



Education Support for Students in Hospital

Elementary (Grades K-8)

Secondary (Grades 9-12)

Request for Educational Support

(To be completed by Parent/Guardian) PLEASE PRINT

Student Legal LAST Name: \_\_\_\_\_ Student Preferred LAST Name: \_\_\_\_\_

Student Legal FIRST Name: \_\_\_\_\_ Student Preferred FIRST Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Student Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Unit: \_\_\_\_\_

Room: \_\_\_\_\_

In-Patient

Out-Patient

Expected Length of Stay:

1-15 days

16-30 days

30+ days

Student Home Address: Number: \_\_\_\_\_ Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact: Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

(if different than above) Number: \_\_\_\_\_ Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student Home School: \_\_\_\_\_ Board: \_\_\_\_\_ Grade: \_\_\_\_\_

Home School Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Pertinent information that would assist us with your child's education:

List of current High School courses (please attach a timetable or credit counselling summary if available):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

IEP: Yes No  Specialized Program/ Educational Needs: \_\_\_\_\_

Medical Needs: \_\_\_\_\_

- The Ministry of Education provides educational support to patients in hospital through ECPP Programs.
- ECPP teachers are Toronto District School Board (TDSB) teachers and there is one teacher from Conseil Scolaire Mon Avenir for students coming from Full French School Boards.
- Students may be wait-listed if there is no immediate space on a teacher's schedule. They will be picked up as spaces become available.

My signature below indicates that I have read and understood both sides of this form. I consent to pursue educational services from the Toronto District School Board's ECPP Program for the above-named student while a patient at the hospital.

Parent/Guardian Signature

Date



# Educational Support for Students in Hospital

## What is Educational Support?

Parents/Guardians of students in this hospital have the following education options:

### Option 1

- Parents/Guardians may take advantage of the educational services of a Toronto District School Board (TDSB) teacher.
- This means that:
  - The student will be taught by a teacher who is present in the hospital
  - **Elementary students** will have a program that focuses on literacy and numeracy skills
  - **Secondary students** may not be able to receive support in all of the courses that they are currently enrolled in
  - The teacher will prepare an education report at the end of the student's hospital stay which will indicate the student's educational achievements while at the hospital (if taught for 5 days or longer)
  - Educational Services are offered September through June, excluding school breaks

### Option 2

- Parents/Guardians who choose to not take advantage of the educational services of a TDSB teacher should contact their child's community school to discuss education options and supports

## How can a parent/guardian request Educational Services for their child?

- Obtain the Educational Support Form from the Hospital (Parental consent is required for a child or adolescent to access education support services while a patient in the hospital. The student's guardian must complete the intake form).
- Please drop this form off at the Family Centre, main floor, Black Wing
- Parents or guardians are encouraged to make arrangements prior to their child's stay where the dates of the hospital stay are known in advance.

## Questions about Educational Services?

- **Contact us between 9am to 3pm Monday to Friday**
- Elementary Educational Services (Grades 1 through 8) call: 416-813-6667
- Secondary Educational Services (Grades 9 through 12) call: 416-813-7348