



**BOARD PROCEDURES:  
F-17 ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE/USE  
OF SUPPORT PERSON BY THE GENERAL PUBLIC**

**Procedure #: F-17P/07-27**

These procedures outline the practices to be followed by Board and School Staff regarding the implementation of the F-17 Accessibility Standards for Customer Service policy – Use of Support Person by the General Public.

**DEFINITIONS**

**Support Person:**

A support person is a person who assists or interprets for a person with a disability who accesses the services of the Board.

Note: A support person is distinct from an employee or other person who provides support services to a student or staff person in the system - separate and specific procedures apply to students and staff. A support person is an individual chosen by a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or with access to goods or services.

Personal care needs may include, but are not limited to, physically transferring an individual from one location to another or assisting an individual with eating or using the washroom.

Medical needs may include, but are not limited to, monitoring an individual's health or providing medical support by being available in the event of a seizure.

The support person could be a paid professional, a volunteer, a friend or a family member. He or she does not necessarily need to have special training or qualifications.

**PROCEDURES**

**1.0 Responsibility**

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

2.0 **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.

3.0 **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 Principal 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.
- 3.4 A copy of the signed consent document will be retained in the school/board office.
- 3.5 If the parent/guardian uses a different support person for subsequent meetings, a new signed consent will be required.

4.0 **Support Persons Accompanying a Person with a Disability at School Events with an Admission Fee**

- 4.1 Where an individual with a disability who is accompanied by a support person wishes to attend a school, family of schools 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.

5.0 **Where the Board may Require the Presence of a Support Person**

- 5.1 The Board may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

**SAMPLE CONSENT FORM**

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  
(Printed Name of Parent/Guardian)

Date: \_\_\_\_\_

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  
(Printed Name of Support Person)

Date: \_\_\_\_\_

Signature of Witness – Principal/Staff Member  
(Printed Name of Staff Person)

Date: \_\_\_\_\_

**ANNUAL REVIEW / UPDATE**

This document will be reviewed annually and updated as required.