

**Application for Consideration of an External Partnership  
Catholic District School Board of Eastern Ontario**

**Guidelines**

1. Community professionals or school 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 activities of the professional(s) while on school property.
4. The professional works with but does not direct school staff. Professionals will 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 designate.
6. Privacy and Confidentiality of all students and staff must be respected at all times.
7. Board policies and procedures will be adhered to at all times.
8. The Superintendent responsible for Special Education in consultation with Executive Council may terminate the involvement of the outside professionals operating in a school if deemed necessary by the administration of the Board.

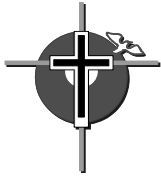
**Name of External Partner:**

**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: Catholic District School Board of Eastern Ontario:

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

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

Signature of Superintendent of Special Education \_\_\_\_\_

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

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

Name of Student(s)/Class(es) \_\_\_\_\_

Date:

cc:

Superintendent of Special Education and  
School Superintendent of Education