

**Education and Community Partnership Programs (ECP)  
School Board Request for Program Changes**

School Year:

DSB #

BSID#

	Current Program	Proposed Program
School Board Name		
Name of ECPP Program		
Agency Name		
Name of Facility		
Facility Type		
Treatment Type		
Panel (Elementary, Secondary, both)		
Geographical Area (e.g., Toronto Area, Kitchener-Waterloo, Thunder Bay, etc.)		
Program Description		
Pupil to Teacher Ratio (PTR)		
Number of students in class as of program change date request		N/A
Anticipated enrolment	N/A	
Number of Teachers		
Number of Educational Assistants (if applicable)		
Number and Type of Agency staff provided by the Facility		
Date of Implementation for Proposed Program Change Requested (must be approved by Special Education/Success, Ministry of Education for All Branch before implementation)	N/A	

## **Program Description**

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

**Transition and Communication plan with Students and Parent(s)/Guardian(s):**

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

**Funding/Resource Requested to be Re-allocated:**

<b>Funding Type</b>	<b>Number of Staff (#)</b>	<b>Cost of Staff (\$)</b>
<b>Teacher</b>		
<b>Educational Assistant</b>		
<b>Other Salaries (expand below)</b>		
<b>Other Expense (expand below)</b>		

**Rationale for Funding/Resource Requested (include evidence of student need).**

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**Superintendent Name:**

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**Superintendent Signature:**

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**Date:**

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**ECPP Board Contact who completed Form:**

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**ECPP Board Contact Email:**

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**Ministry Internal Use Only:**

**Regional Office Recommendation:**

**Recommended**

☐

**Not Recommended**

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**Explanation:**

**Regional Education Officer Name:**

**Regional Education Officer Signature:**