A CONCUSSION

▶ HIT. STOP. SIT.

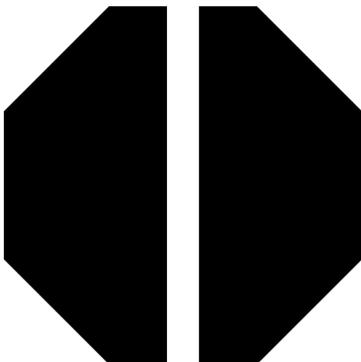
If you have a concussion you might have one or more of the signs or symptoms listed below. They might show up right away or hours, even days, later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion **do not** lose consciousness.



Common signs and symptoms of a concussion:

PHYSICAL:

- Headache
- Pressure in the head
- Dizziness
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or sound
- Ringing in the ears
- Balance problems
- Tired or low energy
- Drowsiness
- "Don't feel right"



EMOTIONAL:

- Irritability (easily upset or angered)
- Depression
- Sadness
- Nervous or anxious

COGNITIVE (THINKING):

- Not thinking clearly
- Slower thinking
- Feeling confused
- Problems concentrating
- Problems remembering

SLEEP-RELATED:

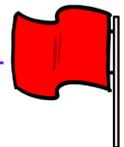
- Sleeping more or less than usual
- Having a hard time falling asleep



RED FLAGS:

“Red flags” may mean you have a more serious injury. Treat red flags as an emergency and call 911.

- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused

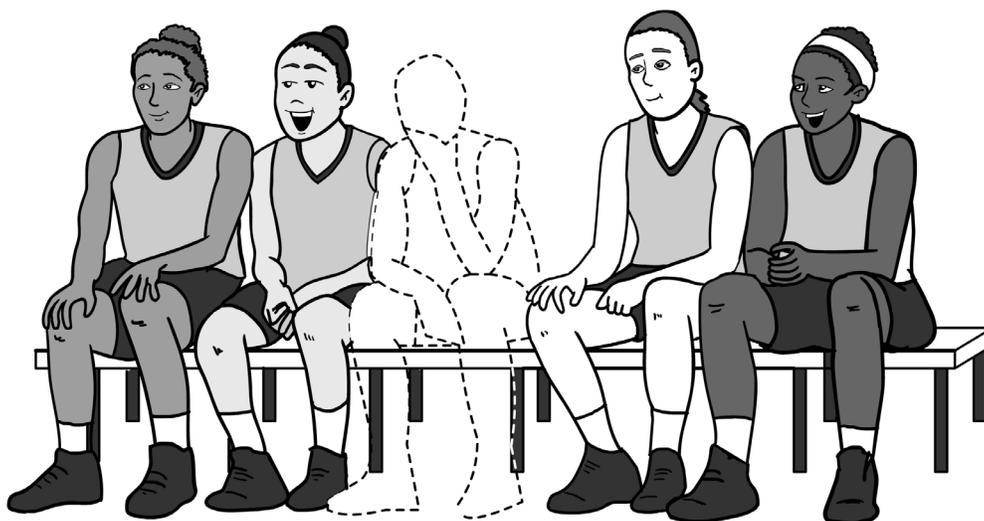


WHAT TO DO NEXT?

If you think you have a concussion, stop the activity right away. Tell a parent, coach, teacher or another trusted adult how you feel. If you're not with your parent or guardian, have someone call them to come get you. You should not be left alone.

See a physician or nurse practitioner as soon as possible. You should not return to sport until you have received medical clearance to do so even if you think you are OK.

If a friend, classmate or teammate tells you about their symptoms, or if you see signs they might have a concussion, tell an adult you trust so they can help.



GETTING BETTER

Most people with a concussion get better in one to four weeks. Some people take longer. Each concussion is unique. Don't compare your recovery to someone else's, or to another concussion you've had before.

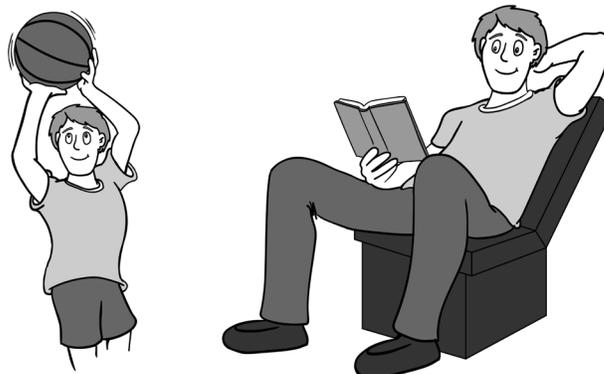
It's possible for a concussion to have long-term effects. People may experience symptoms, such as headaches, neck pain or vision problems, that last for months, or even years. Some may have lasting changes in their brain that lead to issues such as memory loss, concentration problems or depression. In rare cases, a person who suffers multiple brain injuries without healing in between may develop dangerous swelling in their brain, a condition known as second impact syndrome, that can result in severe disability or death.

While you're recovering, you shouldn't do activities that may make your symptoms worse. This may mean limiting activities such as exercising, school work, or time on your phone, computer or TV.

Healing from a concussion takes patience. It can be tough to wait but rushing back to activities can make your symptoms worse and can make recovery longer.

If you have a concussion, tell your parents, all sport teams/clubs, schools, coaches and teachers.

And remember, returning to school comes before returning to sport.

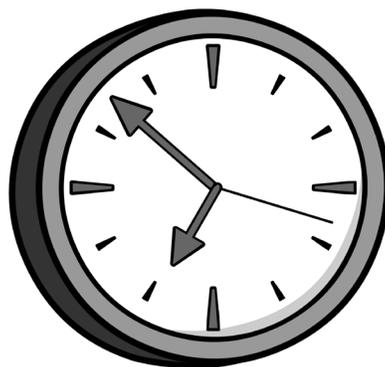


RETURNING TO SCHOOL AND SPORT

If you are diagnosed by a physician or nurse practitioner as having a concussion, you must follow your sport club's return-to-sport protocol and/or your school's return-to-school plan, where applicable. The return-to-sport protocol is a list of steps that you must follow before you can return to sport. You must not go back to participating in training, practice or competition until a physician or nurse practitioner says it's OK for you to do so.

You should work with your health care professional and sport club/school to establish a plan for you to return to sport and to school safely. Contact your school for more information.

Most return-to-sport protocols suggest that athletes should rest for 24 to 48 hours before starting any gradual return to sport.



The table below provides a list of steps and activities that are commonly found in most return-to-sport protocols and return-to-school plans.

Table: Common Steps in Graduated Return-to-Sport Protocols

Step	Aim	Activities	Goal of Step
1	Symptom-limiting activities	Daily activities that don't make symptoms worse, such as moving around the home and simple chores	Gradual re-introduction of daily school and work activities
2	Light aerobic activity	Light activities that increase the heart rate just a little, such as walking or a stationary bicycle for 10 to 15 minutes	Increase heart rate
3	Sport-specific exercise	Individual physical activity such as running or skating No contact or head impact activities	Add movement
4	Non-contact training, practice, drills	Harder training drills Add resistance training (if appropriate)	Exercise, co-ordination and increased thinking
5	Unrestricted practice	Unrestricted practice - with contact where applicable	Restore confidence and assess functional skills
6	Return to sport	Unrestricted game play or competition	

Medical clearance is always required prior to the athlete's return to unrestricted practice, training or competition.

Check with your sport club and school for the specific steps that you should follow.

You are ready to move to the next step when you can do the activities at your current step without feeling worse or getting new symptoms. If at any step your symptoms get worse, you should stop and go back to the previous step. Each step should take at least 24 hours to complete. If symptoms do not improve or if they continue to get worse, you should return to the physician or nurse practitioner.



REMINDER

It's important to stay safe when you play sports. When it comes to concussions, remember:

- 1. Recognize signs and symptoms of a concussion and stop** activity immediately, even if you think you might be OK. Tell an adult.
- 2. Get checked out** by a physician or nurse practitioner.
- 3. Gradually return** to school and sport.





Rowan Stringer

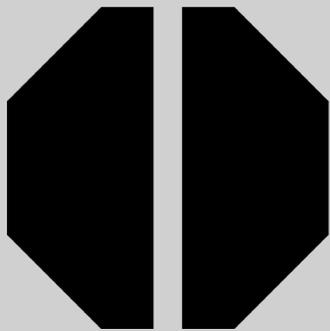
ROWAN'S LAW

This e-booklet is part of a series of Rowan's Law concussion awareness resources. Rowan's Law was named for Rowan Stringer, a high school rugby player from Ottawa, who died in the spring of 2013 from a condition known as second impact syndrome (swelling of the brain caused by a subsequent injury that occurred before a previous injury healed). Rowan is believed to have experienced three concussions over six days while playing rugby. She had a concussion, but didn't know her brain needed time to heal. Neither did her parents, teachers or coaches.

This resource is not meant to provide medical advice about your health care. For advice on health care for concussion symptoms, please consult with a physician or nurse practitioner.

GOVERNMENT OF ONTARIO

CONCUSSION AWARENESS RESOURCE



ROWAN'S LAW

E-BOOKLET: AGES 15 AND UP

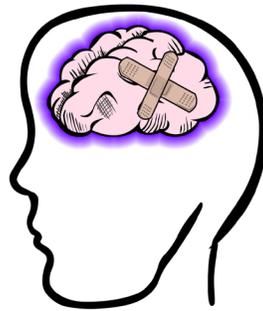


Preventing injuries is important to keeping people active throughout their lives. Some injuries are easy to see and treat but what about an injury inside the head? Brain injuries, such as concussions, don't show on the outside and are not always obvious. Even when you can't see the injury, a person with a concussion still feels the effects and needs the proper care to get better.

This resource will help you learn more about concussions so you can keep yourself and others active and safe – whether you're an athlete, student, parent, coach, official or educator.



WHAT IS A CONCUSSION?



A concussion is a brain injury. It can't be seen on X-rays, CT scans or MRIs. It may affect the way a person thinks, feels and acts.

Any blow to the head, face or neck may cause a concussion. A concussion may also be caused by a blow to the body if the force of the blow causes the brain to move around inside the skull. Examples include being hit in the head with a ball or falling hard onto the floor.

A concussion is a serious injury. While the effects are typically short-term, a concussion can lead to long-lasting symptoms and even long-term effects, such as memory problems or depression.



PREVENTING A CONCUSSION

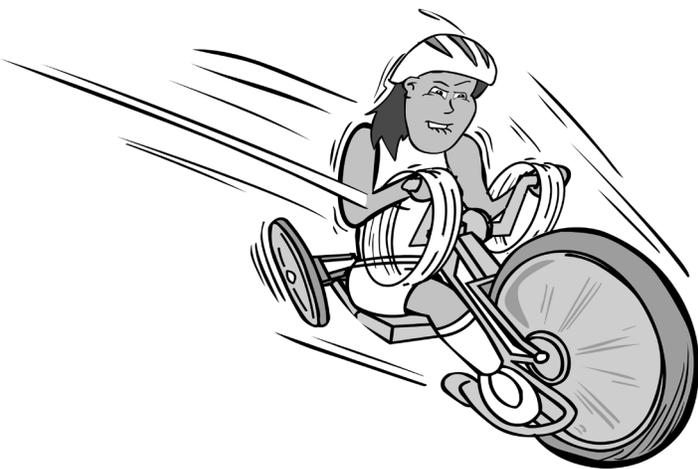
First, educate yourself about concussions.

You should also:

- Ensure you/your athletes use equipment that is in good condition;
- Ensure you/athletes you are supervising wear sports equipment that fits properly;
- Ensure you/your athletes respect the rules of the sport;



- Commit to your sport organization/school's Concussion Code of Conduct and make sure your athletes do too; and
- Promote a safe and comfortable environment for everyone to report injuries. Make sure everyone understands the risks of not speaking up.

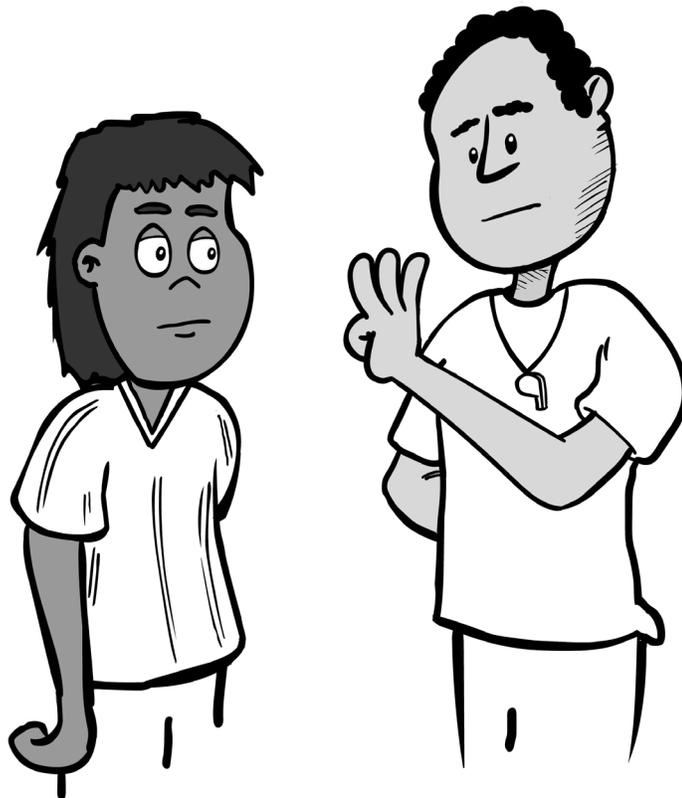


RECOGNIZING A CONCUSSION

▶ HIT. STOP. SIT.

Everyone can help recognize a possible concussion if they know what to look and listen for.

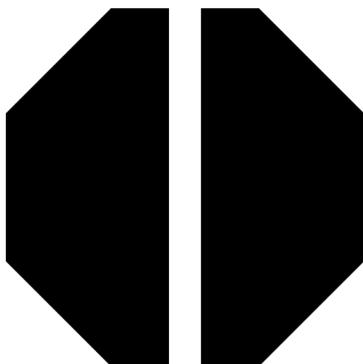
A person with a concussion might have one or more of the signs or symptoms listed below. They might show up right away or hours, even days, later. Just one sign or symptom is enough to suspect a concussion. Most people with a concussion do not lose consciousness.



Common signs and symptoms of a concussion:

PHYSICAL:

- Headache
- Pressure in the head
- Dizziness
- Nausea or vomiting
- Blurred vision
- Sensitivity to light or sound
- Ringing in the ears
- Balance problems
- Tired or low energy
- Drowsiness
- "Don't feel right"



EMOTIONAL:

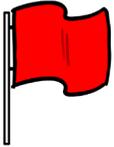
- Irritability (easily upset or angered)
- Depression
- Sadness
- Nervous or anxious

COGNITIVE (THINKING):

- Not thinking clearly
- Slower thinking
- Feeling confused
- Problems concentrating
- Problems remembering

SLEEP-RELATED:

- Sleeping more or less than usual
- Having a hard time falling asleep



RED FLAGS:

“Red flags” may mean you have a more serious injury. Treat red flags as an emergency and call 911.

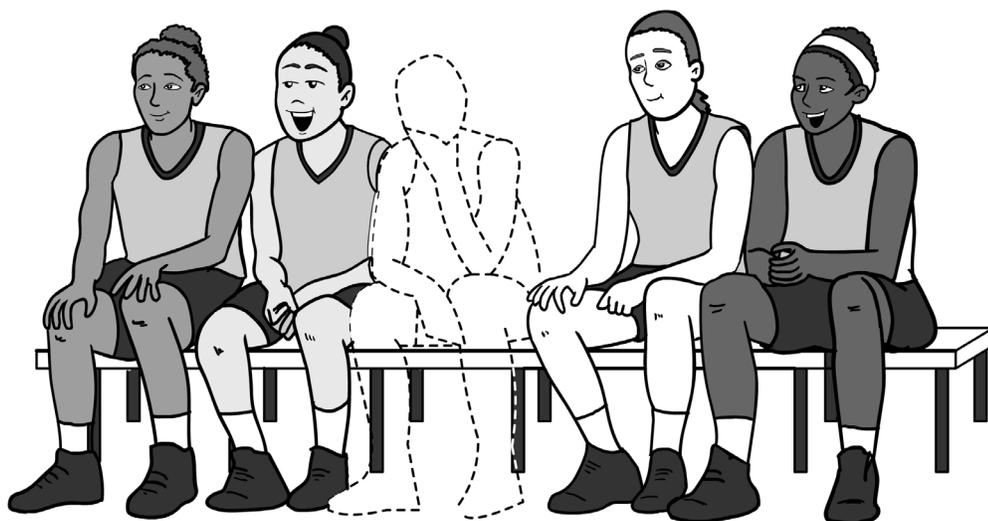
- Neck pain or tenderness
- Double vision
- Weakness or tingling in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness (knocked out)
- Vomiting more than once
- Increasingly restless, agitated or aggressive
- Getting more and more confused



WHAT TO DO NEXT?

If you suspect a concussion, remove yourself or the person you are supervising from the activity right away. Continuing to participate puts you or the person with a suspected concussion at risk of more severe, longer-lasting symptoms. Call the parent/guardian (for athletes under 18 years of age) or emergency contact. Don't leave anyone with a suspected concussion alone.

Anyone who has been removed from sport with a suspected concussion should see a physician or nurse practitioner as soon as possible. That person should not return to unrestricted participation in training, practice or competition until they have received medical clearance.



GETTING BETTER

Most people with a concussion get better in one to four weeks. Some people take longer. Each concussion is unique – don't compare one person's recovery to another's.

It's possible for a concussion to have long-term effects. People may experience symptoms, such as headaches, neck pain or vision problems, that last for months, or even years. Some may have lasting changes in their brain that lead to issues such as memory loss, concentration problems or depression. In rare cases, a person who suffers multiple brain injuries without healing in between may develop dangerous swelling in their brain, a condition known as second impact syndrome, that can result in severe disability or death.

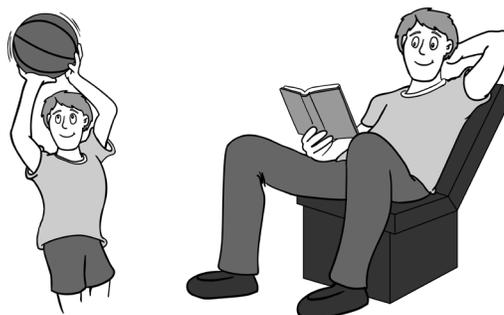
While a person is recovering from a concussion, they shouldn't

do activities that may make their symptoms worse. This may mean limiting activities such as exercising, screen time or schoolwork.

Healing from a concussion is a process that takes patience. Rushing back to activities can make symptoms worse and recovery longer.

Anyone who has a concussion should let others know. This includes parents, all sport teams/ clubs, schools, coaches and educators.

And remember, returning to school comes before returning to unrestricted sport.



RETURNING TO SCHOOL AND SPORT

Athletes and students who are diagnosed by a physician or nurse practitioner as having a concussion must proceed through their sport organization's return-to-sport protocol and/or, where applicable, their school board's return-to-school plan.

Athletes and students should work with their healthcare professional and sport organization/school to establish their individual plans to return to sport as well as return to school.

The Return-to-School Plan (Learning and Physical Activity)

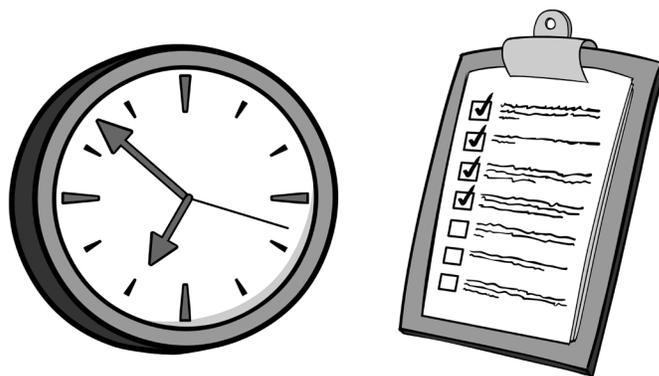
Students in elementary and secondary school will need to follow their school board's return-to-school plan, which supports a student's gradual return to learning and return to physical

activity. Contact the school for more information.

The Return-to-Sport Protocol

Most return-to-sport protocols suggest that athletes should rest for 24 to 48 hours before starting any gradual return to sport.

An athlete must not resume unrestricted participation in training, practice or competition until they have received medical clearance.



The table below provides a list of steps and activities that are commonly found in most return-to-sport protocols and return-to-school plans.

Table: Common Steps in Graduated Return-to-Sport Protocols

Step	Aim	Activities	Goal of Step
1	Symptom-limiting activities	Daily activities that don't make symptoms worse, such as moving around the home and simple chores	Gradual re-introduction of daily school and work activities
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5	Unrestricted practice	Unrestricted practice - with contact where applicable	Restore confidence and assess functional skills
6	Return to sport	Unrestricted game play or competition	

Medical clearance is always required prior to the athlete's return to unrestricted practice, training or competition.

Check with your sport club and school for the specific steps that you should follow.

An athlete is typically ready to progress to the next step when they can do the activities at their current step without new or worsening symptoms. If at any step symptoms get worse, they should stop and go back to the previous step. Each step should take at least 24 hours to complete. If symptoms do not improve or if the symptoms continue to worsen, the athlete should return to the physician or nurse practitioner.



REMINDER

Remember:

- 1. Recognize signs and symptoms of a concussion and remove** yourself or the athlete from the sport/physical activity, even if you feel OK or they insist they are OK.
- 2. Get yourself/the athlete checked out** by a physician or nurse practitioner.
- 3. Support gradual return** to school and sport.





Rowan Stringer

ROWAN'S LAW

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These resources are not intended to provide medical advice relating to health care. For advice on health care for concussion symptoms, please consult with a physician or nurse practitioner.

Huron Superior Catholic District School Board

Code of Conduct for Athletes and Parents/Guardians of athletes under 18 year of age

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical

assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.

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- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the Return to School process.
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to physical activity.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

I will help prevent concussions, through my:

- Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions.
- Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions (Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy).
- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

Huron Superior Catholic District School Board

Code of Conduct for Coaches and Team Trainers

I can help prevent concussions through my:

- Efforts to ensure that my athletes wear the proper equipment and wear it correctly.
- Efforts to help my athletes develop their skills and strength so they can participate to the best of their abilities.
- Respect for the rules of my sport and efforts to ensure that my athletes do, too.
- Commitment to fair play and respect for all (respecting other coaches, team trainers, officials and all participants and ensuring my athletes respect others and play fair).

I will care for the health and safety of all participants by taking concussions seriously. I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to the head, face, or neck, or a blow to the body may cause the brain to move around inside the skull and result in a concussion.
- A person doesn't need to lose consciousness to have had a concussion.
- An athlete with a suspected concussion should stop participating in training, practice or competition **immediately**.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.
- Continuing to participate in further training, practice or competition with a suspected concussion increases a person's risk of more severe, longer lasting symptoms, and increases their risk of other injuries or even death.

I will create an environment where participants feel safe and comfortable speaking up. I will:

- Encourage athletes not to hide their symptoms, but to tell me, an official, parent or another adult they trust if they experience **any** symptoms of concussion after an impact.
- Lead by example. I will tell a fellow coach, official, team trainer and seek medical attention by a physician or nurse practitioner if I am experiencing any concussion symptoms.
- Understand and respect that any athlete with a suspected concussion must be removed from sport and not permitted to return until they undergo a medical assessment by a physician or

nurse practitioner and have been medically cleared to return to training, practice or competition.

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- *For coaches only:* Commit to providing opportunities before and after each training, practice and competition to enable athletes to discuss potential issues related to concussions.

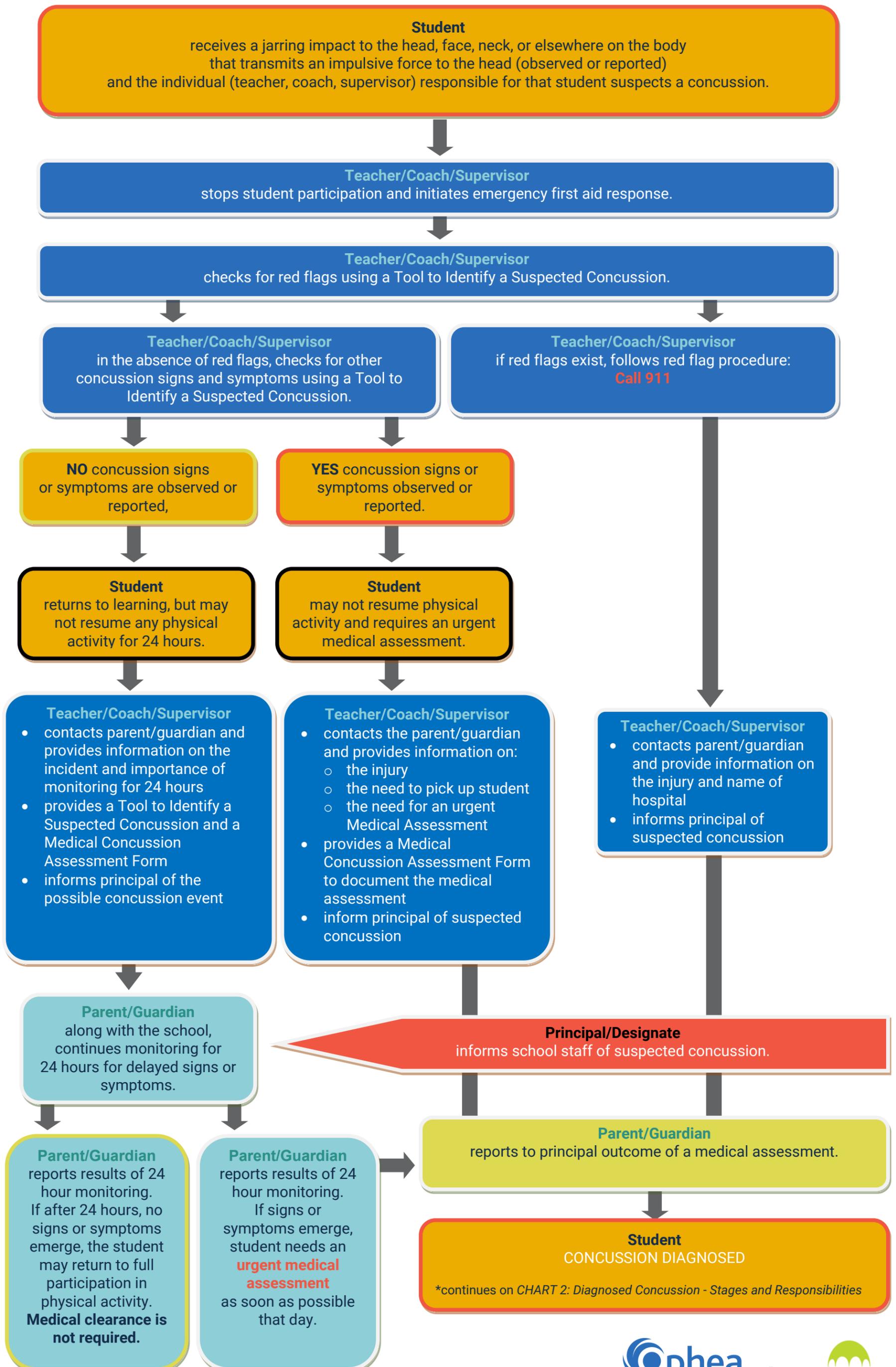
I will support all participants to take the time they need to recover.

- I understand my commitment to supporting the return-to-sport process.
- I understand the athletes will have to be cleared by a physician or nurse practitioner before returning to sport.
- I will respect my fellow coaches, team trainers, parents, physicians and nurse practitioners and any decisions made with regards to the health and safety of my athletes.

I will help prevent concussions, through my:

- Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions.
- Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions.
- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.

CHART 1: Identifying a Suspected Concussion – Steps and Responsibilities



APPENDIX G

*Huron Superior Catholic District School Board***Concussion Initial Identification and Response**

School administrators, teachers, coaches, school first aiders, who have been specifically trained to identify signs and symptoms of a suspected concussion, are responsible for the identification and reporting of students who demonstrate observable signs of a head injury or who report concussion symptoms. In some instances, there may not be any observable signs, or the student may not have any symptoms, but because of the nature of the impact, a concussion is suspected. This suspected concussion/concussion event must be reported for 24-hour monitoring.

A) Initial Response:

Following a significant impact to the head, face, neck, or body, that is either observed or reported, and where the individual (for example, teacher/coach) responsible for that student suspects a concussion the following immediate actions must be taken:

- Student stops participation and is prohibited from physical activity/;
- Follow standard first aid practices.

B) Initial Identification of a Suspected Concussion:

- Check for Red Flag sign(s) and/or symptom(s) (Appendix H).
- If any Red Flag sign(s) and or symptom(s) are present, follow the Red Flag Procedure (Appendix I).
- If there are no Red Flag sign(s) and or Red Flag symptom(s), and the student can be safely moved, remove the student from the activity or game. Observe and question the student to determine if other concussion sign(s) and/ or other concussion symptom(s) (Appendix H) are present.
- If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected and a full check should be completed (including the Quick Memory Function

Check - Appendix J) to provide comprehensive information to parents/guardians and medical doctors/nurse practitioners.

- If any sign(s) and/or symptom(s) worsen, or red flags emerge, call 911 and follow Red Flag Procedure.
- Consult the Tool to Identify a Suspected Concussion (Appendix K) for an example of checklist that school staff may use to identify a suspected concussion, respond to and communicate the results to parents/guardians.

Please Note:

- Signs and/or symptoms can appear immediately after the injury or may take hours or days to emerge.
- Signs and symptoms may be different for everyone.
- A student may be reluctant to report symptoms because of a fear that they will be removed from the activity, their status on a team or in a game could be jeopardized or academics could be impacted.
- It may be difficult for younger students (under the age of 10), students with special needs, or students for whom English/French is not their first language to communicate how they are feeling.
- Signs for younger students (under the age of 10) may not be as obvious as in older students.

C) **Following the Initial Identification of a Suspected Concussion**

The instructions and responsibilities identified within this section must be followed if other concussion sign(s) and/or other concussion symptom(s) are observed, reported, and/or the student does not answer all the Quick Memory Function Check (Appendix J) questions correctly.

School Staff Response

- Do not allow the student to return to physical activity/practice/competition that day even if the student states that they are feeling better.
- Do not leave the student alone until a parent/guardian arrives.
- Contact the student's parents/guardians (or emergency contact) to inform them:
 - of the incident;

- of the reported concussion sign(s) and symptom(s) and the results of the Quick Memory Function Check (consult Appendix K - the Tool to Identify a Suspected Concussion);
- that the student must be accompanied home by a responsible adult; and
- that the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner. Provide parents with a Medical Concussion Assessment Form (Appendix L).
- Monitor and document any changes in the student. If any signs/symptoms worsen, call 911.
- Consult your school board's injury report form for documentation procedures.
- Do not administer medication unless the student requires medication for other conditions (for example, insulin for a student with diabetes, inhaler for asthma).
- The student must not operate a motor vehicle.

Information for Parents/Guardians

- A tool to identify a suspected concussion (Appendix K)
- The student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner (consult the Medical Concussion Assessment Form – Appendix L).
- The student must be accompanied home by a responsible adult;
- The student must not be left alone;
- Parents/guardians must communicate the results of the medical assessment (that is, the student has a diagnosed concussion, the student does not have a diagnosed concussion) to the school principal/designate prior to the student returning to school. Consult the Medical Concussion Assessment Form (Appendix L).

Responsibilities of the School Principal/Designate

- The school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers

(prior to communicating with volunteers consult the school board protocol for sharing of student information) who work with the student that the student must not participate in any learning or physical activities until the parents/guardians communicates the results of the medical assessment to the school principal/designate (consult the Medical Concussion Assessment Form – Appendix L)

D) A Possible Concussion Event is Recognized but no sign(s) and/or symptom(s) are identified:

Please note that concussion sign(s) and/or symptom(s) can occur hours to days later.

If a teacher/coach recognizes that a suspected concussion event occurred (due to the jarring impact) but no concussion sign(s) and/or symptom(s) (Appendix J) were observed or reported and the student correctly answers all the Quick Memory Function Check (Appendix J), the school staff response must be followed.

School Staff Response

- Contact the student's parents/guardians (or emergency contact) to inform them of the incident and provided them with the Tool to Identify a Suspected Concussion (Appendix K) and a Medical Concussion Assessment Form (Appendix L);
- Monitor the student for delayed sign(s) and/or symptom(s). If any sign(s) and/or symptom(s) emerge (observed or reported) during the school day, inform the parents/guardians that the student needs an urgent medical assessment as soon as possible that same day.
- The student must not return to physical activity for 24 hours as signs and/or symptoms can take hours or days to emerge. If the student has not shown/reported any signs and/or symptoms following a 24 hours observation period they may resume physical activity without medical clearance.

Information/Tools for Parents/Guardians

- A Tool to Identify a Suspected Concussion (Appendix K);
- A Medical Concussion Assessment Form (Appendix L);
- The student can attend school but cannot participate in any physical activity for a minimum of 24 hours;

- The student will be monitored (at school and home) for the emergence of sign(s) and/or symptom(s) for 24 hours following the incident;
- Continued monitoring by parents/guardians (beyond 24 hours) may be necessary as signs and/or symptoms may take hours or days to emerge; and
- parents/guardians must communicate the results of the continued monitoring to principal/designate as per school board policy:
 - If any sign(s) and/or symptom(s) emerge (observed or reported), the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner. Consult the Medical Concussion Assessment Form (Appendix L).
 - If after 24 hours of observation sign(s) and/or symptom(s) do not emerge, the student may return to physical activity. Medical clearance is not required.

Responsibilities of the School Principal/Designate

The school principal/designate must inform all school staff (for example, classroom teachers, physical education teachers, intramural supervisors, coaches) and volunteers (prior to communicating with volunteers consult the school board protocol for sharing of student information) who work with the student of the following:

- The student is allowed to attend school.
- The student must not participate in physical activity and must be monitored by teacher(s) and parents/guardians for 24 hours for the emergence of delayed sign(s) and/or symptom(s).
- The results of the continued monitoring by school staff:
 - If any sign(s) and/or symptom(s) emerge (observed or reported), the student needs an urgent medical assessment as soon as possible that same day by a medical doctor or nurse practitioner.
 - If after 24 hours of observation sign(s) and/or symptom(s) do not emerge, the student may return to physical activity. Medical clearance is not required.

APPENDIX H

Huron Superior Catholic District School Board

Red Flag and Other Concussion Sign(s) and Symptom(s)

Please Note: If any one or more sign(s) and/or symptom(s) are present, a concussion should be suspected and the full check should be completed (including the Quick Memory Function Check) to provide comprehensive information to parent/guardian and medical doctor/nurse practitioner.

Red Flag Sign(s) and Symptom(s)

- Deteriorating conscious state
- Double vision
- Increasingly restless, agitated or combative
- Loss of consciousness
- Neck pain or tenderness
- Seizure or convulsion
- Severe or increasing headache
- Vomiting
- Weakness or tingling/burning in arms or legs

Other Concussion Signs

- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Disorientation or confusion, or an inability to respond appropriately to questions
- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head

Other Concussion Symptoms

- “Don’t feel right”
- “Pressure in head”

- Balance problems
- Blurred vision
- Difficulty concentrating
- Difficulty remembering
- Dizziness
- Drowsiness
- Fatigue or low energy
- Feeling like "in a fog"
- Feeling slowed down
- Headache
- More emotional
- More irritable
- Nausea
- Nervous or anxious
- Sadness
- Sensitivity to light
- Sensitivity to noise

APPENDIX I

*Huron Superior Catholic District School Board***Red Flag Procedure**

If the student displays any of the red flag signs or symptoms, follow this procedure.

- Call 911.
- If there has been any loss of consciousness, assume there is a possible neck injury and do not move the student,
- Stay with the student until emergency medical services arrive.
- Contact the student's parents/guardians (or emergency contact) to inform them of the incident and that emergency medical services have been contacted.
- Monitor and document any changes (that is, physical, cognitive, emotional/behavioural) in the student.
- Consult your school board's injury report form for documentation procedures.
- If the student has lost consciousness and regains consciousness, encourage them to remain calm and to lie still.
- Do not administer medication (unless the student requires medication for other conditions, for example, insulin for a student with diabetes, inhaler for asthma).

APPENDIX J

*Huron Superior Catholic District School Board***Quick Memory Function Check**

Failure to answer any one of these questions correctly indicates a suspected concussion.

- Is it before or after lunch?
- What were you playing today when you got hurt?
- Where were you playing today?
- What is the name of your teacher/coach?
- What room are we in right now?
- What school do you go to?

Questions may need to be modified for very young students, the situation/activity/sport, and/or students receiving special education programs and services.

Huron Superior Catholic District School Board

Tool to Identify Suspected Concussion

Student name: _____

Time of Incident: _____ Date: _____

Identification of suspected concussion: If after a jarring impact to the head, face or neck or elsewhere on the body and the individual (for example, teacher/coach) responsible for that student suspects a concussion, the steps within this tool must be taken immediately.

Step A: Red Flags Signs and Symptoms

Check for Red Flag signs and or symptoms.

*If any one or more red flag signs or symptoms are present, call 911, followed by a call to parents/guardians/emergency contact.

Red Flag Signs and Symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Deteriorating conscious state | <input type="checkbox"/> Double vision |
| <input type="checkbox"/> Increasingly restless, agitated or combative | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Neck pain or tenderness | <input type="checkbox"/> Seizure or convulsion |
| <input type="checkbox"/> Severe or increasing headache | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Weakness or tingling/burning in arms or legs | |

*If Red Flags are identified, complete only Step E: Communication to Parent/Guardian.

Step B: Other Signs and Symptoms

If Red Flags are not identified continue and complete the steps (as applicable) and Step E: Communication to Parents/Guardians

Step B1: Other Concussion Signs

Check visual cues (what you see).

- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Blank or vacant look
- Disorientation or confusion, or an inability to respond appropriately to questions
- Facial injury after head trauma
- Lying motionless on the playing surface (no loss of consciousness)
- Slow to get up after a direct or indirect hit to the head

Check what the student says he/she feels.

- | | |
|---|---|
| <input type="checkbox"/> Balance problems | <input type="checkbox"/> Blurred vision |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> "Don't feel right" |
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Fatigue or low energy |
| <input type="checkbox"/> Feeling like "in a fog" | <input type="checkbox"/> Feeling slowed down |
| <input type="checkbox"/> Headache | <input type="checkbox"/> More emotional |
| <input type="checkbox"/> More irritable | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Nervous or anxious | <input type="checkbox"/> "Pressure in head" |
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Sensitivity to light |
| <input type="checkbox"/> Sensitivity to noise | |

**If any sign or symptom worsens call 911.*

Step B3: Conduct Quick Memory Function Check

Failure to answer any one of the questions correctly indicates a suspected concussion. Record student responses.

Is it before or after lunch? _____

What were you playing when you got hurt? _____

Where were you playing today? _____

What is the name of your teacher/coach? _____

What room are we in right now? _____

What school do you go to? _____

Questions may need to be modified for very young students, the situation/activity/sport and/or students receiving special education programs and services.

Step C: Student Fails Quick Memory Function Check

Actions required when signs are observed and/or symptoms are reported, and/or the student fails to answer any of the Quick Memory Function questions correctly:

- a concussion should be suspected;
- the student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better; and

- the student must not:
 - leave the premises without parent/guardian (or emergency contact) supervision;
 - drive a motor vehicle until cleared to do so by a medical doctor or a nurse practitioner;
 - take medications except for life threatening medical conditions (for example, diabetes, asthma).

The teacher/coach informs the parents/guardians that the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.

The parents/guardians must be provided with a completed copy of this tool and a copy of a Medical Concussion Assessment Form (Appendix L). The teacher/coach informs the principal of incident.

Step D: A Possible Concussion but the Student Passes the Quick Memory Function Check

Actions required if there are no signs observed, no symptoms reported, and the student answers all questions in the Quick Memory Function Check correctly but a possible concussion event was recognized by teacher/coach:

- The student must stop participation immediately and must not be allowed to return to play that day even if the student states that they are feeling better. Principals must be informed of the incident.
 - The teacher/coach informs the parents/guardians and the principal of the incident and that the student requires continued monitoring for 24 hours as signs and or symptoms can appear hours or days after the incident:
 - If any red flags emerge call 911 immediately.
 - If any other signs and/or symptoms emerge, the student needs an urgent medical assessment (as soon as possible that day) by a medical doctor or nurse practitioner.
 - The parents/guardians communicate the results of the medical assessment to school personnel using a Medical Concussion Assessment Form (Appendix L).
 - If after 24 hours of monitoring no signs and or symptoms have emerged, the parents/guardians communicate the results to school personnel. The student is permitted to resume physical activities. Medical clearance is not required.
-

Step E: Communication to Parents/Guardians

Summary of Suspected Concussion Check – Indicate appropriate results and follow-up requirements.

Your child was checked for a suspected concussion (that is, Red Flags, Other Signs and Symptoms, Quick Memory Function Check) with the following results:

- Red Flag signs were observed and/or symptoms reported and emergency medical services (EMS) called.
- Other concussion signs were observed and/or symptoms reported and/or the student failed to correctly answer all the Quick Memory Function questions.
- No signs or symptoms were reported, and the student correctly answered all of the questions in the Quick Memory Function Check but a possible concussion event was recognized. Continued monitoring is required (consult Step D).

Teacher/Coach/Principal name: _____

Teacher/Coach/Principal signature (optional): _____

Forms for parents/guardians to accompany this tool:

- The Medical Concussion Assessment Form - Appendix L

Parents/Guardians must communicate to the principal/designate the results of the 24-hour monitoring period:

- Results of the Medical Assessment
- No concussion signs and/symptoms were observed or reported after the 24 hours monitoring period.

APPENDIX L

Huron Superior Catholic District School Board

Medical Concussion Assessment Form

The Medical Assessment Form is provided to a student who demonstrates or reports concussion signs and or symptoms.

Student Name: _____

Date: _____

The student must be assessed as soon as possible by a medical doctor or nurse practitioner. Prior to returning to school, the parents/guardians must inform the school principal of the results of the medical assessment.

Results of the Medical Assessment

- My child has been assessed and a concussion has not been diagnosed and therefore may resume full participation in learning and physical activity without any restrictions.
- My child has been assessed and a concussion has been diagnosed and therefore must begin a medically supervised, individualized, and gradual Return to Learning (RTL) and Return to Physical Activity (RTPA) Plan.
- My child has been assessed and a concussion has not been diagnosed but the assessment led to the following diagnosis and recommendations:

Comments: _____

Medical doctor/nurse practitioner

Name: _____

Phone Number: _____

Parent/Guardian

Signature: _____

Date: _____

CHART 2: Diagnosed Concussion - Stages and Responsibilities

*continued from CHART 1: Identifying a Suspected Concussion – Steps and Responsibilities
Student
 CONCUSSION DIAGNOSED

Principal/Designate
 informs appropriate school staff of the diagnosis and meets with parent/guardian to provide and explain the Return to School Plan (RTS), which includes:

- Return to Learning (RTL)
- Return to Physical Activity (RTPA)

HOME

Parent/Guardian
 reports to principal/designate that student has completed:

- Stage 2 Return to Learning (RTL)
- Stage 2b Return to Physical Activity (RTPA)

SCHOOL

Principal/Designate
 meets with parent/guardian to:

- provide and explain the purpose of the School Concussion Management Form
- explain the Collaborative Team approach and their role on the team

Student
 returns to school and conferences with a school member of the Collaborative Team

Return to Learning – Stage 3a
 Student attends school (2 hours) with adaptations of learning strategies or approaches.

Return to Learning – Stage 3b
 Student attends school (half time) with moderate workload.

Return to Learning – Stage 4a
 Student attends full day school with adaptations of learning strategies or approaches.

Return to Learning – Stage 4b
 Student attends full day school without adaptations of learning strategies or approaches.
RTL COMPLETE

At the completion of each stage, student progress is documented with results shared between school and home with the parent/ guardian confirming completion of each stage by returning a School Concussion Management Form with a signature.

Return to Physical Activity – Stage 3
 Student may participate in simple locomotor activities/sport-specific exercise (for movement).

Return to Physical Activity – Stage 4
 Student may participate in increased physical activity, non-contact training drills (for coordination and increased thinking).

Collaborative Team Lead/Designate
 reports to parent/guardian completion of Stage 4b RTL and Stage 4 RTPA and provides a Medical Concussion Clearance Form.

Parent/Guardian
 provides principal with signed a Medical Concussion Clearance Form.

Return to Physical Activity – Stage 5
 Student may return to participation in physical activities, including physical education, intramurals, non-contact interschool sports, and full contact training/practice in contact sports.

Return to Physical Activity – Stage 6
 Student may return to full participation in physical activity.
RTPA COMPLETE

At each stage, the student is monitored for the return of symptoms, new symptoms, or worsening symptoms.

If the student exhibits or reports a **return of symptoms or new symptoms**, they must return to the previous stage for a minimum of 24 hours.

If during any stage the student exhibits or reports **worsening symptoms**, they must return to a medical doctor/nurse practitioner.



APPENDIX N

*Huron Superior Catholic District School Board***General Procedures for a Return to School Plan**

Stages 3a to 4b of the **Concussion Management Form Return to Learning (RTL)** and stages 3 to 6 of the **Concussion Management Form Return to Physical Activity (RTPA)** focuses on a student's progression through the school stages of these plans.

The school part of the plan begins with:

- A parent/guardian and principal/designate meeting (for example, in-person, phone conference, video conference, email) to provide information on:
 - the school part of the RTL and RTPA plan;
 - the Collaborative Team members and their role (for example, parent/guardian, student, principal/designate, team lead, teacher(s), medical doctor or nurse practitioner and/or appropriate licensed healthcare provider).
- A student conference to determine the individualized RTL plan and to identify:
 - the RTL learning strategies and/or approaches required by the student based on the post-concussion symptoms;
 - the best way to provide opportunities for the permissible activities.

General Procedures for Return to School

-
- Stages 3a to 4b of the Concussion Return to School Plan for Return to Learning (RTL) and Stages 3 to 6 of the Concussion Return to School Plan for Return to Physical Activity (RTPA) occur at school and where appropriate the RTPA part of the plan may occur at sport practices (for example, student is not enrolled in physical education).
 - Inform parent/guardian/student of the importance to disclose a concussion diagnosis with any outside coach/sport organization(s) with which the student is involved or registered.
 - Stages are not days – each stage must take a minimum of 24 hours and the length of time needed to complete each stage will vary based on the severity of the concussion and the student.
 - Completion of the RTL and RTPA plans may take 1-4 weeks.

- A student moves forward to the next stage when activities at the current stage are tolerated and the student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- A student is tolerating an activity if their symptoms are not exacerbated.
- While the RTL and RTPA stages are inter-related they are not interdependent. A student's progress through the stages of RTL is independent from their progression through the RTPA stages. However, students must have completed Stage 4a and 4b of RTL and Stage 4 of RTPA and have obtained Medical Clearance prior to beginning Stage 5 of RTPA.
- Until a student has successfully completed all stages in the RTL plan they must not participate in the following physical activities where the risk of re-injury is possible:
 - full participation in the physical education curricular program;
 - intramural activities;
 - full participation in non-contact interschool activities; or
 - participation in practice for a contact sport.
- A student that has no symptoms when they return to school, must progress through all the RTL stages and RTPA stages and remain symptom free for a minimum of 24 hours in each stage prior to moving to the next stage.
- The plan does not replace medical advice.
- During all stages of RTL and in Stages 1-4 of RTPA:
 - if symptoms return or new symptoms appear, the student returns to previous stage for a minimum of 24 hours and only participates in activities that can be tolerated.
- During stages 5 and 6 of RTPA:
 - if symptoms return or new symptoms appear, the student must return to medical doctor/nurse practitioner to have the Medical Clearance re-assessed.
- During all stages of RTL and RTPA if symptoms worsen over time, follow school (collaborative team procedures) for contacting parents/guardians to inform them that the student needs a follow-up medical assessment.
- Progression through the plan is individual, timelines and activities may vary.
- Upon completion of the RTL and RTPA plans, this form is returned to the principal/designate for filing as per school board's procedures.

APPENDIX O

*Huron Superior Catholic District School Board***Concussion Management Form
Return to Learning and Return to Physical Activity**

The Concussion Management Form documents and tracks a concussed student's progress, from removal from an activity due to a suspected concussion, to their return to learning and physical activity. The stages of Initial Rest to stage 2 of the Concussion Return to School Plan for Learning and the stages of Initial Rest to stage 2b of the Concussion Return to School Plan for Return to Physical Activity are completed at home.

Student Name: _____

Date of Concussion: _____

Return to Learning (RTL)

Each stage must last a minimum of 24 hours.

Initial Rest

- 24 – 48 hours of relative cognitive rest:
 - Sample activities permitted if tolerated by student:
 - Short board/card games
 - Short phone calls
 - Photography (with camera)
 - Crafts
 - Activities that are not permitted at this stage:
 - TV
 - Technology use (for example, computer, laptop, tablet, iPad)/cell phone (for example, texting/games/photography)
 - Video games
 - Reading
 - Attendance at school or school-type work
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light cognitive (thinking/memory/ knowledge) activities
- Gradually increase cognitive activity up to 30 minutes. Take frequent breaks.
 - Activities permitted if tolerated by student:
 - Activities from previous stage

- Easy reading (for example, books, magazines, newspaper)
- Limited TV
- Limited cellphone conversations
- Drawing/building blocks/puzzles
- Some contact with friends
- Activities that are not permitted at this stage:
 - Technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography))
 - Attendance at school or school-type work
- The student moves to Stage 2 when:
 - the student tolerates 30 minutes of light cognitive activity (for example a student should be able to complete 3-4 of the permitted activities listed above) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2

- Gradually add cognitive activity (as per activities permitted). When light cognitive activity is tolerated, introduce school work (at home and facilitated by the school).
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School-type work in 30-minute increments
 - Crosswords, word puzzles, Sudoku, word search
 - Limited technology use (for example, computer, laptop, tablet, cell phone (for example, texting/games/photography)) starting with shorter periods and building up as tolerated.
 - Activities that are not permitted at this stage:
 - School attendance
- The student moves to Stage 3a when:
 - The student tolerates the additional cognitive activity (for example a student should be able to complete 3-4 of the activities permitted) and has not exhibited or reported a return of symptoms, new symptoms or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Return to Physical Activity (RTPA)

Each stage must last a minimum of 24 hours.

Initial Rest

- 24-48 hours of relative physical rest
 - Sample activities permitted if tolerated by student:
 - Limited movement that does not increase heart rate or break a sweat
 - Moving to various locations in the home
 - Daily hygiene activities
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Stair climbing other than to move locations throughout the home
 - Sports/sporting activity
- The student moves to Stage 1 when:
 - Symptoms start to improve or after resting 2 days maximum (whichever occurs first).

Stage 1

- Light physical activities (as per activities permitted) that do not provoke symptoms.
- Movements that can be done with little effort (do not increase breathing and/or heart rate or break a sweat).
 - Activities permitted if tolerated by student:
 - Daily household tasks (for example, bed-making, dishes, feeding pets, meal preparation)
 - Slow walking for short time
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and heart rate and sweating)
 - Sports/sporting activity
 - Stair climbing, other than to move locations throughout the home
- The student moves to Stage 2a when:
 - The student tolerates light physical activities (completes both activities permitted from Stage 1) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 1.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2a

- Daily activities that do not provoke symptoms.

- Add additional movements that do not increase breathing and/or heart rate or break a sweat.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Light physical activity (for example, use of stairs)
 - 10-15 minutes slow walking 1-2x per day inside and outside (weather permitting)
 - Activities that are not permitted at this stage:
 - Physical exertion (increases breathing and/or heart rate and sweating)
 - Sports
 - Sporting activities
- The student moves to Stage 2b when:
 - The student tolerates daily physical activities (completes activities permitted in Stage 2a) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
 - The student has completed a minimum of 24 hours at Stage 2a
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Stage 2b

- Light aerobic activity
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - 20-30 minutes walking/stationary cycling/recreational (that is, at a pace that causes some increase in breathing/heart rate but not enough to prevent a student from carrying on a conversation comfortably)
 - Activities that are not permitted at this stage:
 - Resistance or weight training
 - Physical activities with others
 - Physical activities using equipment
- The student moves to Stage 3 when:
 - The student tolerates light aerobic activities (completes activities permitted in Stage 2b) and has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms
 - The student has completed a minimum of 24 hours at Stage 2b.
- However:
 - The student must return to the previous stage for a minimum of 24 hours when they have exhibited or reported a return of symptoms, or new symptoms.
 - The student must return to a medical doctor or nurse practitioner when they have exhibited or reported a worsening of symptoms.

Parent/Guardian

My child/ward has successfully completed the stages of Initial Rest to Stage 2 of the Return to Learning Plan and the stages of Initial Rest to Stage 2b of the Return to Physical Activity Plan and is ready to return to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Return to Learning (RTL)

Stage 3a

- The student begins with an initial time at school of 2 hours.
- The individual RTL plan is developed by Collaborative Team following the student conference and assessment of the student's individual needs determining possible strategies and/or approaches for student learning.
 - Activities permitted if tolerated by student:
 - Activities from previous stage (consult the **Concussion Return to School Plan for Return to Learning and for Return to Physical Activity.**)
 - School work for up to 2 hours per day in smaller chunks (completed at school) working up to a 1/2 day of cognitive activity
 - Adaptation of learning strategies and/or approaches
 - Activities that are not permitted at this stage:
 - Tests/exams
 - Homework
 - Music class
 - Assemblies
 - Field trips

School Responsibility

- The student has demonstrated they can tolerate up to a half day of cognitive activity.
- The **Concussion Management Form** is sent home to parents/guardians.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The **Concussion Management Form** is sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Stage 3b

- The student continues attending school half time with gradual increase in school attendance time, increased school work and a decrease in the adaptation of learning strategies and/or approaches.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - School work for 4-5 hours per day, in smaller chunks (for example, 2-4 days of school/week)
 - Homework – up to 30 minutes per day
 - Decrease adaptation of learning strategies and/or approaches
 - Classroom testing with accommodations.
 - Activities that are not permitted at this stage:
 - Standardized tests/exams

School Responsibility

- The student has demonstrated they can tolerate up to 4-5 hours of the cognitive activities listed.
- The **Concussion Management Form** is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The **Concussion Management Form** is sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Stage 4a

- Full day school, minimal adaptation of learning strategies and/or approaches
- Nearly normal workload.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - Nearly normal cognitive activities
 - Routine school work as tolerated
 - Minimal adaptation of learning strategies and/or approaches
 - Start to eliminate adaptation of learning strategies and/or approaches
 - Increase homework to 60 minutes per day
 - Limit routine testing to one test per day with accommodations (for example, supports - such as more time)
 - Activities that are not permitted at this stage:
 - Standardized tests/exams

School Responsibility

- The student has demonstrated they can tolerate a full day of school and a nearly normal workload with minimal adaptation of learning strategies and/or approaches.
- The **Concussion Management Form** is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The **Concussion Management Form** is sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Stage 4b

- At school: full day, without adaptation of learning strategies and/or approaches
 - Activities permitted if tolerated by Student:
 - Normal cognitive activities
 - Routine school work
 - Full curriculum load (attend all classes, all homework, tests)
 - Standardized tests/exams
 - Full extracurricular involvement (non-sport/non-physical activity, for example, debating club, drama club, chess club)

School Responsibility

- The student has demonstrated they can tolerate a full day of school without adaptation of learning strategies and/or approaches.
- The **Concussion Management Form** is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The **Concussion Management Form** is sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Return to Physical Activity (RTPA)**Stage 3**

- Simple locomotor activities/sport-specific exercise to add movement.
 - Activities permitted if tolerated by student:
 - Activities from previous stage (20-30 minutes walking/stationary cycling/elliptical/recreational dancing at a moderate pace)

- Simple individual drills (for example, running/throwing drills, skating drills in hockey, shooting drills in basketball) in predictable and controlled environments with no risk of re-injury
- Restricted recess activities (for example, walking)
- Activities that are not permitted at this stage:
 - Full participation in physical education or Daily Physical Activity
 - Participation in intramurals
 - Full participation in interschool practices
 - Interschool competitions
 - Resistance or weight training
 - Body contact or head impact activities (for example, heading a soccer ball)
 - Jarring motions (for example, high speed stops, hitting a baseball with a bat)

School Responsibility

- The student has demonstrated they can tolerate simple individual drills/sport-specific drills as listed in permitted activities.
- The **Concussion Management Form** is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The **Concussion Management Form** is sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Stage 4

- Progressively increase physical activity. Non-contact training drills to add coordination and increased thinking.
 - Activities permitted if tolerated by student:
 - Activities from previous stage
 - More complex training drills (for example, passing drills in soccer and hockey)
 - Physical activity with no body contact (for example, dance, badminton)
 - Participation in practices for non-contact interschool sports (no contact)
 - Progressive resistance training may be started
 - Recess – physical activity running/games with no body contact
 - Daily Physical Activity

- Activities that are not permitted at this stage:
 - Full participation in physical education
 - Participation in intramurals
 - Body contact or head impact activities (for example, heading a soccer ball)
 - Participation in interschool contact sport practices, or interschool games/competitions (non-contact and contact)

School Responsibility

- The student has completed the activities in Stage 4 as applicable.
- The **Concussion Management Form** is sent home to parent/guardian.
- A **Concussion Medical Clearance Form** (Appendix S) is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms, new symptoms, or worsening symptoms.
- The student has exhibited or reported a return of symptoms, or new symptoms, and must return to the previous stage for a minimum of 24 hours.
- The student has exhibited or reported a worsening of symptoms and must return to medical doctor or nurse practitioner.
- The **Concussion Management Form** is sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

- Before progressing to Stage 5, the student must:
 - have completed Stage 4a and 4b of RTL (full day at school without adaptation of learning strategies and/or approaches);
 - have completed Stage 4 of RTPA and be symptom-free; and
 - obtain a signed medical clearance from a medical doctor or nurse practitioner (**Medical Concussion Clearance Form** - Appendix S).

* Please Note: Premature return to contact sports (full practice and game play) may cause a significant setback in recovery.

Stage 5

- Following medical clearance, full participation in all non-contact physical activities (that is, non-intentional body contact) and full contact training/practice in contact sports.
 - Activities permitted if tolerated by student:
 - Physical Education

- Intramural programs
- Full contact training/practice in contact interschool sports
- Activities that are not permitted at this stage:
 - Competition (for example, games, meets, events) that involves body contact

School Responsibility

- The student has successfully completed the applicable physical activities in Stage 5.
- The **Concussion Management Form** is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms or new symptoms.
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
- The **Concussion Management Form** is sent back to school.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

Stage 6

- Unrestricted return to contact sports. Full participation in contact sports games/competitions

School Responsibility

- The student has successfully completed full participation in contact sports.
- The **Concussion Management Form** is sent home to parent/guardian.

School Initial (for example, collaborative team lead/designate): _____

Date: _____

Home Responsibility

- The student has not exhibited or reported a return of symptoms or new symptoms.
- The student has exhibited or reported a return of symptoms or new symptoms and must return to medical doctor or nurse practitioner for a Medical Clearance reassessment.
- The **Concussion Management Form** is sent back to school for documentation purposes.

Parent/Guardian Signature: _____

Date: _____

Comments: _____

APPENDIX P

*Huron Superior Catholic District School Board***Appendix P - Return to School Strategies and/or Approaches for Cognitive and Emotional/Behavioural Difficulties****Sample Strategies and/or Approaches for Cognitive Difficulties**

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Headache and Fatigue	<ul style="list-style-type: none"> Difficulty concentrating, paying attention or multitasking 	<ul style="list-style-type: none"> Ensure instructions are clear (for example, simplify directions, have the student repeat directions back to the teacher) Allow the student to have frequent breaks or return to school gradually (for example, 1-2 hours, half-days, late starts) Keep distractions to a minimum (for example, move the student away from bright lights or noisy areas) Limit materials on the student's desk or in their work area to avoid distractions Provide alternative assessment opportunities (for example, give tests orally, allow the student to dictate responses to tests or assignments, provide access to technology)
Difficulty remembering or processing speed	<ul style="list-style-type: none"> Difficulty retaining new information, remembering instructions, accessing learned information 	<ul style="list-style-type: none"> Provide a daily organizer and prioritize tasks Provide visual aids/cues and/or advance organizers (for example, visual cueing, non-verbal signs) Divide larger assignments/assessments into smaller tasks Provide the student with a copy of class notes Provide access to technology Repeat instructions Provide alternative methods for the student to demonstrate mastery
Difficulty paying attention / concentrating	<ul style="list-style-type: none"> Limited/short-term focus on schoolwork Difficulty maintain a regular academic workload or keeping pace with work demands 	<ul style="list-style-type: none"> Coordinate assignments and projects among all teachers Use a planner/organizer to manage and record daily/weekly homework and assignments Reduce and/or prioritize homework, assignments, and projects Extend deadlines or break down tasks Facilitate the use of a peer note taker Provide alternate assignments and/or tests Check frequently for comprehension Consider limiting tests to one per day and student may need extra time or a quiet environment

Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132

Sample Strategies and/or Approaches for Emotional/Behavioural Difficulties

Post-Concussion Symptoms	Impact on Student's Learning	Potential Strategies and/or Approaches
Anxiety	<ul style="list-style-type: none"> Decreased attention/concentration Overexertion to avoid falling behind 	<ul style="list-style-type: none"> Inform the student of any changes in the daily timetable/schedule Adjust the student's timetable/schedule as needed to avoid fatigue (for example, 1-2 hours/periods, half-days, full-days) Build in more frequent breaks during the school day Provide the student with preparation time to respond to questions
Irritable or Frustrated	<ul style="list-style-type: none"> Inappropriate or impulsive behaviour during class 	<ul style="list-style-type: none"> Encourage teachers to use consistent strategies and approaches Acknowledge and empathize with the student's frustration, anger, or emotional outburst, if and as they occur Reinforce positive behaviour Provide structure and consistency on a daily basis Prepare the student for change and transitions Set reasonable expectations Anticipate and remove the student from a problem situation (without characterizing it as punishment)
Light/Noise Sensitivity	<ul style="list-style-type: none"> Difficulties working in classroom environment (for example, lights, noise) 	<ul style="list-style-type: none"> Arrange strategic seating (for example, move the student away from window or talkative peers, proximity to the teacher or peer support, quiet setting) Where possible provide access to special lighting (for example, task lighting, darker room) Minimize background noise Provide alternative settings (for example, alternative work space, study carrel) Avoid noisy crowded environments such as assemblies and hallways during high traffic times Allow the student to eat lunch in a quiet area with a few friends Where possible provide ear plugs/headphones, sunglasses
Depression/Withdrawal	<ul style="list-style-type: none"> Withdrawal from participation in school activities or friends 	<ul style="list-style-type: none"> Build time into class/school day for socialization with peers Partner student with a "buddy" for assignments or activities

Adapted from Davis GA, Purcell LK. The evaluation and management of acute concussion differs in young children. Br J Sports Med. Published Online First 23 April 2013 doi:10.1136/bjsports-2012-092132

Please Note: "Compared to older students, elementary school children are more likely to complain of physical problems or misbehave in response to cognitive overload, fatigue, and other concussion

symptoms." (*Concussion in the Classroom. (n.d.). Upstate University Hospital Concussion Management Program. Retrieved from <http://www.upstate.edu/pmr/healthcare/programs/concussion/pdf/classroom.pdf>*)

APPENDIX Q

*Huron Superior Catholic District School Board***Medical Concussion Clearance Form**

The Medical Concussion Clearance Form is for students who have completed Stage 4b of the Concussion Management Plan for Return to Learning (RTL) and Stage 4 of the Concussion Management Plan for Return to Physical Activity (RTPA). The student must be medically cleared by a medical doctor/nurse practitioner prior to moving on to full participation in non-contact physical activities and full contact practices (RTPA Stage 5).

Student Name: _____

Date: _____

I have examined this student and confirm they are medically cleared to participate in the following activities:

- Full participation in Physical Education classes
- Full participation in Intramural physical activities (non-contact)
- Full participation in non-contact Interschool Sports (practices and competition)
- Full-contact training/practice in contact Interschool Sports

Other comments: _____

Medical Doctor/Nurse Practitioner

In rural or northern regions, the Medical Clearance Form may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not be otherwise accepted.

Name: _____

Signature: _____

Date: _____

A student who has received Medical Clearance and has a recurrence of symptoms or new symptoms appear, must immediately remove him/herself from play, inform his/her parent/guardian/teacher/coach, and return to medical doctor or nurse practitioner for Medical Clearance reassessment before returning to physical activity.

REPORT TO THE DIRECTOR OF EDUCATION

2019-20 Revised Estimates

January 15, 2020

Submitted by:
C. Spina,
Superintendent of Business

In June 2019, the Board approved a balanced budget for 2019-20. The Ministry of Education requires boards to submit a revised budget each year with updated enrolment and expenditures as of October 31.

The Revised Estimates are also presented as balanced. Expenditures have been adjusted to reflect actual staffing for the year and actual expenditures and trends from 2018-19.

Attached is a summary of revenues, expenditures and enrolment.

It is recommended that the Board accept the 2019-20 Revised Estimates as presented.

PROPOSED RESOLUTION

That the Huron-Superior Catholic District School Board approves the 2019-20 Revised Estimates as presented.

**HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
REVENUE AND EXPENDITURE SUMMARY**

	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
General Legislative Grants	68,227,161	66,857,533	66,614,044
Other Provincial Grants	1,776,513	277,053	1,315,727
First Nation Tuition Fees	3,871,785	3,456,848	3,321,898
Transportation Recoveries	1,607,720	1,670,000	1,670,000
CUPE Reimbursements	62,209	-	-
PD Reimbursements	23,199	100,000	75,000
Salary Recoveries	252,822	344,103	344,600
Other (including interest)	753,962	239,570	1,021,384
SUBTOTAL	76,575,371	72,945,107	74,362,653
Deferred Capital Contributions	4,973,816	5,261,471	4,658,200
TOTAL REVENUES	81,549,187	78,206,578	79,020,853
TOTAL EXPENDITURES	82,044,928	78,206,578	79,039,249
SURPLUS/(DEFICIT)	(495,741)	-	(18,396)
Committed For Capital Projects - Board Office roof	(137,970)	-	18,396
OPENING ACCUMULATED SURPLUS	3,469,269	2,835,558	2,835,558
ENDING ACCUMULATED SURPLUS/(DEFICIT)	2,835,558	2,835,558	2,835,558

HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
GENERAL LEGISLATIVE GRANTS

	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
Pupil Foundation	23,768,610	22,530,598	22,430,687
School Foundation	3,919,524	3,989,142	3,981,016
Special Education	11,147,007	11,336,541	11,434,476
Language	832,131	830,543	847,856
Supported School	1,385,489	1,424,094	1,290,276
Remote and Rural	4,078,627	4,074,644	4,061,535
Rural and Northern Education	84,801	81,732	81,732
Learning Opportunity	1,439,200	673,621	726,811
Continuing Education	77,722	95,053	123,696
Teacher Qualification	5,837,719	6,365,444	6,160,111
New Teacher Induction Program (NTIP)	56,707	56,212	56,212
ECE Q&E Allocation	403,771	340,931	333,319
Restraint Savings	(88,779)	(88,779)	(88,779)
Transportation	3,632,550	3,775,954	3,781,134
Administration and Governance	3,963,713	3,929,292	3,919,391
School Operations	5,135,799	5,070,823	5,073,084
Community use of schools	75,154	71,612	71,612
Declining Enrolment Adjustment	293,185	244,998	305,396
Indigenous Education	769,265	661,867	702,666
Safe Schools	151,021	151,195	151,106
Trustees' Association Fee	43,017	43,017	43,017
TOTAL OPERATING	67,006,233	65,658,534	65,486,354
School Renewal	593,700	600,000	550,000
Minor Tangible Capital Asset Transfer	(46,405)	(49,251)	(49,251)
Short Term Interest on Capital	80,015	114,250	28,241
Capital Debt Support Payments - Interest Portion	580,951	534,000	598,700
Election Cost	12,667	-	-
TOTAL GENERAL LEGISLATIVE GRANTS	68,227,161	66,857,533	66,614,044

**HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
EXPENDITURE REPORT**

	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
Classroom Teachers	32,699,081	31,465,328	31,316,839
Supply Teachers	2,974,913	2,824,658	2,878,155
Teacher Assistants	8,589,658	6,951,307	7,636,300
Early Childhood Educator	1,563,841	1,371,575	1,344,445
Textbooks/Supplies	1,242,832	1,462,698	1,569,288
Computers	815,067	987,000	987,000
Prof/Para Prof/Tech	2,472,785	2,743,181	2,768,900
Library/Guidance	890,948	791,523	789,571
Staff Development	501,927	212,282	437,520
Department Heads	49,095	55,000	55,000
Principals & VP's	3,449,468	3,282,579	3,279,563
School Office	1,963,904	1,844,928	1,879,660
Coordinators & Consultants	2,253,662	1,541,770	1,936,059
Continuing Ed	197,345	131,750	187,400
Trustees	232,664	246,900	226,000
Director/Supervisory Officers	647,854	637,390	641,600
Board Administration	2,215,269	2,199,076	2,171,497
Pupil Transportation	5,439,014	5,646,500	5,694,500
School Operations/Maintenance	7,105,752	6,957,308	7,070,057
Interest on Capital Debt	625,755	648,251	598,700
Other Non-Operating	547,475	344,103	344,600
Amortization	4,972,919	5,261,471	4,676,595
Renewal	593,700	600,000	550,000
TOTAL EXPENDITURES	82,044,928	78,206,578	79,039,249

HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
EXPENDITURE REPORT

	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
Classroom Teachers			
Salaries & Wages	28,047,230	27,006,000	26,866,000
Benefits	4,642,286	4,447,328	4,440,839
Supplies & Equipment	9,565	12,000	10,000
	32,699,081	31,465,328	31,316,839
Supply Teachers			
Salaries & Wages	2,723,147	2,564,600	2,607,600
Benefits	251,766	260,058	270,555
	2,974,913	2,824,658	2,878,155
Teacher Assistants			
Salaries & Wages	6,504,919	5,170,000	5,720,000
Benefits	2,084,739	1,781,307	1,916,300
	8,589,658	6,951,307	7,636,300
Early Childhood Educators			
Salaries & Wages	1,218,460	1,050,000	1,050,000
Benefits	345,381	321,575	294,445
	1,563,841	1,371,575	1,344,445
Textbooks/Supplies			
Supplies & Equipment	1,242,832	1,462,698	1,569,288
	1,242,832	1,462,698	1,569,288
Computers			
Supplies & Equipment	325,752	395,000	395,000
Rental Expenditure	489,315	592,000	592,000
	815,067	987,000	987,000
Prof/Para Prof/Tech			
Salaries & Wages	1,681,154	1,902,000	1,976,000
Benefits	441,826	513,681	465,400
Fees & Contractual Services	349,805	327,500	327,500
	2,472,785	2,743,181	2,768,900

HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
EXPENDITURE REPORT

	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
Library/Guidance			
Salaries & Wages	705,220	611,000	606,000
Benefits	141,971	128,720	130,500
Supplies & Equipment	43,757	51,803	53,071
	890,948	791,523	789,571
Staff Development			
Salaries & Wages	76,369	18,000	18,000
Benefits	7,795	-	-
Professional Development	417,763	194,282	419,520
	501,927	212,282	437,520
Department Heads			
Salaries & Wages	49,095	55,000	55,000
	49,095	55,000	55,000
Principals & VP's			
Salaries & Wages	2,817,338	2,864,000	2,824,000
Benefits	492,210	335,279	343,763
Professional Development	139,920	83,300	111,800
	3,449,468	3,282,579	3,279,563
School Office			
Salaries & Wages	1,208,673	1,115,000	1,095,000
Benefits	355,915	357,072	367,800
Supplies & Equipment	349,827	332,856	376,860
Rental Expenditure	29,725	20,000	20,000
Fees & Contractual Services	19,764	20,000	20,000
	1,963,904	1,844,928	1,879,660
Coordinators & Consultants			
Salaries & Wages	1,905,163	1,253,000	1,648,659
Benefits	283,707	210,870	209,500
Supplies & Equipment	64,792	77,900	77,900
	2,253,662	1,541,770	1,936,059

HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
EXPENDITURE REPORT

	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
Continuing Education			
Salaries & Wages	128,398	94,000	154,000
Benefits	11,479	14,550	10,200
Supplies & Equipment	57,468	23,200	23,200
	197,345	131,750	187,400
Trustees			
Salaries & Wages	78,275	82,000	80,000
Benefits	3,079	1,900	2,200
Professional Development	136,141	145,000	143,000
Supplies & Equipment	15,169	18,000	800
	232,664	246,900	226,000
Director/Supervisory Officers			
Salaries & Wages	516,299	502,000	502,000
Benefits	65,695	68,390	67,600
Professional Development	65,860	67,000	72,000
	647,854	637,390	641,600
Board Administration			
Salaries & Wages	1,013,216	1,018,000	1,021,000
Benefits	272,430	258,075	254,288
Professional Development	30,140	100,000	75,000
Supplies & Equipment	612,843	590,001	597,209
Fees & Contractual Services	257,467	224,000	214,000
Transfer to Other Boards	3,790	5,000	5,000
Other	25,383	4,000	5,000
	2,215,269	2,199,076	2,171,497
Pupil Transportation			
Supplies & Equipment	10,399	5,000	5,000
Fees & Contractual Services	5,038,557	5,218,500	5,266,500
Transfer to Other Boards	390,058	423,000	423,000
	5,439,014	5,646,500	5,694,500

HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
EXPENDITURE REPORT

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	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
School Operations/Maintenance			
Salaries & Wages	3,280,262	3,327,000	3,418,000
Benefits	983,916	894,223	953,337
Professional Development	2,824	3,000	3,000
Supplies & Equipment	2,700,830	2,583,085	2,545,720
Fees & Contractual Services	137,920	150,000	150,000
	7,105,752	6,957,308	7,070,057
Interest on Capital Debt			
Long-Term Debt (interest)	625,755	648,251	598,700
	625,755	648,251	598,700
Other Non-Operating			
Salaries & Wages	316,632	318,000	318,000
Benefits	25,638	26,103	26,600
Other	205,205	-	-
	547,475	344,103	344,600
Amortization			
Instruction	235,902	155,298	155,298
Administration	116,478	124,601	122,069
Pupil Accommodation	4,372,173	4,981,572	4,399,228
Loss/(Gain) on disposal of TCA	248,366	-	-
	4,972,919	5,261,471	4,676,595
Capital Expenditures			
Renewal & Other Capital	593,700	600,000	550,000
	593,700	600,000	550,000
TOTAL EXPENDITURES	82,044,928	78,206,578	79,039,249

**HURON-SUPERIOR CATHOLIC DISTRICT SCHOOL BOARD
2019/20 REVISED BUDGET
ENROLMENT SUMMARY**

	<u>2018/19</u>	<u>2019/20</u>	
	Final	Budget	Revised
Elementary			
Pupils of the Board	3,398.50	3,412.00	3,395.00
Other Pupils	229.00	202.00	209.00
TOTAL ELEMENTARY	3,627.50	3,614.00	3,604.00
Secondary			
Pupils of the Board	865.88	827.00	829.00
Other Pupils	42.88	45.00	34.00
TOTAL SECONDARY	908.76	872.00	863.00
Total			
Pupils of the Board	4,264.38	4,239.00	4,224.00
Other Pupils	271.88	247.00	243.00
TOTAL PUPILS	4,536.26	4,486.00	4,467.00

Huron-Superior Catholic District School Board

**APPLICATION FOR BOARD APPROVAL
EXTENDED FIELDTRIP OUTSIDE THE BOARD'S
JURISDICTION**

SCHOOL: St. Mary's College

NAME OF TEACHER Cheryl Jamieson, Angela MacLean, Mona Jones GRADE _____

requests authorization to take his/her class to SOARING
(place or area)

Date of Departure: March 4, 2020

Date of Return: March 7, 2020

Number of Students: 20 Number of Staff: 2 Number of Adults: 1
(at least 1 required)

Note: Both male and female chaperones should accompany overnight trips with mixed student groups.

Means of Transportation: coach
(Under no circumstances are students to drive other students.)

Itinerary to be provided with this application.

Special provisions to provide for Universal Access: _____

Note: The Principal confirms that all "Volunteers" have had a Criminal Reference Check and that all students have out of province/country medical insurance for travel outside the province/country. The principal also confirms that all staff/chaperones are aware of Policy 5003 Field Trips and its accompanying Procedural Guidelines.

Mrs L. Hannah
(Signature of Principal)

December 10/19
(Date)

AUTHORIZATION

This Extended Field trip is approved.

(Signature of Director)

(Date)

Distribution: The Principal will sign the form and send it to the Director of Education.

Once approved, a copy will be sent to the Principal for his/her records.

Dec. 11, 2019

Re: SOARING Indigenous Youth Empowerment Gathering Mar. 5 & 6 in Ottawa

Trustees and Senior ADMIN:

Miigwech for your consideration to allow 20 SMC Indigenous Youth to attend the Indigenous Youth Empowerment Gathering in Ottawa on Mar. 5 & 6.

On behalf of Cheryl Jamieson, Indigenous Graduation Coach and Angela MacLean, NSL teacher, we are excited to bring the future of our Indigenous communities to this event. We are excited because this gathering brings everything that Angela has covered in her grade 10 Civics and Career class as it is Angela's class that we are including. It also includes all 7 students who make up the Indigenous Leadership Council at St. Mary's College. This group comprises of students who have demonstrated leadership abilities and show promise of walking the right path to success. The group includes boys and girls and specifically some students who may have not had or will not have the opportunity to travel beyond Sault Ste. Marie. It looks very promising as there will be many Indigenous Role Models, post-secondary visits and tickets to the Indigenous Awards Gala.

We have partnered with ADSB, Garden River and Batchewana First Nations to cover the costs for a coach/bus for the trip. We are also waiting to hear if INDSPiRE will sponsor the cost of rooms. Otherwise, the Board Action Plan (BAP) will cover the costs which supports students learning and transitions into their next step of education.

Miigwech for your time and consideration and we look forward to your response,
Mona, Cheryl and Angela

Proposed Field Trip - outside Board
The HSCDSB Indigenous Lead, SMC Graduation Coach and
SMC NSL Teacher would like to request HSCDSB approval
for the following trip:

INDSPIRE

SOARING Indigenous Youth Empowerment Gathering

OTTAWA, ON - March 5 & 6 (travels dates March 4th. and back March 7th.)

ITINERARY

March 4, 2020

- 9:00 am Depart from SMC (Pick up ADSB students along the way)
- 6:00 p.m. Arrive Ottawa
- 6:00 – 8:00 Supper
- 8:00 – 10:00 activities in motel
- 10:00 lights out

March 5

- 9:00 – 5:00 Soaring activities at the Motel
- 5:00 – 7:00 Supper
- 7:00 – 10:00 local Mall
- 10:00 lights out

March 6

- 9:00 – 5:00 Soaring activities at the Motel
- 5:00 – 7:00 Supper
- 7:00 – 10:00 INSPIRE Awards Gala
- 10:00 lights out

March 7

- 9:00 Depart Ottawa
- 6:00 Arrive in SMC

20 SMC Students Attending:

- 15 Careers Students (Angela's class)
- Indigenous Student Council (4 students including 3 in Angela's careers class)

- Tristan Shaganash

Note: We are partnering with ADSB, Garden River and Batchewana to share on the costs for transportation and chaperones. There is 56 seats on a bus with a breakdown of 8 chaperons, 20 HSCDSB and 28 ADSB students.

ALL necessary information regarding the proposed trip is attached or can be found at: <https://indspire.ca/events/soaring/>

We have pre-registered to hold our high number of seats/tickets requests. Also, there is a possibility of 2 nights paid accomdations. We will recieve confirmation after the closing date of registration. But hotel booking is now is open on-site hotel at the Westin at a discounted rate until end of Jan. 2020.

Miigwech.

MAR
05

SOARING Indigenous Youth Empowerment Gathering

Free

SOARING Indige
Thu, 5 Mar 2020, 8:30

Free

Register



Date And Time

Thu, 5 Mar 2020, 8:30 AM -
Fri, 6 Mar 2020, 2:00 PM EST

[Add to Calendar](#)



Location

The Westin Ottawa
11 Colonel By Dr
Ottawa, ON K1N 9H4

[View Map](#)



Join us for another awesome year of Soaring Indigenous Youth Empowerment Gathering!

About this Event

SOARING Indigenous Youth Empowerment Gathering Tickets, Thu, 5 Mar 2020 at 8:30 AM | Eventbrite
At Soaring, high school students learn about career and post-secondary education options by participating in career workshops. They'll also learn ~~127~~ about financial support and met Canada's top employers. Admission includes

- Free registration
- Complimentary lunch
- Prize giveaways
- Limited complimentary hotel rooms
- Campus site visits

How your students will benefit:

- Explore post-secondary options and participate in local campus tour
- Engage in interactive career workshops
- Opportunity to meet Canada's top employers in an interactive tradeshow
- Receive information regarding Indspire's bursary and scholarship program
- Prize giveaways



Tags

- Canada Events
- Ontario Events
- Things To Do In Ottawa, Canada
- Ottawa Expos
- Ottawa Family & Education Expos



Share With Friends

-
-
-
-
-

Date And Time

Thu, 5 Mar 2020, 8:30 AM -
Fri, 6 Mar 2020, 2:00 PM EST

[Add to Calendar](#)

Location

The Westin Ottawa
11 Colonel By Dr
Ottawa, ON K1N 9H4



Soaring

Indspire > Events > Soaring

Soaring: Indigenous Youth Empowerment Gathering

Events

> [Indspire Awards](#)

> [Tickets](#)

> [Laureates](#)

> [Sponsorship](#)

> [2019 Sponsors](#)

> [National Gathering](#)

March 5 & 6, 2020 | The Westin | Ottawa, ON



open!

At *Soaring*, high school students learn about career and post-secondary education options by participating in career workshops. They'll also learn more about financial support and meet Canada's top employers.



The 2019 Edition of *Soaring: Indigenous Youth Empowerment Gathering* was attended by over 800 Indigenous students and their chaperones and included 55 workshops and 45 tradeshow booths that showcased the various post-secondary and career opportunities that are available for students. *Soaring* saw many talented and notable speakers and Indigenous performers, who conveyed inspirational and motivational messages.

Deadline to register is January 10, 2020.

Register your students

> [2018 Sponsors](#)

> [Soaring](#)

> [Campus/Experience Day](#)

> [FAQs](#)

> [Hotel and Travel](#)

> [Sponsorship](#)

> [2019 Sponsors](#)

> [Guiding the Journey](#)

> [FAQs](#)

> [A Feast in the Forest](#)



Indspire Soaring Recap - Calgary 2019



2019 Soaring: Indigenous Youth Empowerment Gathering held in Calgary, Alberta





Days

March 6, 2020 | Approx. 9:30am – 1:30pm

Students will have the opportunity to visit an institution/organization which will hold a campus/experience day that will include a tour, workshops and complimentary lunch.

Featuring: University of Ottawa, NAV Canada, Bank of Canada Museum, Canada Science and Technology Museum, and Saint-Paul University/ La Cité collégiale/Algonquin College.

[Learn More](#)

2020 *Indspire* Awards



**March 6, 2020 |
National Arts**



Students will have the opportunity to join over 2,000 guests at the filming of the 2020 *Indspire Awards*, which will be broadcast on tv in June 2020.

Shell School Grant Program



Apply for support for your school through the Shell Canada School Grant Program!

Schools located in Shell Canada communities are eligible to apply for grants **up to \$5,000** to offset travel costs for students and chaperones to attend this year's Soaring: Indigenous Youth Empowerment Gathering.

Deadline to apply for the Shell School Grant Program is December 13, 2019.

Apply for Shell Grant Program



Hotel and Travel

This year The Westin Ottawa is serving as both the venue and the designated hotel for *Soaring: Indigenous Youth Empowerment Gathering*. Rooms for delegates have been reserved at a special room rate of **\$225+ taxes per night for a standard room**, and is **only available until Friday January 31, 2020**. [Book your room now!](#)

We're pleased to share that our long-standing partner, Air Canada, is extending a discount for airfare for *Soaring* again this year! Use code **BY66PEW1**. More information regarding Hotel and Travel for *Soaring: Indigenous Youth Empowerment Gathering* can be found on our Hotel and Travel page.

[Read More](#)

**Thank you to our supporters
| Merci à nos partisans**

Lead Partner | Partenaire principal



Campus/Experience Day

Indspire > Events > Soaring > Campus/Experience Day

Campus/Experience Day

Events

> Indspire Awards

> Tickets

> Laureates

> Sponsorship

> 2019 Sponsors

> National Gathering

> Contact Us

> Sponsorship

> 2018 Sponsors

> Soaring

**March 6, 2020 | Various Locations |
Ottawa, ON**

Students will have the opportunity to visit an institution/organization which will hold a campus/experience day that will include a tour, workshops and complimentary lunch.





The University of Ottawa – ranked 141st in the world and seventh in Canada by the Times Higher Education World University Rankings in 2020 – offers limitless possibilities. Design a degree as unique as you are. Get a head start on a stellar career by joining the fifth-largest CO-OP program in Canada. Boost your future earnings by learning or perfecting French at the world’s largest French-English bilingual university, among the top 10 universities in the world to teach a large number of disciplines in French. Benefit from one of the most generous scholarship programs in the country, with \$42 million awarded to undergraduate students each year.

[› FAQs](#)

[› Hotel and Travel](#)

[› Sponsorship](#)

[› 2019 Sponsors](#)

[› Guiding the Journey](#)

[› FAQs](#)

[› A Feast in the Forest](#)

We constantly adapt our approach to higher learning to give you a competitive edge in these times of exponential change. Discover how you can benefit from our strengths in research, global citizenship, hands-on learning, entrepreneurship, bilingualism, multiculturalism, and student life.



BANK OF CANADA
BANQUE DU CANADA

Bank of Canada

The Bank of Canada is not a bank where you deposit money or apply for a loan – it is our nation’s central bank. Its principal role is to promote the economic and financial welfare of Canadians in four main areas: Monetary Policy, Financial System, Currency and Funds Management.

The Bank is excited to welcome Indigenous students to take part in a fun-filled day of learning where they will have the opportunity to:



money; and

- tour the Bank of Canada Museum and explore fun, hands-on, interactive exhibits that cover everything from how people's expectations affect the health of an economy to how inflation targeting works (hint: you get to fly a rocket ship!)



NAV Canada

A career at NAV CANADA is anything but ordinary. Our people are committed to guiding the millions of aircraft that cross Canada's skies each year, ensuring that air travellers fly safely. We embrace a culture of innovation, collaboration and excellence in everything that we do.

NAV CANADA is thrilled to welcome Indigenous students to take part of the experience day at the Ottawa tower where you will have the opportunity to:

- Learn how Canada's aviation system works and who makes it work
- See the Flight Service Station and Tower simulators
- Learn about the latest technology
- Get a view from the Ottawa Tower and see Air Traffic Controllers in action
- And visit the NAV CANADA hangar and flight check aircraft



MUSEUMS CORPORATION
SOCIÉTÉ DES MUSÉES DE SCIENCES
ET TECHNOLOGIES DU CANADA

Canada Science and Technology Museum

Ingenium is a vital link between science and society, and we take science engagement to the next level. We do this by co-creating participatory experiences, acting as community hub and connectors, helping Canadians contribute to solving global challenges, and creating a collective impact which will extend far beyond our physical spaces. One fun example? Our new Nintendo game, which mixes science with play and has international reach!

We are Ingenium, and our institutions are the new Ingenium Centre and Canada's museums of science and innovation: the Canada Agriculture and Food Museum, the Canada Aviation and Space Museum, and the Canada Science and Technology Museum. Ingenium is excited to welcome Indigenous students to take part in a fun-filled day of learning where they will have the opportunity to:

- Explore and learn hands-on at the Canada Science and Technology Museum
- Tour the new state-of-the-art facility, the Ingenium Centre. It houses Canada's science and technology collection, with over 2 million 2D artifacts such as photos and over 85,000 3D artifacts including cars and even trains!
- Meet curators and see what goes on behind-the-scenes, including peeks at the Ingenium Research Institute and the Ingenium Digital Innovation Lab
- Participate in an important hands-on activity related to the Indigenous Sky Knowledge Symposium, co-creating material which will be used at the Symposium in September 2020. This activity will be led by curator Dr. David Pantalony and Lindsey



-
- End your day with fun free time exploring the Canada Science and Technology Museum including “One Sky”, our exhibit about Indigenous Sky Knowledge.

Ingenium looks forward to a fun and meaningful day of exploration and co-creating!

Instagram

Hotel and Travel

Indspire > Events > Soaring > Hotel and Travel

Hotel

This year The Westin Ottawa is serving as both the venue and the designated hotel for *Soaring: Indigenous Youth Empowerment Gathering*. Rooms for delegates have been reserved at a special room rate of **\$225+ taxes per night for a standard room, and is only available until Friday January 31, 2020.**

The Westin Ottawa
11 Colonel By Drive
Ottawa, ON K1N 9H4

Phone: (613) 560-7000

Book your room now!

Events

> [Indspire Awards](#)

> [Tickets](#)

> [Laureates](#)

> [Sponsorship](#)

> [2019 Sponsors](#)

> [National Gathering](#)

> [Contact Us](#)

> [Sponsorship](#)

> [2018 Sponsors](#)

> [Soaring](#)

Travel

We're pleased to share that our long-standing partner, Air Canada, is extending a discount for airfare for *Soaring* again this year! Use code **BY66PEW1**.

Airport Information

Ottawa Macdonald-Cartier International Airport (YOW)
1000 Airport Parkway Private
Ottawa, ON K1V 9B4

Phone: (613) 248-2125

Parking

On-site parking: \$4.50 CAD/hour, \$30 CAD/day

Valet parking: \$48 CAD/day

> [Campus/Experience Day](#) **140**

> [FAQs](#)

> [Hotel and Travel](#)

> [Sponsorship](#)

> [2019 Sponsors](#)

> [Guiding the Journey](#)

> [FAQs](#)

> [A Feast in the Forest](#)

Instagram

FIELD TRIPS - FORM B

Huron-Superior Catholic District School Board

APPLICATION FOR BOARD OF TRUSTEES APPROVAL
EXTENDED FIELD TRIP

SCHOOL: St. Paul

NAME OF TEACHER W. Greco GRADE 8

requests authorization to take his/her class to Toronto
(place or area)

Date of Departure: June 16, 2020

Date of Return: June 19, 2020

Number of Students: 15 Number of Staff: 1 Number of Adults: 4
(at least 1 required)

Note: Both male and female chaperones should accompany overnight trips with mixed student groups.

Means of Transportation: Porter Airlines
(Under no circumstances are students to drive other students.)

A detailed itinerary must be provided with this application.
The itinerary must outline the educational value of the field trip and list the curriculum
and/or Ontario Catholic School Graduate Expectations being met.

Special provisions to provide for Universal Access: NA

Note: The Principal confirms that all "Volunteers" have had a Criminal Records Check and a Vulnerable Sector Screening and that all students have out of province/country medical insurance for travel outside the province/country. The principal also confirms that all staff/chaperones are aware of Policy 5003 Field Trips and its accompanying Procedural Guidelines.

L. Legary
(Signature of Principal)

(Date)

AUTHORIZATION

This Extended Field trip is approved.

(Signature of Director)

(Date)

Distribution: The Principal will sign the form and send it to the Director of Education.

Once approved by the Board of Trustees, a copy will be sent to the Principal for his/her records.

St Paul Toronto Trip

June 16 to June 19, 2020

Itinerary:

Travel via Porter airlines from SSM to Toronto.

Travel in Toronto by TTC: subway, streetcar, and bus.

Accommodations for three nights at the University of Toronto, Chestnut Street Residence.

Activities will include the following:

Blue Jays Game

Theatre: Les Miserables

Medieval Times

Queens Park

The Ontario Science Centre

C.N. Tower

Canada's Wonderland

Hockey Hall of Fame

Ripley's Aquarium

ROM

St Michael's Cathedral (mass)

All tour visits will have curriculum connections focused on learning that has taken place through the elementary school experience. Ontario Catholic School Graduate Expectations are also realized through the experiences provided to the students. A Discerning Believer, An Effective Communicator, A Reflective, Creative and Holistic Thinker, A Self Directed, Responsible, Life Long Learner and A Responsible Citizen are outcomes that we hope to realize through our travels.

Thanks

Wayne Greco

St Paul School

St. Paul Catholic School Grade 8 Field Trip to
Toronto Curriculum Expectations

Attraction	Curriculum Expectation
<p>Mass at St. Michael's Cathedral</p>	<p>CL2 Through the celebration of the Liturgy of the Mass we encounter Christ's presence in Word i.e. Scripture proclaimed, in the assembled community i.e. Church - Body of Christ, in the priest i.e. Head and Shepherd, and under the sign of bread and wine i.e. sacramental presence of the Body and Blood of Christ. The celebration of the Eucharist invites us to full, active participation in the mystery we celebrate so we can receive and experience the many graces that come from this sacrament of love.</p>

Les Miserables**Drama**

B2.1 construct personal interpretations of drama works, connecting drama issues and themes to social concerns at both the local and global level

B2.2 evaluate, using drama terminology, how effectively drama works and shared drama experiences use the elements of drama to engage the audience and communicate a theme or message

Queens Park	B3. demonstrate an understanding of the roles and key responsibilities of citizens and of the different levels of government in Canada Significance To be active and effective citizens, Canadians need to understand their rights and responsibilities as well as how governments work.
Medieval Times	A1. compare key aspects of life in a few early societies (3000 BCE-1500 CE), each from a different region and era and representing a different culture, and describe some key similarities and differences between these early societies and present-day Canadian society

Science Centre

Community Partners Community partners in the areas of science and technology can be an important resource for schools and students. They can provide support for students in the classroom, and can be models of how the knowledge and skills acquired through study of the curriculum relate to life beyond school. School boards can collaborate with leaders of existing community science and technology programs for students, including programs offered in community centres, libraries, and local museums and science centres.

Royal Ontario Museum	D3. Exploring Forms and Cultural Contexts: demonstrate an understanding of a variety of art forms, styles, and techniques from the past and present, and their sociocultural and historical contexts.
CN Tower	D2.2 analyze ways in which elements and principles of design are used in architecture
Wonderland/Blue Jays/Hockey Hall of Fame/Ripley Aquarium	A1.4 apply skills that help them build relationships, develop empathy, and communicate with others as they participate in learning experiences

January 7, 2020



Huron-Superior Catholic District School Board

Re: ST. MARY'S COLLEGE SCHOOL ACTIVITY REPORT

January 2020

*Submitted by:
Anthony DeLorenzi
Lucas Marano
Student Trustee
St. Mary's College*

Athletics

- Junior and senior volleyball continues.
- Boys Junior and senior basketball teams have been playing very well.
- Sports teams are resuming after the Christmas break.

Events

- Heaven Cent has raised just over \$20,000

Student Council

- Hosting a pizza party for the Special Olympics Basketball athletes and the volunteers who helped with the event.

Student Senate

- Second meeting to take place on January 9th to finalize our initiatives for the year.