



"Bringing Learning to Life!"

School District No. 85 (Vancouver Island North)

PO Box 90, Port Hardy, BC, V0N 2P0 Telephone: 250-949-6618; Fax: 250-949-8792

Application for Reclassification: CYCWs

Name: _____ School _____

Current Classification: _____ Requested Classification: _____

Instructions: Complete Part A and Part B and submit this application to the District Principal of Student Services for approval. Be sure to attach any supporting documentation.

Part A: Qualifications: Following the example in italics, list post-secondary courses that you consider applicable to the work situation.

Max	<i>Example:</i> Subject	<i>HSW 167</i> Number	<i>Support Strategies for Skill Development/Positive Behavior Support</i> Course Name/Description **	<i>B+</i> Grade	<i>NIC</i> Institution	Approval
1	Language Arts (Teaching or Assisting)					
1	Social Studies (Teaching or Assisting)					
1	Mathematics (Teaching or Assisting)					
1	Science (Teaching or Assisting)					
1	Psychology (of Students)					
1	Abnormal Psychology (of Students)					
1	Child Development					
1	Adolescent Development					
1	Computers (Teaching or Assisting)					
2	Students with Exceptionalities					
	Students with Exceptionalities					
2	Behavior Management					
	Behavior Management					
3	Other Applicable Courses					
	Other Applicable Courses					
	Other Applicable Courses					
Total Approved:						

Part A Continued: List any Degrees or Diplomas granted. Include High School Graduation. Attach extra sheets if necessary.

Year	Institution/School	Name of Degree/Diploma/Certificate
		High School Graduation (Dogwood or equivalent)

List applicable workshops that you have completed. Attach certificate. Attach extra sheets if necessary. (Examples of workshops: *POPARD ASD; FASD; CPI*, etc.)

Date	Institution/School	Name/Description of Workshop

Part B: Experience: Please provide details of your recent experience working with students with special needs. Attach extra sheets if necessary.

Start Date	End Date	Position/Job Title	Duties/Responsibilities	Weekly Hours	Approval
				Total:	

Part C: (To be completed by the District Principal of Student Services)

- _____ Demonstrated ability to work effectively with students with social/emotional behavioural needs.
- _____ Basic knowledge of psychiatric and developmental disorders affecting children and adolescents.
- _____ Possessing knowledge of specific strategies to defuse conflict.
- _____ Training in non-violent crisis intervention strategies.
- _____ Working knowledge of functional assessment of behaviour methodology.
- _____ Willingness to work beyond the school day to support students and their families.
- _____ Ability to maintain good working relationships and communicate effectively with school staff, students, parents and community agencies.
- _____ Ability to use a computer (word-processing, instructional software) for record keeping and assisting students.
- _____ Valid Level I first aid certificate, valid driver's license and access to a vehicle for purposes of work.
- _____ Good interpersonal and communications skills.
- _____ Ability to understand and effectively carry out oral and written instructions.

Date: _____ Signature: _____

***Remember to attach your transcripts, including a copy of your High School Graduation Certificate (Dogwood) if not already on file. Your application will not be considered if incomplete.*