

REPORT OF THE SPECIAL EDUCATION ADVISORY COMMITTEE
Thursday October 3, 2024 6:30 P.M.

ROLL CALL:

Eva Kyriakides, Association for Bright Children (ABC) SEAC Chair
Charmain Brown, OPVIC Ontario Parents of Visually Impaired Children
sensaRAneb Burrell, Autism Ontario – Durham Region Chapter
Tara Culley, Durham Down Syndrome Association
Allyson Eamer, Easter Seals Ontario
Rowin Jarvis, Learning Disabilities Association of Durham Region
Elizabeth Daniel, Member at Large
Jennifer McLaughlin, Sawubona Africentric Circle of Support

Trustees: Donna Edwards Kelly Miller Michelle Arseneault

Staff: Superintendent, Andrea McAuley
System Lead, Michelle Crawford-Eade

Recording Secretary: Lisa Wry

1. Call to Order:

SEAC Vice-Chair Tara Culley called the meeting to order at 6:34 p.m.

2. Land Acknowledgement:

SEAC Vice-Chair Tara Culley advised that the Durham District School Board acknowledges that many Indigenous Nations have longstanding relationships, both historic and modern, with the territories upon which our school board and schools are located. Today, this area is home to many Indigenous peoples from across Turtle Island. We acknowledge that the Durham Region forms a part of the traditional and treaty territory of the Mississaugas of Scugog Island First Nation, the Mississauga Peoples, and the treaty territory of the Chippewas of Georgina Island First Nation. It is on these ancestral and treaty lands that we teach, live, and learn.

This statement was co-created in partnership with the Mississaugas of Scugog Island First Nation and the Chippewas of Georgina Island.

3. DDSB Human Rights & Equity Statement

The Durham District School Board recognizes Indigenous rights are distinct. In the exercise of those rights, Indigenous staff and students shall not be subject to action with the aim or effect of depriving these distinct rights.

The Durham District School Board is committed to providing learning and working environments that centre human rights and equity and are safe, welcoming, respectful, equitable, accessible, inclusive, and free from all forms of discrimination, oppression, harassment, and harm.

4. Welcome Guests: Fatima Beauregard, Senior Manager and Clinical Lead - Speech Language, and Amanda Dolstra - Speech Language Pathologist, Maritza Basaran Autism Ontario Alternate Representative. Lisa Wray Secondary Representative.

Regrets: Eva Kyriakides, Allyson Eamer,

Absent: None

5. Approval of Agenda:

That the agenda for October 3, 2024, be approved. With the update to move the Durham Down Syndrome Association presentation to the November 7 meeting.

MOVED BY: Rowin Jarvis

SECONDED BY: Elizabeth Daniel

CARRIED

6. Approval of the Minutes:

That the minutes from September 5, 2024, be approved: update to include Eva Kyriakides will also be part of the Member at Large selection committee.

MOVED BY: Elizabeth Daniel

SECONDED BY: Trustee Kelly Miller

CARRIED

7. Staff Reports:

System Lead Michelle Crawford-Eade shared information and updates from the Inclusive Student Services department: The DDSB Life Beyond High School Event will be on October 23 6-8:30 p.m; all are invited. Also included information about the newly created document *Supporting Educational Assistants: An Administrators' Guide to Respectful and Inclusive Teams*. This is a working document for administrators that asks reflective questions structured around four themes: Foundations, Relationships, Collaboration and Inclusion, and Connection. Senior Manager and Clinical Lead of Speech Language and Hearing Services Fatima Beauregard shared the Inclusive Student Service Impact Update 2024-2025 Issue 1 focusing on Informed Consent. Informed consent is a requirement for Psychological services Speech Language services and Social Work services, which outlines risks and benefits of services, allows the student(s)/parent(s)/caregiver(s) to ask questions. All these service professionals are regulated under their own college, and informed consent is legislated by these colleges. Every part of the process has conversations and further consent.

Board: Trustee Donna Edwards shared with SEAC members that the Board of Trustees September meeting had a key focus on welcome back to school. School startup went very well. The draft plan for Pupil Accommodation and Trends was presented at Board. The Board is lobbying for more capital projects. We have been able to accommodate some of the pressures. A few capital projects ahead. Greatest concern is the growth within municipalities. Updated regulations to Trustees around code of conduct and meeting attendance. Starting September 2025, if a Trustee does not attend a meeting, they vacate their seat.

Superintendent Andrea McAuley shared that the DDSB Pupil Accommodation Plan is rich with information. The Facilities Services team has done a great job with projections of programs and services. A link to the resource will be shared with members as follow up.

8. **Presentation & Discussion: Augmentative and Alternative Communication (AAC)**

October is AAC Month

Fatima Beauregard, Senior Manager and Clinical Lead – Speech Language and Hearing Services
Amanda Dolstra, Speech Language Pathologist presented information on AAC to the members.

Communication is a Human Right

“The silence of speechlessness is never golden. We all need to communicate and connect with each other – not just in one way, but in as many ways as possible. It is a basic human need, a basic human right. And more than this, it is a basic human power” (B. Williams, 2000, p. 248)

AAC stands for **Augmentative and Alternative Communication**

- Used to supplement, add to, and/or clarify spoken language.
- Used in place of spoken language.

Types of AAC Tools

Unaided

Do not require any external equipment or tools:

- Gestures
- Vocalizations
- Body language
- Facial expressions
- Manual signs

Aided

Requires the use of equipment or tools:

- Pictures
- Objects
- Text/Writing
- Communication Boards
- Speech Generating Devices
- Apps on iPads

Why are AAC Tools and Strategies Important?

AAC supports the **communication** and **participation** of individuals with complex communication needs in a wide range of environments and activities, including:

- Building meaningful connections and relationships with others
- Fostering a sense of identity
- Participating in classroom learning and discussions
- Engaging in play and social interactions with peers
- Communicating their needs and directing their care

Common AAC Myths

- AAC hinders language development.
- AAC systems discourage speech development.
- Young children are unable to successfully use AAC.
- Children who use AAC experience social challenges with peers.
- Prerequisite skills must be met before AAC can be introduced.

Who Benefits from Using AAC?

Anybody who cannot consistently rely on verbal speech for communication.

There are many reasons why an individual may not communicate using spoken words/language AAC provides the tools, systems, devices, and/or strategies that individuals need to support their communication when they cannot rely on speech.

High-Tech AAC Systems

Two possible pathways for students to obtain high-tech AAC systems:

Referral to the Communication and Writing Aids Service (CWAS) at Holland Bloorview Kids Rehabilitation Hospital

- As an Assistive Devices Program (ADP) Clinic, CWAS can authorize ADP funding.
- Services are provided at home and at school by their multi-disciplinary team.
- Students must meet eligibility criteria to be referred to this program.
- DDSB S-LPs can initiate the referral to CWAS with parental consent.

Specialized Equipment Amount (SEA)

- iPad with specialized communication software/app
- Services provided by DDSB S-LPs in school.

Importance of Communication Partners

- AAC systems are their own language.
- At all stages of learning and using an AAC system, students require communication partners who know the system and who can communicate with them and model the use of the device.

Strategic Priorities: Igniting Learning, Connection, and Well-Being

Promote Meaningful Learning by:

- Providing high quality training in the area of AAC for students and staff members

Promote Connected Communities by:

- Improving connections between home and school to foster learning and engagement with the AAC tools and strategies.
- Creating opportunities for AAC users to participate in their school communities (e.g., peer groups, assemblies etc.)

Promote Well-Being by:

- Honouring the identity and voice of our students who use AAC to communicate.

Impact on Students and their Caregivers

"When a DDSB student was asked how she felt about her new AAC system, she tapped **"like"**. When asked how she felt about the new teenage girl voice that was added to her system, she tapped **"like, like, like"**."

"We are so excited that his new device has more words [than his paper-based board] and is more portable so we can take it into the community, to the trampoline park, and so he can communicate with his family members. Thank you so much, we know he has a lot of words and a lot of things to say, and we can see how this will help him share that with us and remove some of the guesswork and frustration.–Parents of an AAC user

Questions from the members:

How often does a student come in with a device that we are not aware of?

- Our IT department is very inclusive with access to the most robust apps.
- When we provide an iPad words are added, when families provide the device can add new apps.

Questions regarding funding for student devices.

- School Boards supply AAC through SEA or they are provided to students through Holland Bloorview Kids Rehabilitation Hospital.

How does the assessment process get started?

- Informed consent, then a trial within the classroom with the student.
- Gain knowledge of their current vocabulary strengths and word knowledge as well as their interests.
- Trial programs take on average 6-8 weeks, involves consistent and robust training for educators and support staff.
- Trials with different software.
- Access to robust vocabulary is the goal does not always mean the iPad.
- The tool alone will not encourage the student to speak, it also relies on the relationships with the people they want to have a conversation with.
- Good relationship partners at Holland Bloorview Kids Rehabilitation Hospital and Grandview Kids are very supportive and have relatively short waiting times.

Are we able to use the apps on android devices or just iPad, and are we looking at using more phone-based devices for some of our older children?

- Some apps can be put on both the iPad and Android. We want to be fostering literacy with our students and therefore text-based systems are the goal. Helping to transition from picture based to text-based communication.

Can any of these apps be used by parents/caregivers?

- Many/all the apps have tutorials that parents/caregivers can learn how to use and encourage use of these devices.

What languages are supported?

- *TD Snap* has many languages suppliers are aware of the need for multiple languages and are continuing to develop the app.
- It is easier to use a variety of languages on lower technology because words can be written in different languages.

What is being done to help educators?

- Goals are created collaboratively with the student/family/educator and SLP.

Across the province Managers of Speech Language meet regularly and ACC is a continual part of the conversation.

9. Business Arising from the Minutes

- SEAC Member at Large Vacancy – Update 2 applicants, 1 inquiry not submitted at this time and 2 interested persons that were not eligible due to working for the DDSB. Open until October 15, 2024. Recommendation will come through SEAC for recommendation to the Board of Trustees for approval at the November Board meeting.
- SEAC Webinar Series – Update
 - Considered an advocacy night.

- Trying to put together an in-person event was becoming a difficult task.
 - The idea to have something prerecorded that can be shared at engagement nights and SCC.
 - Consideration is to use snips from the association presentations.
 - Formation of a subcommittee for planning (google form will be sent to survey those interested)
 - Learning Disabilities Association of Durham Region-is working to prepare a presentation on Individual Education Plan (IEP). An older IEP presentation will be shared with members for input and updating.
 - Discussion about recorded presentation with a live Q & A
 - Idea to have it prerecorded would be to have a SEAC member present, and available to answer questions after prerecorded presentation is viewed.
 - The subcommittee can work together to establish details.
 - How long do we want the presentation to be.
 - Chunking into 5-minute sections with a moderator to answer questions and reiterate learning.
 - Email out all questions and answers to the attendees as follow up.
 - Request for Trustees to share with the Board that we are planning a webinar.
- Identification Placement and Review Committee (IPRC) Guide for Parents/Caregivers Support Resource – Update
As staff we have taken SEAC feedback (September 2024) on the supplemental IPRC parent caregiver guide. We are currently updating to create a support resource currently seeking input from parent(s)/guardian(s) new to the process as well as our Special Education Resource Teachers (SERTs) new to the role.
 - Resource: Addressing Ableism in Education – by Gillian Parekh
Last month we spoke as a committee about this book, Ontario context with Ontario students and school systems. Copies available for SEAC members.
“An inclusive classroom is a place where all students experience a sense of belonging and social citizenship (e.g., membership, inclusion, shared power, and value) (Ableism in Education, Gillian Parekh pg108).
 - Professional Learning is share by way of a bi-weekly bulletin to SERTs which contains reflective questions. This learning is also shared with Administrators.

10. **Association Reports & Committee Reports**

- SEAC representative for Parent Involvement Committee sought.
Meet monthly and there are 4 subcommittees you will need to sign up for one, meetings are held virtually.

11. **Correspondence**

- SEAC Membership Request: Abilities Centre. Committee is seeking legal clarification. In the past we have had a similar service organization around the table as non-voting member.

12. **Community Concerns**

No community concerns raised.

13. Celebrations & Successes

Trustee Donna Edwards brought good news of two new students that are newcomers to the school. One of the students requires a wheelchair. The wheelchair they had equipped for the bus, so staff members pick up the student daily. The Administrator reached out to Lakeridge Health, and they donated a fully motorized wheelchair. School teams do a phenomenal job supporting students.

SensaRAneb Burrell reminded members that September 30 was the National Day of Truth and Reconciliation. We are not yet at the point where this is nationally recognized, but wanted to remind us that this is how we confront the lasting and painful impact of residential school systems. We remember the children who never returned home and the survivors who lived on. This is the work we do to improve ourselves.

14. Next S.E.A.C Meeting

November 7, 2024

15. Adjournment

That the meeting does now adjourn at 8:22p.m.

Adjournment called by SEAC Vice-Chair Tara Culley

MOVED BY: Rowin Jarvis SECONDED BY: Maritza Basaran

CARRIED

Report respectfully submitted by:

Tara Culley, SEAC Vice-Chair

Report Special Education Advisory Committee (cont'd)
 October 3, 2024

Table 1 Action Items

ACTIVITY	RESPONSIBILITY	COMPLETION
Send out link to Accommodation Plan	Lisa Wry	ASAP
Send out survey around members of subcommittee	Lisa Wry	ASAP
PIC committee representative survey	Lisa Wry	ASAP
SEAC Member at Large Sub Committee to bring recommendation forward to November SEAC Meeting	Andrea McAuley/Lisa Wry	Subcommittee meeting to be scheduled prior to November SEAC meeting
Follow up on request from Abilities Centre for SEAC Membership	Andrea McAuley	Prior to November SEAC Meeting
Update to IPRC Parent/Guardian Guide Supplemental Resource	Inclusive Student Services team	Prior to December SEAC Meeting

Inclusive Student Services Impact Update

2024-2025 • Issue 1

Informed Consent

Informed Consent for Clinical Services via Inclusive Student Services Staff

With the adoption of DDSB's Human Rights Policy and Indigenous Education Policy, we are invited to examine policies, practices and approaches to ensure that they align with relevant legislation as well as these foundational policies. Core within these policies is voice and choice in education and related services.

Informed consent is a requirement for services provided by Psychological Services, Social Work Services, and Speech and Language Services as part of Inclusive Student Services. These services are provided to help support student mental health, learning and pathways of access to community-based services.

"I always feel good when students mention feeling a lot safer and more comfortable to open up and express themselves authentically knowing things are confidential and they also have choice over what they feel they can share on their own terms and knowing they are in control."

—Social Worker



Informed consent means you are involved in a conversation with your service provider to support understanding of services offered, the benefits, risks and any alternative courses of action. This connection also provides an opportunity for you to clarify questions and/or concerns. Informed consent leads to the decision to engage or not engage in the service(s) offered.

Before any services are provided, regulated health professionals need to seek and obtain informed consent about the services offered to support a student. This means a conversation with the student, at age of consent, or parent/guardian. It is important that the client understands the services being offered, the anticipated benefit and any risk of participating in the services, and the service provider's obligation to maintain privacy and confidentiality.



When students are seeking direct mental health supports (e.g., counselling) that Social Work and Psychological Services staff provide, students are able to consent to their own service(s), provided that they understand what they are consenting to. While practitioners will continue to seek to involve and clarify permission from parent(s)/guardian(s), in circumstances where a student wishes to independently initiate service from a member of Social Work and/or Psychological Services their informed consent (with some exceptions) will suffice. The involvement of parent(s)/guardian(s) continues to be foundational to the work we do, and an important component in the work with students. Other clinical services (e.g., assessment, consultation with school-based personnel) require the informed consent of parent(s)/guardian(s).

What is covered through informed consent?

For all our services provided through regulated health professionals, we provide competent services and information, based on assessment and evidence-based interventions. We may collect information from multiple sources, including the Ontario Student Record, academic documents, caregivers and educators who know your child well, and the student themselves. With written permission, we may contact or consult with other professionals who provide services to your child.

Regardless of which services we offer and are agreed to, you and your child have rights to privacy and confidentiality.

There are two key legislations related to informed consent:

Health Care Consent Act

This is the legislation that lays out the rules for how informed consent is obtained in any setting where there is a requirement to consent to treatment. Within the DDSB, that includes any services offered by members of Psychological Services, Speech Language Pathology and Audiology Services, and Social Work. (ontario.ca/laws/statute/96h02)

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“During planning for a significant transition, a parent/caregiver noted that she really appreciated understanding all of the ins and outs, and what information would be shared with the new school. She said that it made her feel better about this transition knowing that she can decide what information about her child is shared and only to those needing the information for planning.”

–Psychological Services team member

“Families may have previous experiences with receiving professional services for their child privately or through a community agency. The delivery of these services may differ within the school setting. The informed consent process helps families to better understand the nature of services that their child will receive from school-based professional services and provides them with the opportunity to ask questions.”

–Speech Language Pathologist

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Personal Health Information Protection Act (PHIPA)

This Act sets out rules for how personal health information is collected, used, and shared. Even though schools are not specifically healthcare settings, we do have many regulated health professionals within our Inclusive Student Services teams. When you provide consent to any services provided by a DDSB clinician, the rules they follow to keep your personal health information confidential are laid out in PHIPA. (ipc.on.ca)

Regulated Health Professionals in the DDSB support students aligned with the expectations of legislation, the district and governing professional organization:

- [College of Audiologists and Speech-Language Pathologists of Ontario \(CASLPO\)](#)
- [Ontario College of Social Workers and Social Service Workers \(OCSWSSW\)](#)
- [The College of Psychologists and Behaviour Analysts of Ontario \(CPBAO\)](#)



For more information about the
 DDSB Inclusive Student Services Impact Update,
 please visit [DDSB Inclusive Student Services](#).

