

**Education and Community Partnership Programs (ECP)  
School Board Program Closure Form**

**School Year:**

**DSB #**

**BSID#**

**Elementary**

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**Secondary**

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**Both**

☐

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

**Name of Program:** \_\_\_\_\_

**Reason for Program Cancellation:**

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

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

**Which School Board is taking over the ECP?**

**Financial Implications: Please be as detailed as possible. Are funds being transferred to another board or is the program being closed?**

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**Superintendent Name:**

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**Superintendent Signature:**

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**Date:**

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**ECPP Board Contact Name who Completed this Form:**

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**ECPP Board Contact Email:**

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**Ministry Internal Use Only:**

**Regional Office Recommendation:**

**Recommended**

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**Not Recommended**

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**Explanation:**

**Regional Education Officer Name:**

**Regional Education Officer Signature:**