

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

School Year:

DSB #

BSID#

Elementary

Secondary

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 ECPP Education Program Staff (Teacher, Educational Assistant):

Which School Board is taking over the ECPP?

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

Superintendent Name:

Superintendent Signature:

Date:

ECPP Board Contact Name who Completed this Form:

ECPP Board Contact Email:

Ministry Internal Use Only:

Regional Office Recommendation:

Recommended

Not Recommended

Explanation:

Regional Education Officer Name:

Regional Education Officer Signature: