

**Application for Consideration of an External Partnership/External Partnership-Supplemental Student Services Form: Algonquin and Lakeshore Catholic District School Board**

**Guidelines**

1. Community professionals will provide appropriate written documentation of informed, written consent from the parents for services by the professional and for discussion with school and board personnel.
2. The professional will provide proof of a recent Criminal reference Check, proof of qualifications and registration with professional College where applicable and proof of professional liability insurance.
3. The School Principal will monitor the professional while on school property.
4. The professional does not direct school staff, including educational Assistants but does share relevant information and recommendations for consideration for the students' program.
5. The professional will schedule all visits to the school through the school Principal or delegate.
6. Privacy and Confidentiality of all students and staff must be respected at all times.
7. Board policies and procedures must be respected at all times.
8. The school Principal and or the Coordinator of Student Services in collaboration with the Superintendent of School Effectiveness responsible for Special Education may terminate the involvement of the outside professionals if there is a breach of any of these guidelines or for any other reason deemed appropriate by the School Principal.

**Name of External Partner:**

**Description of the service/program to be provided:**

**Names of representatives of the external agency:**

**Anticipated outcomes of programs and services provided:**

**Qualifications/Supervisory relationships for external agency staff providing service: Include CPIC and proof of liability insurance. Please attach.**

I agree with the terms of the Application for Consideration of an External Partnership/ External Partnership-Supplemental Student Services Form: Algonquin and Lakeshore Catholic District School Board:

Name and Title of Professional \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_

Signature of School Principal: \_\_\_\_\_

Signature of Coordinator of Student Services: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Parent  
Superintendent of School Effectiveness responsible for Special Education  
Coordinator of Student Services  
Ontario School Record