



COLLABORATIVE AGREEMENT
FOR PRIVATE SERVICES

BETWEEN: Trillium Lakelands District School Board

-and-

(the "Private Service Provider/ Professional")

Re: Student: _____ D.O.B. _____

School: _____ Date: _____

DESCRIPTION AND GOALS OF SERVICE:

RATIONALE FOR SERVICE TO OCCUR DURING THE INSTRUCTIONAL DAY ON BOARD PROPERTY:

WHEREAS the private service provider/ professional / paraprofessional has been retained and / or agreed to by a parent / guardian of a student, within the board, to observe and / or demonstrate with respect to the student;

AND WHEREAS the board stipulates certain conditions and guidelines with respect to the role of the private service provider/ professional / paraprofessional within its premises and when interacting with board personnel and students.

The private service provider/ professional / paraprofessional is to abide by the attached guidelines.

1. Confidentiality:

In any written or oral reports arising out of observations made on school premises, the private service provider/ professional / paraprofessional shall not make any references to other students or school / board personnel by name or by any other means which could serve to identify the individual. All such reports shall be held in the strictest confidence.

2. Registered Professional for Service Delivery or Supervision of Service Delivery

Any private service provider must be registered by a regulated college OR be directly supervised by a member of a regulated college.

The member guarantees that he / she holds current, valid registration to practice in his / her discipline as directed by the appropriate College.

This member accepts responsibility for direct service to the student OR for supervision of the direct service provider (professional or paraprofessional).

- Name of Direct Service Provider _____
- Name of Member _____
- Name of College _____
- Registration Number _____

Liability:

The member guarantees that he/ she has professional liability insurance in the amount which is in accordance with the stipulations of the college and names the board as an additional insured under the policy.

- Name of College _____
- Amount of Coverage _____
- Expiration Date _____

3. Criminal Background Check:

The private service provider/ professional guarantees that provider of direct services has a current (within the last 12 months) and satisfactory Vulnerable Sector Screening.

4. Programming Recommendations:

The principal is responsible for the education program of the student. Programming recommendations made by the private service provider/ professional / paraprofessional are suggestions offered to the principal or designate, which may or may not be implemented. The principal or designate has the authority to determine what, if any, programming changes are to be made in accordance with / and subject to the *Education Act*.

5. Termination of Privileges:

The private service provider/ professional / paraprofessional acknowledges that his / her access to the school premises may be terminated at any time at the sole and unfettered discretion of the principal or the board. Written notification of the termination will be provided.

6. Parent/ Legal Guardian Entirely Responsible for Any Payment

The private service provider/ professional / paraprofessional acknowledges that the board shall not be responsible for any accounts or services rendered in connection with school consultations, observations, demonstrations or otherwise.

Name and contact information for direct service provider

Signature of Registered Professional
(*this may or may not be the direct service provider)

Date

Superintendent Responsible for Specialized Services

Date

CC: Parent / Legal Guardian / Adult Student
OSR
Superintendent Responsible for Specialized Services
Registered Professional



PARENT/GUARDIAN AGREEMENT

Parent/Guardian:

Re: Visit(s) by _____
(Name of Private Service Provider/ Professional / Paraprofessional)

Concerning _____
(Name of student)

We hereby acknowledge and agree that the above-named private service provider/ professional / paraprofessional has been retained by the undersigned parent(s) / guardian(s). Further, we acknowledge and agree that we are fully responsible for payment of any and all accounts, including fees and disbursements, rendered by the above-named professional / paraprofessional and the board will not be paying nor contributing to the cost of these services. Finally, in consideration of the board allowing the above-named private service provider/ professional / paraprofessional the requested access to the school, we hereby release and forever discharge the board (including its employees, supervisory officers, and trustees) from any and all claims, demands, liabilities, courses of action, complaints, and otherwise arising from the visit(s), including any remedies which may subsist in law, equity or under legislation.

In addition, we hereby acknowledge and agree that the principal is responsible for the duration of the program of the above-named student. At any time at the sole and unfettered discretion of the principal or the board, the above named private service provider/ professional / paraprofessional's access to school board premises may be terminated. Further, we acknowledge and agree that programming recommendations made by the above-named private service provider / professional / paraprofessional are suggestions offered to the principal, which may or may not be implemented. Finally, we acknowledge and agree that the principal has the authority to determine what, if any, programming changes are to be made in accordance with / and subject to the Education Act.

Accepted: _____ *Witness _____
(Parent / Guardian Signature)

Date: _____ Date: _____

* In the absence of other convenient witnesses, the Principal / designate may serve as witness

cc: Parent / Guardian
External Partner
Student Services
O.S.R.

Please complete and sign the attached Consent Forms to allow the Private Service Provider/ Professional / Paraprofessional to work with your student on school property during the school day



EXCHANGE OF INFORMATION AUTHORIZATION

Information received will be included in the Ontario Student Record (OSR) Documentation File. It should be noted that the information in the OSR is subject to access under guidelines outlined in the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

I hereby authorize the release and exchange of information concerning contacts involving:

- Medical Health Services
- Psychological Services
- Social Work Services
- Special Education Services
- Speech/Language Services
- Audiological Services
- Other (please specify) _____

Between:

And:

Regarding:

Name of individual: _____

Birthdate of individual: _____

School(s) attended and/or attending in TLDSB: _____

If individual is under 18, the parent/guardian should complete the section below. If individual is over 18, he/she can complete it themselves:

Name (Please Print) _____

Address _____

Phone Number _____

Signature _____

Date _____

Witness _____