

*MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"*

SECTION 700 – Educational Program

**ADMINISTRATIVE PROCEDURE - EXHIBIT: SPECIALIZED PROGRAM
PLACEMENT PERMISSION FORM**

<i>EXHIBIT CODE:</i>	<i>708 E 003</i>
Policy Reference: 708 - Alternative Programs	Procedure Code Reference: 708 AP 004 – Specialized Program Placement

EXHIBIT

See below for form.

Approved: February 25, 2019

Revised: _____

PARENT PERMISSION FOR: SPECIALIZED PROGRAM PLACEMENT

Student: _____ Date of Birth: _____
Last Name First Name MM/DD/YYYY

School: _____ Grade: _____

Program: _____ School: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian: _____
Last Name First Name

Parent/Legal Guardian: _____
Last Name First Name

Address: _____ Phone: _____

The Medicine Hat Public School Division Specialized Program is designed to meet the needs of students with cognitive or complex medical conditions.

Our program is located at Herald School. Admission to the program is made through consultation with parents and Division staff after assessment and achievement data are obtained. The program is staffed by teachers and educational assistants based on student and program needs. Functional and adaptive skills including independent living, life, social and employment skills are emphasized through a variety of activities within the school and the community. Assessment techniques reflect the classroom learning experiences which are based on modified expectations of the Alberta Education Program of Studies. Assessment may include: samples of daily work or portfolio; checklists, observation (formal and informal, oral and written); self and peer assessments. Students in our programs may spend time in a specialized setting, the regular classroom setting, community settings or, in most cases, a combination based on individual learning goals and objectives. An emphasis is placed on the development of skills required for the highest level of independent functioning the student is capable of, to facilitate the transition to adult life at age 18.

Students in this program work toward a Certificate of School Completion or Certificate of High School Achievement which is awarded during graduation ceremonies after the third year of high school.

PARENT/LEGAL GUARDIAN CONSENT

****** When a court order or custody agreement stipulates that both parents must be involved in the decision making for a child, both parents must provide consent for placement.

I _____ the parent and/or legal guardian of

Student Name

PLEASE CHECK ONE: ☐ Give my consent

☐ Do not give my
consent

To Medicine Hat Public School Division for placement of the above named student in a Specialized Program.

☐ By signing this form and consenting to this service, I declare to be the legal guardian of this child, as defined in the Family Law Act.

**YOUR CONSENT IS VOLUNTARY AND MAY BE WITHDRAWN AT ANY TIME BY NOTIFYING
MEDICINE HAT PUBLIC SCHOOL DIVISION IN WRITING.**

Parent/Legal Guardian Signature

Date

Teacher's Signature

Date

Principal's Signature

Date

*Copies to: Student Record
 Central Office*

