



LRSD's Resource Allocation Planning Framework

This document outlines the Louis Riel School Division's framework for resource allocation and programming to support student inclusion and diverse needs.



DIVISION SCOLAIRE

LOUIS RIEL

SCHOOL DIVISION

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Executive Summary

The Louis Riel School Division (LRSD) Resource Allocation Planning Framework offers a structured, collaborative approach to supporting resource allocation and programming. It is grounded in the principles of inclusion, equity, and student independence. Aligned with Manitoba Education's definition of inclusion, LRSD is committed to fostering a community where all individuals feel accepted, valued, and safe.

Key Components of the Framework

This planning document integrates resource allocation with strategies to make education accessible to all students and support them in the shared goal of becoming independent learners. By defining priorities, levels of support, and responsibilities, this tool facilitates both individual student and system-wide planning.

Planning Priorities

Health care: Health care and medical needs are the highest priority, as addressing these basic and essential needs is necessary for a child to safely attend school.

Access: Access needs encompass a wide range of requirements from physical accessibility to sensory communication, cognitive, and emotional supports.

Instructional Support: Targeted instructional interventions for individuals or small groups of students, under the direction of the classroom teacher and supported by the [in-school and student support teams](#).

Adult Support Proximity Levels

Adult support is defined across a range from intensive to minimal support, based on the frequency and closeness of required adult interaction. There are five levels ranging from intensive to routine.

Roles and Responsibilities

Student Support Teams: A case manager is assigned to lead the school-based team to support the development and implementation of a Student-Specific Plan. For the purposes of this document, the SSP would typically be either a Healthcare Plan or an IEP.

Classroom Teachers: The classroom teacher, as the core team member, is ultimately responsible for providing appropriate educational programming for all students in their class.

Case Managers: All students who require an SSP must have a case manager assigned. This is most typically a student services teacher.

More detailed information about these and other roles is available in the [full document](#).

Resource Allocation

Resources are allocated equitably based on defined priorities and proximity levels, with a focus on fostering student independence.

Monitoring and Revision

Resource allocation is regularly reviewed and adjusted through divisional and school-level meetings to ensure alignment with each student's evolving needs and IEP goals.

System-Level Planning

Regular and scheduled communication between schools and the Senior Leadership Team ensures more accurate data, which helps inform the distribution of limited resources. Emerging needs can be addressed proactively within existing structures or escalated for additional support.

Conclusion

The framework highlights LRSD's commitment to inclusive, student-centered education by leveraging resources effectively to meet health, access, and instructional needs, while promoting greater independence and equitable opportunities for all students.

Defining Inclusion in the Louis Riel School Division (LRSD)

Introduction

As stated in [LRSD's policy JBA – Appropriate Educational Programming](#), the Division supports Manitoba Education's commitment to fostering inclusion for all people and endorses the definition of inclusion as presented in [Appropriate Educational Programming in Manitoba, Standards for Student Services, Manitoba Education & Early Childhood Learning, 2022](#):

Inclusion is a way of thinking and acting that allows every individual to feel accepted, valued, and safe. An inclusive community consciously evolves to meet the changing needs of its members. Through recognition and support, an inclusive community provides meaningful involvement and equal access to the benefits of citizenship.

In Manitoba, we embrace inclusion as a means of enhancing the wellbeing of every member of the community. By working together, we strengthen our capacity to provide the foundation for a richer future for all of us.

Student Support in the Context of LRSD's MYSP and the Circle of Courage

The Circle of Courage works as a framework for empowerment and education through restoring a sense of belonging, mastery, independence, and generosity in children and youth ([Mamàhtawisiwin, 2023](#)). To support the diverse needs of students across the division, our [Multi-Year Strategic Plan \(MYSP\)](#) emphasizes the commitment to diversity, equity, inclusion, and accessibility (DEIA) principles, and Indigenous worldviews and perspectives, always working in collaboration with students, staff, families, and community. LRSD is committed to supporting student learning by ensuring that pedagogical and clinical approaches and practices are sensitive to students' individual needs so that all students can thrive and realize their full potential and independence.

Planning

Planning Team

School-based student support teams vary in size and composition based on the needs of individual students. Teams may include a principal and/or vice principal, student services teacher(s), classroom teacher(s), parent(s)/guardian(s), school clinicians and others, such as Elders and allied health professionals who have responsibility for students with special learning needs. The student may also participate as a member of the team, as appropriate.

Student-Specific Plans (SSPs)

All students who require additional adult support, as outlined in this framework, must have a **Student-Specific Plan (SSP)**. There are two types of SSPs that typically result in the assignment of additional adult support: 1) Healthcare Plans, and 2) Individualized Education Plans (IEPs). An IEP should include **Student-Specific Outcomes (SSOs)** in areas outside of the provincial curriculum.

Any student who engages with the Manitoba curriculum and has an IEP requires a separate IEP-R at each reporting period, which accompanies the provincial report card. This IEP-R is not recorded on the provincial report card and the report card IEP box is not checked.

Many students have SSOs that support their unique learning needs, with goals in areas such as communication, movement, literacy, numeracy, or specific behaviours they are actively working on. For most students, these IEP goals are intended to support learning alongside the provincial curriculum rather than replace it.

Once an IEP is developed, staff resources may be needed to help the student work toward the SSOs. This framework serves as a guide to allocating school staff resources to support the attainment of these goals. When this template is used for resource allocation, it is assumed that the IEP has already been developed and that the SSOs requiring staff support have been clearly identified.

When discussing the necessary support for an IEP, the starting point is always to assess the student's current levels of independence in each relevant area, based on recent assessment data and observations. Developing an IEP and identifying SSOs should involve multiple sources of information. This may include clinical assessments, screening data, relevant report card data (e.g., the student's capacity to access the curriculum), and anecdotal observations from both internal and external stakeholders.

While any student may have an IEP, only students who qualify for Individualized Programming (IP), determined by standardized assessments conducted by a qualified mental health practitioner (e.g., psychologist), may have IEPs that replace as a replacement for Manitoba curriculum expectations. This is different from a Curriculum Modification Plan (CMP), in which grade level Expected Learning Outcomes (ELOs) can be modified or deleted in order to meet a student's learning needs.

Eligibility for CMP is also determined by standardized assessments conducted by a qualified mental health practitioner (e.g., psychologist). For IP and CMP, both eligibility and suitability need to be determined. The process of determining suitability is defined by MEECL as “a collaborative team process” that includes parents/guardian and school team members. Please refer to the provincial document Supporting Inclusion: [Modification and Individualized Programming in Manitoba Schools](#) for more information.

Roles and Responsibilities

Classroom Teachers: Classroom teachers are responsible for providing appropriate educational programming for all students in their class. They oversee and monitor the daily progress of all students by collecting evidence of products, conversations, and observations to inform instruction. Teachers also guide educational assistants (EAs) in carrying out plans for students with SSPs, when EAs are part of the plan.

Case Managers: Each student who requires an SSP is assigned a case manager, typically a student services teacher. The case manager oversees the coordination and implementation of the SSP. They also ensure that all team members are valued and engaged as active contributors during the planning process.

School Clinicians: School clinicians provide consultative and collaborative services to school personnel and parents. They may become active members of a student's support team and participate in the planning process for students who need additional support. Clinicians may also provide specialized assessments for certain students as outlined in [LRSD's policy IKAE - Specialized Assessments](#).

Principal/Vice-Principal: The principal and vice-principal ensure that throughout the planning and implementation process, the [LRSD's policy JBA – Appropriate Educational Programming](#) is followed.

Educational Assistants: When required (or specified in an IEP/healthcare plan), educational assistants (EAs) work under the guidance of the classroom teacher to help implement SSPs, including achieving SSOs in an IEP or providing support detailed in a healthcare plan. Staff may refer to the LRSD EA job description for

specific information about EAs in LRSD. Information about EAs in Manitoba schools can be found [here](#).

Monitoring and Revision

IEPs must align with provincial education standards, requiring at a minimum, annual development, revision, implementation, monitoring, and evaluation. This minimum expectation serves as a starting point for determining the optimal frequency and method of reviewing and monitoring the related staff resource allocation plan. Timelines for reviewing staff resource allocation plan should be defined during the IEP development process and always in the context of goal setting. Therefore, timelines for reviewing staff assignments to support the attainment of SSOs in a student's IEP will vary depending on individual student needs.

Allocation of Staff Resources Within a School

Staff resource allocations can be flexible throughout the school day and across various internal and external environments, both within and across grade levels. These resources should contribute to increasing student independence, be non-intrusive, and align with the overall learning plan. Planning for greater independence entails a deliberate progression toward reduced support through goal setting and goal achievement. Legitimate reductions in necessary supports translate into enhanced student independence.

Staff resources, with the exception of specialized supports like ASL interpreters or URIS A nurses, are not assigned to individual students. Instead, the principal allocates staff resources to support the classroom teacher in supporting all of their students, especially those working towards SSOs identified in their IEPs.

System-Level Planning

The allocation of divisional staffing resources to support student programming needs is a collaborative process between school teams and the Divisional Senior Leadership Team (SLT). Central to these discussions is the use of accurate and relevant data to inform decision-making.

To support the resource allocation process, regular meetings are held with representatives from the SLT and individual school teams. These meetings occur three times during the school year – in October, January, and April – and are intended to review existing resources and to address emerging student support needs.

The process is supported by central data collection, including EA-student assignment data, which is gathered in early January and again in early April. Additionally, there are regular reviews of the priority levels and proximities of supports that take place at times outlined in the IEP and the

Resource Allocation Plan.

When new needs arise during the school year, outside of the regular review periods, school leaders must first assess how existing resources might be reallocated to maintain efficiency. If reallocating current resources does not meet the emerging needs, school leaders must consult with their liaison assistant superintendent to discuss further support options.

Acknowledgement

LRSD would like to acknowledge the Surrey School District 36 for granting permission to use its document Support Model and Allocation Planning Tool for Principals as the primary source for the development of this document.

Priority of Student Needs

School staff resources should be allocated equitably and prioritized according to individual needs identified in student IEPs.

The first step in the allocation process is for student support teams to classify identified needs into one of three priority areas. Then, they need to determine how the adult support provided will help the student achieve the SSOs set out in their IEP and promote greater student independence over time.

Priority 1 – Health Care Needs

Health care and medical needs are the highest priority, as addressing these basic and essential needs is necessary for a child to safely attend school.

Priority 1 Definitions

Health Care: The services and resources provided to address and manage a student's medical, physical, and health-related needs, ensuring their well-being and enabling engagement in educational activities. This may include medical monitoring, health interventions, and support for managing chronic conditions or specific health requirements.

Unified Referral Intake System (URIS) Plan: Assistance in implementing measures identified in a student's Individual Health Care Plan (IHCP). The plan is typically created in collaboration with educators, clinicians, families, the URIS nurse, and external medical service providers. The plan may include other elements.

G-Tube (Gastrostomy Tube): Inserting a G-tube into a student's stomach through the abdomen to provide nutrition, fluids, and medications to students who are unable to eat or swallow safely by mouth.

Catheterization: Inserting a flexible tube catheter into a student's bladder to drain urine.

Suctioning: Clearing the airway of a student to remove mucus, fluids, or other obstructions from the throat or lungs.

Seizure: Supporting a student who has a sudden, uncontrolled disturbance in the brain that causes a variety of symptoms, including convulsions, loss of

consciousness, unusual sensations or movements.

Glucose monitoring/management: Assistance with the process of checking and managing blood glucose levels of students with diabetes.

Priority 2 – Access Needs

Access needs includes Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), Communication, and Regulation. Managing these needs is crucial to supporting students' access to the learning environment and instructional opportunities.

Priority 2 Definitions

Activities of Daily Living (ADLs): The basic tasks and functions that are essential for personal care and independent living.

Toileting: Assistance with the process of using the bathroom for urination or defecation, as well as the associated tasks of maintaining personal hygiene such as wiping, flushing, and washing hands afterwards.

Feeding: Assistance with consuming food and liquids, such as opening containers or spoon-feeding. This does not include feeding through G-tube.

Dressing: Assistance with putting on and taking off clothing.

Mobility/Transfers: Assistance with the process of moving or changing positions, such as walking, sitting, standing, or transferring between locations (e.g., from a chair to a wheelchair), depending on an individual's physical abilities.

Hygiene/Grooming: Assistance with tasks related to personal cleanliness and appearance, including activities such as washing, brushing teeth, combing hair, shaving, and maintaining general hygiene.

Instrumental Activities of Daily Living (IADLs): Meaningful participation in community life activities including volunteering, recreational programming, and management of common elements of daily life.

Recreational Activities: Assistance with leisure pursuits or hobbies that promote physical, emotional, or social well-being (ex. Bowling or swimming).

Volunteer Work Experiences: Assistance with engaging meaningfully in work-related tasks in the community to develop skills and build relationships.

Day-to-Day Complex Tasks: Assistance with multi-step tasks of daily life, including transitioning, managing finances, preparing meals, housekeeping, doing laundry,

and navigating community safety, ensuring they can perform these activities independently or with the necessary support.

Other Related Activities: Assistance with meaningful engagement in any daily-life activities that do not fit into the preceding categories.

Communication: Developing communication skills to function as independently as possible in the school environment including Augmentative and Alternative Communication (AAC) systems (paper communication boards, light tech voice output devices, high tech speech-generating devices), speech sound production/intelligibility, language understanding and use.

Expressive Language: Assistance with using effective communication methods to express needs, thoughts, and emotions, which may include verbal communication, sign language, gestures, or augmentative/alternative communication (AAC) systems.

Intelligibility: Assistance in improving or enhancing intelligibility when communication is difficult to understand.

Augmentative and Alternative Communication (AAC): Assistance with the use of communication devices, systems, strategies, and tools that replace or support verbal speech. AAC can involve unaided communication, such as facial expression, body posture, gesture, or manual signs as well as aided modes, such as paper communication boards, light tech voice output buttons/devices, tablets/iPads with speech-generating apps or dedicated speech-generating devices.

Deaf/Hard of Hearing: Assistance with communication and access to auditory information for individuals who have partial or total hearing loss, which may include the use of sign language or visual supports to support their participation in daily activities and communication.

Blind & Visually Impaired: Assistance with navigating and accessing visual information for individuals with partial or total loss of vision, which may include the use of braille, screen readers, magnification tools, or other adaptive technologies to support participation in daily activities and communication.

Regulation: The ability to manage one's emotional, sensory, and cognitive states in response to internal and external stimuli, allowing for effective participation in daily activities. This includes the capacity to self-regulate emotions, behaviors, and attention, as described by Dr. Stuart Shanker in his work on self-regulation theory, which emphasizes the importance of understanding and managing stress and emotional responses to foster learning and well-being.

Biological – Sensory: Assistance with the process of managing and responding to sensory input from the environment, which may include visual, auditory, tactile, or

proprioceptive stimuli, to help the individual regulate sensory overload or underload and maintain optimal functioning throughout the day. Stressors in the [biological domain](#) affect our physiological system and take our bodies out of optimal function. This can include noises, smells, visual stimulation, not enough exercise, lack of sleep, etc. Our bodies are in a constant state of flux and seeking homeostasis, so that optimal functioning can occur.

Emotional: Assistance with the process of managing and regulating both positive and negative emotional responses, including identifying and expressing feelings, coping with stress, and maintaining emotional balance to support participation in daily activities and social interactions. Stressors in the [emotional domain](#) often impact and interact with the other domains, which can result in amplifying the stress response.

Cognitive: Assistance with the process of managing cognitive skills such as planning, organizing, problem-solving, and maintaining focus, which are needed to complete tasks, make decisions, and regulate behavior in everyday activities. Stressors in the [cognitive domain](#) may be demonstrated in slow processing or response, difficulty organizing thoughts, planning and/or completing tasks, or decision making.

Social: Assistance with the process of understanding and navigating social interactions, including recognizing social cues, engaging in appropriate communication, and building relationships, to support meaningful participation in social activities and peer interactions. Stressors in the [social domain](#) often interact and multiply stressors in the other four domains. Stressors that can impact this domain include, but are not limited to, peer pressure, public speaking, meeting someone new.

Prosocial: Assistance with the process of engaging in positive, helpful, and cooperative behaviors toward others, including sharing, taking turns, showing empathy, and contributing to group activities, to support the development of healthy social relationships and community involvement. Stressors in the [prosocial](#)

[domain](#) can affect one's ability to distinguish between right and wrong, tell the truth, or share.

Priority 3 – Instructional Support Needs

Some adult support may be necessary for some students to achieve [Expected Learning Outcomes \(ELOs\)](#) and/or [Student-Specific Outcomes](#).

Priority 3 Definitions

Instructional Support: Targeted instructional interventions for individuals or small groups of students, under the direction of the classroom teacher and supported by the [in-school and student support teams](#).

Literacy: Assistance with developing reading and writing skills, including tasks such as recognizing letters and words, understanding text, and composing written work, to support meaningful participation in academic and daily activities.

Numeracy: Assistance with developing mathematical skills, including tasks such as understanding numbers, performing calculations, and solving mathematical problems, to support meaningful participation in academic and daily activities.

Language Development: Assistance with acquiring and improving language skills, including expanding vocabulary, understanding/using grammar, and enhancing communication abilities, to support meaningful participation in academic and social activities.

Defining Adult Support Proximity

After identifying the priority areas, the next important factor to consider in staff resource allocation is proximity. Determining proximity is determined by considering two factors:

1. The **frequency** of support, and
2. The **closeness** needed between the student and the supporting adult.

The supporting adult is typically the classroom teacher, but when required, can be another member of the student support team. The level of proximity is an indicator of how the adult is expected to provide the necessary guidance and assistance while enabling the student to make progress toward their SSOs. This consideration helps ensure that resources are efficiently allocated within the context of the student's IEP, promoting greater independence over time.

Important considerations when determining proximity:

1. Time is indicated in terms of the **student's** school day. This includes transitions to and from school and during unstructured times.
2. The support team strives to meet the individual student's needs while fostering independence and minimizing reliance on direct adult assistance.

When planning, it is essential to create purposeful opportunities, however brief, that leverage the student's strengths to encourage development of their independence.

Support is always provided in alignment with [LRSD's Administrative Protocol Supporting Policy JK Safe and Caring Schools: Use of Seclusion](#).

With this context in mind, here are some guidelines to help determine different levels of proximity:

Level 1 - Intensive (closest and most frequent contact between adult and student)	Level 2 - Targeted	Level 3 - Moderate	Level 4 - Universal	Level 5 – Routine (farthest and least frequent contact between adult and student)
An adult provides continuous, direct support in close, side-by-side proximity, remaining in the classroom for the entire school day .	An adult provides monitoring and supervision , with occasional, direct support in close proximity, for most (more than half) of the school day.	An adult provides assistance as needed with specific activities, personal needs, and transitions , for about half of the school day.	An adult is available in the class to provide support to all students , addressing individual needs as required , for less than half of the school day.	An adult is available in the school to provide direct support only as necessary , assisting with the specific care needs or targeted interventions throughout the school day.

Level 1 Proximity Examples

Priority 1 - Health Care	Priority 2 - ADLs	Priority 2 - Regulation	Priority 2 - Communication	Priority 3 - Instructional Support
A student with multiple congenital anomalies requires regular attention throughout the day to ensure safety, health, and dignity. The student needs assistance with G-tube feeds and routine medical care. They are unable to be mobile without adult support and require direct assistance with toileting and personal care, including occasional showering as part of their toileting routine. A two-person lift and/or transfer is necessary.	Student who requires support for all or most of the following on an ongoing basis throughout the day: toileting, dress, feeding, and access to community programming on an ongoing basis throughout the day.	<p>A student who experiences hearing and vision loss, has a developmental delay, is non-speaking, and uses a wheelchair. [Link to Shanker Domains].</p> <p>A student experiencing pervasive suicidal thoughts and unsafe, impulsive behaviour during periods of high stress and dysregulation.</p>	<p>A student with a diagnosis of autism is non-speaking and has recently received a speech-generating device (an iPad with the Proloquo2Go app). The student requires an adult to model AAC use without expectation, to facilitate play-based language learning and interaction throughout the day.</p> <p>A student who uses an eye-gaze system (I-13 device by Tobii Dynavox) for communication requires adult support for setup, eye tracker calibration, and modelling to engage in meaningful communication across school and community activities.</p>	There are no scenarios anticipated to warrant Level 1 proximity for exclusively instructional support.

Examples of Adult Supports

An adult is always near the student. Two-person lifts are required.	An adult is in close proximity to the student, providing ongoing support with mobility, toileting, dressing, and personal care needs throughout the day.	<p>An adult is in close proximity throughout the day, including a 20-minute meeting with Student Services and in a low-enrollment alternative learning setting. Divisional clinical support is provided throughout the entire school day.</p> <p>An adult is present to provide environmental information and facilitate the student's participation in functional routines. This ongoing support helps the student engage in the school environment and daily activities.</p>	An adult is in close proximity to the student, ensuring constant access to the student's augmentative/alternative communication (AAC) system and providing modelling of its use across all school routines and environments.	
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Level 2 Proximity Examples

Priority 1 - Health Care	Priority 2 - ADLs	Priority 2 - Regulation	Priority 2 - Communication	Priority 3 - Instructional Support
<p>A student who can participate independently in most classroom activities requires some monitoring of medical needs during parts of the day, including two-person assistance with lifts and transfers for toileting</p> <p>A student who occasionally experiences seizures requires medical monitoring throughout the day, with occasional close side-by-side support as needed.</p>	<p>A student with cerebral palsy requires assistance with mobility, support in learning to use assistive technology, supervision due to choking risk, and help with lifts and transfers.</p> <p>A student with quadriplegia requires assistance with various classroom tasks, including but not limited to scribing, technology use, transitions between classes, support for individualized programming, and personal hygiene (including catheterization three times daily).</p>	<p>A student who experiences significant anxiety, frequently runs from adults and is explosive and physically aggressive towards others often. The student frequently requires redirection, modeling of problem-solving and self-regulation skills, as well as room clears for safety.</p> <p>A new student who has no previous formal school exposure experiences significant dysregulation triggered by sensory inputs and unexpected social situations, resulting in frequent aggressive behaviour. The student has supported access to the school sensory room at all times during the day and requires supervised breaks from the classroom frequently as part of their safety plan as they become familiar with the school environment.</p>	<p>A minimally-speaking student who uses an AAC system (an iPad with the TouchChat HD with Word Power app) to supplement verbal communication requires adult reminders to carry the AAC device during transitions, to use environmental AAC tools (such as a Big Mack button by doorways), and ongoing modelling to encourage consistent AAC use throughout the day.</p> <p>A student diagnosed with Down Syndrome who communicates using simple one- or two-word phrases and needs adult support to successfully communicate their basic needs and thoughts throughout the day.</p>	<p>There are no scenarios anticipated to warrant Level 2 proximity for exclusively instructional support.</p>

Examples of Adult Supports

<p>An adult is near student all of the day supporting the identified needs, such as monitoring the student's medical status, but is also able to support other students as needed.</p> <p>An adult is near the student for most of the day providing one-to-one support for the identified needs of the student.</p>	<p>An adult is in the classroom(s) for the majority of the day, providing frequent one-to-one supporting the identified needs of the student.</p>	<p>An adult is in close proximity for the majority of the day to support the student with self-regulation. The adult adjusts their proximity based on the level and intensity of co-regulation support the student requires.</p>	<p>An adult closely monitors the student and provides direct language modelling, expansion and/or access to the student's AAC system within school routines and environments as needed, to encourage flexible, multimodal communication.</p>	
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Level 3 Proximity Examples

Priority 1 - Health Care	Priority 2 - ADLs	Priority 2 - Regulation	Priority 2 - Communication	Priority 3 - Instructional Support
A student who can participate independently in most classroom activities but requires some monitoring of medical needs during part of the school day.	<p>A student who can participate in all classroom activities independently but requires support for all transitions throughout the day, including physical education and bus transportation to and from school.</p> <p>A student who is largely independent in learning requires occasional support for transitions to vocational settings and supervision/support during off-site programming.</p>	<p>A student with significant cognitive delays combined with profound hearing loss, who uses a cochlear implant and FM equipment to access auditory information.</p> <p>A student with autism who requires transition and regulation support while trialing a new vocational placement.</p>	<p>A student diagnosed with a speech sound disorder (e.g. apraxia), who demonstrates low intelligibility and requires direct, intensive support for speech programming, along with adult verbal models of new speech sounds and words throughout natural opportunities during the school day.</p> <p>A student diagnosed with cerebral palsy, who is non-speaking and uses an iPad with Proloquo2Go to communicate, in addition to using the keyboard as an adapted pencil, requires adults to model the use of the keyboard and to model pre-stored self-advocacy phrases.</p>	<p>A student with dyslexia who understands most concepts and assignments but struggles with reading and writing at the expected grade level.</p> <p>A student with a brain injury who can participate in most classroom activities independently but requires assistance reviewing key concepts before writing tests in Math or Science.</p>

Examples of Adult Supports

An adult is in the learning environment(s) for part of the day to assist with identified medical needs.	An adult is in the learning environment(s) for part of the day, providing assistance with specific tasks such as personal care and transitions.	An adult supports the student's use of the equipment and fosters the development of auditory verbal skills to promote increased independent access to auditory information.	An adult monitors the student and provides direct speech intervention, literacy support and/or modelling and access to the student's AAC system within specific school routines, while encouraging communication independence and self-advocacy.	<p>An adult supports the student in reviewing key concepts before they write a test.</p> <p>An adult scribes for the student or assists with using dictation software.</p>
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Level 4 Proximity Examples

Priority 1 - Health Care	Priority 2 - ADLs	Priority 2 - Regulation	Priority 2 - Communication	Priority 3 - Instructional Support
A student who is able to participate independently in most classroom activities and who requires some monitoring of medical needs during part of the school day.	<p>A student who experiences left arm paralysis along with some cognitive challenges, and who participates independently in most subject area classes but faces limitations in participating meaningfully in a foods and nutrition class.</p> <p>A student with a medical condition that requires protection from unexpected physical contact. The student is fully independent in all academic programming, only requiring adult support during class transitions, physical education classes, and washroom breaks.</p>	<p>A student who is able to use calming strategies effectively most of the time to reduce anxiety during math lessons, but who continues to require some prompting to use these strategies when new math concepts are introduced.</p> <p>A student with mental health concerns who requires daily check-ins with a trusted adult.</p>	<p>A student who is familiar with their AAC system (iPad with Proloquo4Text; whiteboard and marker), can navigate it independently, but needs support with using Quick Phrases as well as sentence formulation and grammar periodically throughout the day.</p> <p>A student who presents with expressive language delays and requires adult prompting to share their thoughts and ideas in classroom morning meeting with peers, and during less structured times such as cooperative work, recess, and lunch hour.</p>	<p>A student who can complete most class activities independently but struggles with starting assignments and prioritizing tasks.</p> <p>A student with limited literacy skills who is learning to use assistive technology to complete work more independently.</p>

Examples of Adult Supports

An adult monitors the student's medical status while also assisting other students in the class.	An adult may be with the student during specific classes, providing support with adaptations as needed while also assisting other students. The adult may walk with the student between classes, ensure a safer environment during lunch hour and breaks, and wait outside the washroom for the student.	<p>An adult monitors the student and provides prompts as needed while supporting other students in the class.</p> <p>The team identifies designated adult(s) to support the student with check-ins and follow-up as needed.</p>	An adult monitors the student's use of the AAC system during specific class activities, offering expressive language modelling and expansions as needed, while also providing support to other students in the classroom.	An adult supports the student by breaking down large or long assignments and projects into manageable chunks and by developing a prioritized personal work schedule.
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Level 5 Proximity Examples

Priority 1 - Health Care	Priority 2 - ADLs	Priority 2 - Regulation	Priority 2 - Communication	Priority 3 - Instructional Support
A student with a seizure disorder who is able to participate independently in most classroom activities.	<p>A student who wears an Ankle Foot Orthosis (AFO) and is able to participate independently in most classroom activities.</p> <p>A student who uses a wheelchair and can participate in most classroom activities with access to assistive technology.</p>	<p>A student who experiences difficulty with emotional regulation and faces challenges managing frustration appropriately and effectively with other students on the playground during recess.</p> <p>A student whose mental health impacts their attendance periodically and who requires adaptations to assessments.</p>	<p>A student with limited intelligibility who requires direct adult programming to improve speech sound production through targeted intervention.</p> <p>A student diagnosed with Developmental Language Disorder (DLD) who has significant difficulty communicating in the classroom and requires direct adult programming to improve vocabulary and grammar.</p>	<p>A student with executive functioning difficulties who needs assistance initiating tasks at times and requires feedback to stay on task.</p> <p>A student who uses dictation software independently to complete most assignments but requires support editing content that includes recently introduced vocabulary.</p>

Examples of Adult Supports

An adult plan for recognizing and responding to seizures is enacted periodically as needed by the identified adults.	<p>An adult supports the student with daily stretches and dressing as needed.</p> <p>An adult assists the student with the setup of assistive technology during specific coursework.</p>	An adult supports the student as needed in using strategies that foster the development of positive behaviors, including techniques for managing frustration, interacting successfully with peers, and seeking assistance when required.	An adult may support specific speech/ language programming goals and modelling as needed, while also supporting other students in the classroom.	<p>An adult supports the student for very short periods of time throughout the day.</p> <p>An adult assists the student in editing written work or provides initial directions as needed, upon the student's or classroom teacher's request.</p>
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Resource Assignment Planning Template

Student Name: _____ Case Manager (Admin or SST): _____ Homeroom Teacher (K-8 only): _____ Date plan initiated: _____ Date plan will be reviewed: _____			Scheduling: <input type="checkbox"/> Student is scheduled to be in attendance full time <input type="checkbox"/> Student is scheduled to be in attendance part-time as follows: <input type="radio"/> Half day or less <input type="radio"/> More than half day but less than full day. For students attending part-time, the student's SSP includes a plan to return to full time attendance. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Priority 1	Student presents with additional needs in the areas of:	Does a healthcare plan exist detailing the support related to the identified needs?	Proximity	Personnel Required for Daily Plan Implementation (check all that apply)	
Priority 1	Health Care <input type="checkbox"/> URIS Plan <input type="checkbox"/> G-Tube <input type="checkbox"/> Catheterization <input type="checkbox"/> Suctioning <input type="checkbox"/> Seizures <input type="checkbox"/> Glucose monitoring/management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - intensive <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - routine	<input type="checkbox"/> Administrator <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Student Services Teacher <input type="checkbox"/> Other	

Priority Area	Student presents with additional needs in the areas of:	Are there related SSOs leading to student independence in the student's IEP?	Proximity	Personnel Required for Daily Plan Implementation (check all that apply)
Priority 2	Activities of Daily Living (ADLs)	<input type="checkbox"/> Toileting <input type="checkbox"/> Feeding <input type="checkbox"/> Dressing <input type="checkbox"/> Mobility/transfers <input type="checkbox"/> Hygiene/grooming <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - intensive <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - routine	<input type="checkbox"/> Administrator <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Student Services Teacher <input type="checkbox"/> Other
	Instrumental Activities of Daily Living (IADLs)	<input type="checkbox"/> Recreational Activities (ex. bowling, swimming) <input type="checkbox"/> Volunteer Work Experiences <input type="checkbox"/> Day-to-Day Complex Tasks (transitioning, community safety, money management, preparing meals, housekeeping, and laundry) <input type="checkbox"/> Other Related Activities <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - intensive <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - routine	<input type="checkbox"/> Administrator <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Student Services Teacher <input type="checkbox"/> Other
	Communication	<input type="checkbox"/> Expressive Language <input type="checkbox"/> Intelligibility <input type="checkbox"/> Augmentative and Alternative Communication <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Blind & Visually Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - intensive <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - routine	<input type="checkbox"/> Administrator <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Student Services Teacher <input type="checkbox"/> Other
	Regulation ** Shanker and specific definitions with examples	<input type="checkbox"/> Biological – sensory <input type="checkbox"/> Emotional <input type="checkbox"/> Cognitive – executive functioning <input type="checkbox"/> Social <input type="checkbox"/> Prosocial <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 - intensive <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - routine	<input type="checkbox"/> Administrator <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Student Services Teacher <input type="checkbox"/> Other
Priority 3	Instruction Targeted skill development in specific curricular/academic domains.	<input type="checkbox"/> Literacy <input type="checkbox"/> Numeracy <input type="checkbox"/> Language Development <input type="checkbox"/> Other Expected Learning Outcomes (ELOs) and Student-Specific Outcomes (SSOs)	<input type="checkbox"/> 1 - intensive <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - routine	<input type="checkbox"/> Administrator <input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Student Services Teacher <input type="checkbox"/> Other

GLOSSARY OF TERMS

1 of 2

Augmentative and Alternative Communication (AAC) – The use of communication devices, systems, strategies and tools that replace or support verbal speech. AAC can involve unaided communication, such as facial expression, body posture, gesture, or manual signs as well as aided modes, such as paper communication boards, light tech voice output buttons/devices, tablets/iPads with speech-generating apps or dedicated speech-generating devices.

ASL (American Sign Language) – A visual language in which signs are formed by hand configuration and facial expressions are used instead of spoken language. This language is used by people who are deaf or have severe hearing loss and has its own syntax and methods of conveying nuances of feeling and emotion.

Sensorineural Hearing Loss – A permanent hearing impairment in on one or both ears caused by damage to the inner ear or nerve pathways from the ear to the brain. This type of hearing loss, common and often untreatable by surgery or medication, can lead to difficulties in hearing softer sounds and may make even loud sounds seem muffled or unclear.

Cerebral Palsy – A set of nonprogressive movement and posture disorders that result from trauma to the brain occurring prenatally, during the birth process, or before the age of 5. Symptoms include spasticity, uncontrolled movements (see athetosis), paralysis, unsteady gait, and speech abnormalities (see dysarthria) but may be accompanied by other neurological symptoms, including cognitive changes, seizures, impaired vision, tactile impairment, hearing loss, and intellectual developmental disorder.

Developmental Language Disorder (DLD) – A brain difference that results in a persistent language problem with significant impact on everyday social interactions or educational progress. Children with DLD may have difficulty using correct grammar, learning new words, or using language properly in social situations.

Dictation Software – Technology that converts spoken words to text and vice-versa, often used by individuals who experience difficulties reading and/or writing.

GLOSSARY OF TERMS

2 of 2

Dysregulation – Any excessive or otherwise poorly managed mechanism or response. For example, emotional dysregulation is an extreme or inappropriate emotional response to a situation.

Executive Functioning – An umbrella term that refers to the higher-level cognitive processes of planning, decision making, problem solving, action sequencing, task assignment and organization, effortful and persistent goal pursuit, inhibition of competing impulses, flexibility in goal selection, and goal-conflict resolution. These often involve the use of language, judgment, abstraction and concept formation, and logic and reasoning.

Eye Gaze System – Technology that tracks eye movements, allowing users to control devices or communicate by looking at screen options.

FM Equipment – A type of assistive listening device often used by people with hearing loss to improve the quality of sound received in noisy environments.

Impulsivity – Behaviour characterized by little or no forethought, reflection, or consideration of the consequences of an action, particularly one that involves taking risks.

Proloquo2Go/Proloquo4Text/TouchChat HD with Word Power/TD Snap – Speech-generating applications designed to empower individuals who have limited or no speech with an alternative way to communicate.

Quadriplegia – Paralysis of all four limbs, resulting from damage to the spinal cord or brain.

Self-Advocacy – The ability to communicate personal needs, desires, and rights independently or with assistance.

Sensory Room – A controlled space with sensory tools used to support self-regulation for individuals with sensory processing needs.

Two-Person Lift – A technique where two caregivers assist with lifting a person to ensure safety and reduce injury risk.

Vocational Settings – Work-related environments where students might need support to transition from academic to job-focused tasks.



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