



ACCESS TO SERVICE FORM

(This form is intended only for the individuals for which it is addressed and contains information which is CONFIDENTIAL.)

CONTACT US:

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The **Urban Indigenous Education Centre** at the Toronto District School Board offers a range of services for First Nations, Métis, Inuit students and their families. It utilizes a wholistic approach to enhance Indigenous students' overall well-being and achievement.

The **Student Success Team** engages collaboratively with students and staff to ensure Indigenous student well-being and success.

Team Members:

- Child and Youth Counsellor
- Social Workers
- Student Success Teacher

The team:

- Collaborates with individual school leaders, teachers and support staff to create places of belonging for Indigenous students
- Provides individual and group support for students
- Offers guidance (transition to elementary to secondary to postsecondary)
- Assesses and recommends appropriate curriculum and community connections and resources
- Offers family advocacy and connections to resources
- Provides health and wellness support
- Promotes awareness and understanding of unique and shared history, concerns and relationships between Indigenous and non-Indigenous peoples

By completing the Access/Consent to Service form on the following pages, you are providing the named student an opportunity to connect with the TDSB Urban Indigenous Education Centre.

After you submit the Access/Consent to Service form, a member of the Urban Indigenous Education Centre Student Support Team will contact you to arrange for a meeting and discuss next steps.

***Please send the form via email to kitty.sill@tdsb.on.ca .**



ACCESS/CONSENT TO SERVICE FORM

For School Staff - BEFORE SUBMISSION:

If you are a TDSB staff submitting this form, please ensure the following steps/strategies have been put in place for the student before submitting:

- Culturally responsive and identity-affirming instructional, assessment, and engagement strategies
- Access/Referrals to or engagement with support staff already available to the school (e.g., school social worker, educational assistant, child and youth worker)
- Specific strategies recommended by consultants (e.g., Special Education) or support staff
- Opportunities for student voice and agency

For Parent/Guardian/Caregiver:

I agree to have my child meet with the Urban Indigenous Education Centre Student Support Team and understand that my signature authorizes the school to share personal information and student records about my child with team members for the purpose of providing support. I further understand that no information will be exchanged with outside agencies or third parties without my explicit consent at any time. This consent form is valid for the current school year and applies to anyone or combination of services offered by the Student Support Team.

Please ensure that this form is **fully completed and signed by a Parent/Guardian and the school Principal** (or designate) before submitting to the Urban Indigenous Education Centre.

PART A – STUDENT INFORMATION

Student Name:		Date of Birth:
Student #:	Student OEN:	Current Grade:
School:		School Phone #:
Teacher(s):		
Student's Indigenous Identity and Community (Optional): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		Name of Nation and/or Community:
Parent /Guardian/Caregiver Name:		Relationship:
Contact Phone #:	Email Address:	
Referral Submitted By: <input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Support Services		
Other _____		
Phone # and Email Address:		
The student is aware of this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		



PART B – REFERRAL INFORMATION

Student Strengths/Successes:
Areas for Growth/Goals:
Reason for Referral (please select all that apply) <input type="checkbox"/> Attendance <input type="checkbox"/> Academic Support/Advocacy <input type="checkbox"/> Cultural Support/Connection <input type="checkbox"/> Family Support <input type="checkbox"/> Experiences of discrimination <input type="checkbox"/> Socio-emotional Support <input type="checkbox"/> Post-Secondary Access Support <input type="checkbox"/> Counselling <input type="checkbox"/> Secondary School Transitions Other: _____
Does the student have an Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please name any central or school support staff that has been involved in supporting this student (check off all that apply): <input type="checkbox"/> Social Work <input type="checkbox"/> Special Education Consultant <input type="checkbox"/> Speech and Language Consultant <input type="checkbox"/> Child and Youth Worker <input type="checkbox"/> Guidance <input type="checkbox"/> Child and Youth Counsellor Other _____
Name of assigned Social Worker at your school:

Parent/Guardian Signature (or Student if over 12): _____

School Principal (or designate) Signature: _____

Date: _____

POST-REFERRAL CONSIDERATIONS FOR SCHOOL STAFF

School staff should include and inform the UIEC Student Support Team of all Special Education meetings (e.g., SST, IPRC) pertaining to the student.

The UIEC's mandate is to support your school with making a plan for this student. Such support could include professional learning for school staff. Please connect with a UIEC Student Support Team member to discuss.