**STUDENT SERVICES**

**SCHOOL DISTRICT NO. 50 (HAIDA GWAII)**

**107 3rd Avenue, Queen Charlotte, BC V0T 1S0**

**Phone: 250-559-8471 Fax: 250-559-8849**

ANNUAL DESIGNATION *RENEWAL* REQUEST

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| **Student Name:** | **D.O.B.** |  |
| **School:** | **Grade:** | **Date:** | **PEN #** |

***Check*** each of the following to confirm that the student file contains the necessary evidence/documentation.

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| 1. **DEFINITION**: **Physical Disability or Chronic Health Impairment**
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| Documentation of a medical diagnosis in one or more of the following areas:* Nervous system impairment that impacts movement or mobility; and/or
* Musculoskeletal condition; and/or
* Chronic health impairment that seriously impacts the student’s education and achievement
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| 1. **IDENTIFICATION & ASSESSMENT**:
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| * The medical diagnosis is clearly stated in a report/letter from a medical practitioner. (*e.g. not from an OT*)
* The name(s) and role(s) of the person or multidisciplinary team making the medical diagnosis is/are clear.
* The student’s functioning is ***significantly affected*** by the medical/physical condition.
* The instructional support planning document (ISPD) is complete and provides evidence of ***significant impact*** on the student’s educational program in at least two domains. (*Two or more ticks in column “C”)*
* The student’s report card and/or progress reports indicate support services are present in the classroom/school program.
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| 1. **PLANNING & IMPLEMENTATION**:
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| * The designation file is organized according to district standards
* A current IEP is in place.
* The IEP has individualized goals and measurable objectives.
* The goals correspond to the category.
* The IEP includes an evaluation of strategies and interventions used.
* The student is being offered learning activities in accordance with the IEP.
* The IEP outlines methods for measuring progress in relation to the goals/objectives.
* There is evidence that the IEP has been recently reviewed.
* There is evidence that the parent/guardian was offered the opportunity to be consulted about the preparation of the IEP.
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| 1. **SUPPORTS & SERVICES**:
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| * The services outlined in the IEP relate to the identified needs of the student.
* The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to the level of need.
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| **Confirmation of Appropriate Documentation**Principal Signature: SBT Chair Signature: Date: |