

Huron-Superior Catholic District School Board

FORM 2

Application for a Consideration of Access Agreement

This form is to be completed by parents with their proposed external provider to outline what special education or mental health services they hope to provide. Please outline which professional or paraprofessional you hope to have working with the student within a Huron-Superior Catholic District School Board (H-SCDSB) 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: _____ (Parent)

Child: _____ Provider: _____

Description of the history and services of the provider/agency:

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

School and community to which the application applies:

Anticipated outcomes of the involvement:

Evidence of congruence with the H-SCDSB'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 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 Condition of Access Agreement and is attesting to the capacity of their provider to provide for the above provisions. Should the application be considered for Condition of Access Agreement, the applicant understands they will need to provide:

- A written declaration that their provider have policies and procedures to guide the service provided, including, but not limited to, obtaining informed consent from parent(s)/guardian(s) and/or student based on age of consent/competency, as per agency policy, mandate and relevant legislation and statues.
- Copies of the form(s) used to obtain consent from parent(s)/ guardian(s) and/or student.
- A written declaration that all service providers who have direct contact with students, have a clear and current vulnerable sector check.
- A copy of their provider’s certificate of insurance (annually) which demonstrates that they have commercial general liability (CGL) insurance in an amount not less than \$5,000,000 per occurrence including professional and/or malpractice coverage. The H-SCDSB must be listed as an additional insured party on the CGL certificate.
- A copy of their provider’s proof of insurance through the Workplace Safety Insurance Board (WSIB) while working on board property, or exemption.
- A copy, completed by their provider, of a brief summary of service to the school principal at the conclusion of the service.

 Parent / Guardian

 Date

 Signature