

**Care and/or Treatment, Custody and Correctional Programs
2019-20 District School Board Request for Program Changes after Approval
Re-Allocation of CTCC Funds and/or Resources/Program Cancellation**

DSB #

Form#

BSID#

Program Change

Program Cancellation

Name of Program Changed/Cancelled:

Rationale (If program change, explain program changes requested):

Transition Plan for Students/Communication with Parents/Guardian/s:

Plan for CTCC Education Program Staff (Teacher, Educational Assistant)

Funding/Resource Requested to be Re-allocated, if any

Rationale (include partnership CTCC facility, evidence of student need, treatment needs of student to be served, geographical area to be served, site of new classroom)

School Board Name: _____

Superintendent Sign-Off:

Date:

Ministry Internal Use Only:

Regional Office Recommendation:

Recommended (Y/N)

Not Recommended (Y/N)