

**Education and Community Partnership Program (ECP)
District School Board Program Cancellation Form**

School Year:

DSB #

Form#

BSID#

Elementary

Secondary

Both

Name of Program: _____

Reason for Program Cancellation:

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

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

School Board Name: _____

Superintendent Sign-Off:

Date:

Ministry Internal Use Only:

Regional Office Recommendation:

Recommended (Y/N)

Not Recommended (Y/N)