**APPENDIX A**

## Student on Modified Schedule Agreement

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

Date of Agreement: _____

### 1. Purpose of the Modified Schedule

Rationale:

This Modified Schedule Agreement is a temporary measure to support the successful re-engagement of the student in regular school programming. The purpose is to ensure safety, well-being, and educational progress while addressing identified needs.

### 2. Rationale for the Modified Schedule

- ☐ Behaviour/Social-Emotional Regulation
- ☐ Medical
- ☐ Mental Health and Well-Being
- ☐ Safety Considerations (self and others)
- ☐ Transition from Exclusion/Suspension/Prolonged Absence

### 3. Supporting Documentation Reviewed

- ☐ Behaviour Support Plan
- ☐ Individual Education Plan
- ☐ Medical Reports
- ☐ Relevant Assessment Reports (e.g., Psychological Assessment)
- ☐ Safety Plan
- ☐ Other: _____

## 4. Modified Schedule

Start Date: _____

Review Date: _____

The student will transition toward a full school day according to the following plan (example below):

| | |
|---|---|
| September 26 to October 3 | 8:50 – 12:00 |
| October 4 to October 11 | 8:50 – 12:30 |
| October 12 to October 18 | 8:50 – 1:00 |
| October 19 to October 25 | 8:50 – 1:30 |
| October 26 to November 1 | 8:50 – 2:00 |
| November 2 to November 8 | 8:50 – 2:30 |
| November 9 to November 15 | 8:50 – 3:00 |
| November 16 to November 22 | 8:50 – 3:15 |

Reference Behaviour Support Plan for specific criteria for time increases to the day.

## 5. In-school Support Strategies and Accommodations

- ☐ Access to the Indigenous Student Advisor
- ☐ Attendance Support (Attendance Counselor)
- ☐ Development of a Behaviour Support Plan and/or Safety Plan
- ☐ Submit referral to the Child and Youth Worker/Social Worker
- ☐ Submit referral to the Student Success Team
- ☐ Support family with referral(s) for outside agency support

  Name of agency(s) involved: _____
- ☐ Other: _____

## 6. Transportation Accommodations and Arrangements

## 7. Review & Monitoring

Review date: _____

Ongoing monitoring will occur though:

☐ Daily Communication book, Showbie, SeeSaw

☐ Weekly check-ins with family (phone call, meeting)

☐ Other: _____

## Signatures

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Name: _____

Student Signature (18 years or older or withdrawn from parental consent): _____

Principal/Vice-Principal: _____

Administrator Signature: _____