



Section 1: Contact Information

| a) Sch | nool Name: | Click here to enter text. |
|--------|--|---------------------------|
| | nistry School Number: digits) | Click here to enter text. |
| c) Scł | nool Authority Name: | Click here to enter text. |
| • | me of FISA Association: applicable) | Click here to enter text. |
| e) Scł | nool Contact Name: | Click here to enter text. |
| f) Sch | nool Contact Position: | Click here to enter text. |
| g) Sch | nool Contact E-mail: | Click here to enter text. |
| h) Sch | nool Contact Phone Number: | Click here to enter text. |



Section 2: Health and Safety

| a) | Does your school have an updated health and safety plan that implements the Public Health Guidance for K-12 Schools and WorkSafeBC ? "Yes "No *FISA members should submit their school's plan as an attachment to their association head for review. **Non-FISA members should attach their school's health and safety plan to their school's restart submission. |
|----|---|
| b) | What is your school's anticipated 2020/21 school year start date (yyyy/mm/dd)? Click or tap to enter a date. |
| c) | Provide a summary of the updates made to your school's plan in the following areas: Cleaning and disinfecting; Physical distancing strategies; Hand hygiene; Personal protective equipment for students and staff (including re-useable masks); Symptom assessment and illness policies/procedures; Improvements to school ventilation systems, if required; and Student transportation on buses; |
| | Click here to enter text. |

d) Outline the schedule for health and safety training and orientation of school staff, including new employees and staff who work at multiple sites and/or across multiple cohorts in a school (e.g. counsellors, learning assistants, prep teachers, Education Assistants, etc.)

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Section 3: Learning Groups

| a) | Provide examples of your school's approach to the implementation of learning groups in schools and during non-instructional time. Outline any shifts in curriculum, course access, or course scheduling, as well as actions taken to mitigate the impacts to students of any changes and ensure equity. |
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- b) How is your school organizing your workforce to balance the delivery of instruction for the learning groups and physical distancing strategies for adults who are interacting with cohorts?
 - Staff who work at multiple sites (on call, itinerant, etc.);
 - Staff who work across multiple cohorts in a school (e.g. counsellors, learning assistance, prep teachers, EAs, teacher-librarians, etc.)

| | Click here to enter text. |
|----|--|
| c) | Does your school have a plan in place to ensure continuity of learning if the school is required to switch stages and for any students who need to self-isolate/quarantine? Yes No If Yes, describe below. Click here to enter text. |







Section 4: Students with Diverse Abilities/Disabilities

- a) In alignment with the *Equity and Inclusion Guiding Principles*, describe how is your school planning for students with diverse abilities/disabilities ensuring students and communicating to parents on the following, ensuring students will:
 - Be able to attend school full time or have a plan to ensure supports and learning continue if a student needs to learn at home;
 - Have access to the necessary health and safety supports;
 - Continue to receive supports and services as identified in their IEP, including 1:1 supports; and
 - Not be grouped in segregated settings as part of the establishment of cohorts.

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Section 5: Communication and Engagement

| a | Does | your scl | nool have a communication plan? |
|---|------|----------|---|
| | □Yes | □No | If <u>Yes,</u> provide a copy, link to, or summary of the overall communication plan. |

Section 6: Engagement with Indigenous People

| a) | | | | plan, is your school currently engaging with Indigenous peoples for ongoing engagement? |
|----|------------|----------|-------|---|
| | □Yes | □No | | If <u>Yes</u> , describe the engagement process and feedback received. |
| | Click here | to enter | text. | |
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| □Yes □No □N Click here to enter Did your school | er text. | , describe the | e consultati | ion and any | requests red | ceived. | |
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| Did your school | I make an | | | | | | |
| Did your school | I make an | | | | | | |
| | | v modificati | ions to you | r school's pl | an based or | n feedback fron | n |
| | tners and | or local Fir | st Nations? | | | | |
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| | □Yes □No | | □Yes □No □N/A If <u>Yes</u> , desc | □Yes □No □N/A If <u>Yes</u> , describe below. | , , | □Yes □No □N/A If <u>Yes</u> , describe below. | □Yes □No □N/A If <u>Yes</u> , describe below. |





Section 7: Unions

| collabo | ration p | rocess th | with local unions in developing the school's plan? If yes, outline the at occurred with local unions in developing the school's restart s for continued consultation and collaboration during the school |
|-----------|----------|-----------|--|
| □Yes | □No | □N/A | If <u>Yes</u> , describe below. |
| Click her | e to ent | er text. | |

Section 8: Parents, Guardians, and Caregivers

| a) | Plan? | | engage with parents, guardians, and caregivers in developing the Stage 2 |
|----|------------|---------|--|
| | ∐Yes L | ∐No | If <u>Yes</u> , describe below. |
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Section 9: Transportation

| □Yes | □No | □N/A | If <u>Yes</u> , describe below. | |
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