

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**ADMINISTRATIVE PROCEDURE**

---

**POLICY TITLE:**

**SECTION/CODE:**

**Use of Support Person by the General Public**

**School Operations D – 16 D**

---

**APPROVAL DATE:**

**SUPERSEDES:**

**NUMBER OF PAGES:**

**November 12, 2012**

**March 29, 2010**

**Page 1 of 3**

---

**1. RESPONSIBILITY**

- 1.1 The Supervisory Officers and Principal will ensure that staff receives training in interacting with people with disabilities who are accessing Board services accompanied by a support person.

**2. ACCESS TO BOARD PREMISES**

- 2.1 Any person with a disability who is accompanied by a support person will be welcomed on Board and/or School premises with his or her support person. Access will be in accordance with normal security procedures.
- 2.2 This requirement applies only to those areas of the premises where the public or third parties customarily have access and does not include places or areas of the School or Board offices where the public does not have access.

**3. CONFIDENTIALITY**

- 3.1 Where a support person is accompanying a person with a disability, who is the parent/guardian of a student, for the purpose of assisting in a discussion that may involve confidential information concerning the student, the Supervisory Officer, Principal or other staff member must first secure the consent of the parent/guardian regarding such disclosure.
- 3.2 Consent to the disclosure of confidential information in the presence of the support person must be given in writing by the parent or guardian.
- 3.3 The support person must also provide assurance in writing to safeguard the confidentiality of information disclosed in the discussion. A sample document is attached as APPENDIX A.
- 3.4 A copy of the signed consent document will be retained in the school or department office.
- 3.5 If the parent/guardian uses a different support person for subsequent meetings, a new signed consent will be required.

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUIHENE**

**ADMINISTRATIVE PROCEDURE**

---

**POLICY TITLE:**

**SECTION/CODE:**

**Use of Support Person by the General Public**

**School Operations D – 16 D**

---

**APPROVAL DATE:**

**SUPERSEDES:**

**NUMBER OF PAGES:**

**November 12, 2012**

**March 29, 2010**

**Page 2 of 3**

---

**4. SUPPORT PERSONS ACCOMPANYING A PERSON WITH A DISABILITY AT SCHOOL EVENTS FOR WHICH THERE IS AN ADMISSION FEE**

- 4.1 Where an individual with a disability who is accompanied by a support person wishes to attend a School or Board/organized event for which a fee is charged, the notice of the event will include information as to whether support persons will be charged a fee and specify the amount of the fee.

**Acknowledgment**

*The Protestant Separate School Board of the Town of Penetanguishene acknowledges and appreciates the contribution of the Simcoe County District School Board in the development of this policy.*

**THE PROTESTANT SEPARATE SCHOOL BOARD  
OF THE TOWN OF PENETANGUISHENE**

**ADMINISTRATIVE PROCEDURE**

---

**POLICY TITLE:**

**SECTION/CODE:**

**Use of Support Person by the General Public**

**School Operations D – 16 D**

---

**APPROVAL DATE:**

**SUPERSEDES:**

**NUMBER OF PAGES:**

**November 12, 2012**

**March 29, 2010**

**Page 3 of 3**

---

**APPENDIX A**

**SAMPLE CONSENT DOCUMENT**

I, (parent/guardian) consent to the sharing of confidential information by (name of principal/teacher/other staff member) related to my child/ward (name) in the presence of my support person (name).

My support person (name) consents to safeguarding the confidentiality of the information shared.

**Affirmation of consent:**

**Parent/Guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name of Parent/Guardian) \_\_\_\_\_

I undertake to safeguard the confidentiality of information shared between (school staff) and (parent/guardian) for whom I am a support person.

**Support Person**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name of Support Person) \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Principal/Staff Member \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name of Staff Person) \_\_\_\_\_