

**Education and Community Partnership Program (ECP)  
District School Board Request for Program Changes after Approval**

School Year:

DSB #

Form#

BSID#

|   | Current Program | Proposed Program |
|---|-----------------|------------------|
| <b>School Board Name</b>  |                 |                  |
| <b>Name of ECPP Program</b>   |                 |                  |
| <b>Agency Name</b>  |                 |                  |
| <b>Treatment Type</b>   |                 |                  |
| <b>Panel (Elementary, Secondary, both)</b>  |                 |                  |
| <b>Geographical Area</b>  |                 |                  |
| <b>Program Description</b>  |                 |                  |
| <b>PTR</b>  |                 |                  |
| <b>Number of students in class as of program change date request</b>  |                 | N/A              |
| <b>Anticipated enrolment</b>  | N/A             |                  |
| <b>Number of Teachers</b>   |                 |                  |
| <b>Number of Educational Assistants (if applicable)</b>   |                 |                  |
| <b>Number and Type of Agency staff provided by the Facility</b>   |                 |                  |
| <b>Site of Program</b>  |                 |                  |
| <b>Date of Program Closure (if applicable)</b>  |                 | N/A              |
| <b>Date of Implementation for Proposed Program Change Requested (must be approved by Special Education/Success, Ministry of Education for All Branch before implementation)</b> | N/A             |                  |

**Explanation of Program Change and Rationale (include evidence of demand for programs (e.g. waitlists, program gap in geographical area):**

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

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

**Funding/Resource Requested to be Re-allocated, if any and Rationale (include evidence of student need).**

**School Board Name:** \_\_\_\_\_

**Superintendent Sign-Off:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Ministry Internal Use Only:**

**Regional Office Recommendation:**

**Recommended (Y/N)**

**Not Recommended (Y/N)**