



Inclusion Outreach Consent

Student Name (Surname, First Name) _____

Birthdate (dd/mmm/yyyy): _____ **Grade:** _____ **Ministry Designation:** _____

School: _____ **School District:** _____

Inclusion Outreach (IO) is a program funded by the Ministry of Education and Child Care to support school aged children with complex support needs across British Columbia. Inclusion Outreach consists of a transdisciplinary team including teachers, occupational therapists, physiotherapists, and speech-language pathologists, who provide school-based consultation to school districts in British Columbia. Occupational and Physiotherapists are contracted to Inclusion Outreach through Island Health.

Inclusion Outreach consultants provide direct and indirect support to your child through consultation with school personnel and in-person visits to their school. Inclusion Outreach collaborates with service providers and educators already in place. Inclusion Outreach team members might share information, consult and work with others including parents, school staff, family physicians, and other hospitals, agencies and health care providers (including those hired by the family), and staff with other Ministry of Education and Child Care outreach programs (e.g., SET-BC, POPDB, PRCVI) who may also be involved in supporting your child's inclusion at school. For example, a team member may interview parents and teachers and gather information about your child's relevant learning and medical history from various other agencies and health care providers to address their needs.

During an outreach visit, consultants will observe and/or work directly with your child and the school team. A visit might also involve taking photographs or video footage of classroom activities, environments or equipment set up for the sake of providing education and follow-up to the school team, and for presentation at educational conferences and meetings. If requested and agreed upon before the visit, consultants may facilitate a PATH (Planning Alternative Tomorrows with Hope) session during their visit. Classroom-based strategies will be provided to the school team/family to address identified needs.

Virtual follow up with the school team is also available after the in-person consult. For detailed descriptions of the services that can be provided by the specialist IO consultants, please refer to inclusionoutreach.ca or reach out by email to mstark@sd61.bc.ca.

By signing below, you authorize Inclusion Outreach to collect, use and share information about you and/or your child to provide the services described above. Inclusion Outreach collects, uses, and shares personal information only in accordance with the BC Freedom of Information and Protection of Privacy Act.

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

Phone Number: _____ **Email:** _____ **Date:** _____

Student Website Consent

With your consent a password protected personal website will be developed for your child as a repository for information relevant to your child's education.

Student websites are developed in collaboration with Open School BC (OSBC), Services and Technology Division, BC Ministry of Education. Each of our student-specific, password protected websites is essentially a course about that student and information is stored on secure Canadian servers located at the Ministry. OSBC has undergone a Privacy Impact Assessment (PIA) to ensure it conforms to the Freedom of Information and Protection of Privacy Act of BC. Further information about Inclusion Outreach can be found on our website at www.inclusionoutreach.ca. Inclusion Outreach and the school district are seeking your consent to collect, use and disclose photographs, videos, and images, including student publications and/or artwork and/or names of students, for education-related purposes, and to exchange information with necessary contacts regarding your child. Examples of personal information that may be collected include: • Personal information such as name, birth date and school name. • Information regarding the student's educational program. • Photos and videos of the student. • The student's medical information.

If you have any questions about this consent or about the collection of student personal information, you may contact the Inclusion Outreach Program Coordinator.

Please complete A OR B (but not both A and B); Upon acceptance into the Inclusion Outreach Program and while my child is enrolled in the above noted school.

A. _____ I GIVE MY CONSENT for Inclusion Outreach and the school to utilize a personal student website to collect, use, and share my child's personal information for purposes consistent with the above. This consent may be withdrawn at any time.

B. _____ I DO NOT CONSENT for Inclusion Outreach, the school or school district to utilize a personal student website to collect, use, and share my child's personal information for purposes consistent with the above.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Phone Number: _____ Email: _____ Date: _____

You may withdraw your consent at any time by contacting Inclusion Outreach or your child's school.

Personal information contained in this form is collected under s. 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose of providing specialist consultant services by Inclusion Outreach. If you have any questions about the collection and use of this information please contact Inclusion Outreach at 1031 Lucas Avenue, Victoria, BC V8X 5L2 or call 250-595-2088

Inclusion Outreach Rev.
2025 05 30

