



Huron-Superior Catholic District School Board

FORM 1

Application for Consideration of a New Collaborative Agreement

This form is to be completed by government mandated or regulated external agencies applying to provide special education or mental health and well-being services, by a professional or paraprofessional, directly to students within a Huron-Superior Catholic District School Board (HSCDSB) school.

This application will be reviewed by the Superintendent of Special Education. If the application is approved, a Memorandum of Understanding will be developed.

Applicant: _____ (External Agency): _____

Description of the history and ownership/funding base of the external agency:

Description of the nature of the program or service that will be provided:

Area (North/East/Central) to which the application applies:

Anticipated outcomes of the involvement:

Evidence of congruence with the HSCDSB's Strategic Priorities, mission and vision:

Professional External Provider (individuals who are members of a regulated professional College in Ontario).

Name	Profession	Certificate or Registration #

Paraprofessional External Provider (individuals with relevant post-secondary or on the job training who are not members of a regulated professional College in Ontario).

Name of Paraprofessional	Post-Secondary Credentials	Supervisor	Supervisors Professional Status	Supervisors Certification or Registration #

Expectations for space and material resources:

In the provision of services, the service provider is requesting the following provision of space to provide service.

In the provision of services, the service provider is requesting the following provision of materials and or electronic supports in schools to provide service.

The external agency proposes the following method of evaluation of services provider, including proposed tools (attach):

The applicant agrees that all service provided will abide by professional standards of its regulatory college (if applicable).

Proposed start date: _____(short term)
 Proposed end date: _____

This applicant is proposing the above terms and conditions for a Collaborative Agreement and is attesting to the capacity to provide for the above provisions. Should the application be considered for Collaborative Agreement development and implementation, the applicant agrees to co-develop a formal collaboration.

 External Agency Lead

 Date

 Signature