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| **Student Information** | **Parent/Guardian Information:** |
| **Full name:**  | **Full name:**  |
| **Grade:**  | **Relationship to Student:**  |
| **School:**  | **Phone number:**  |
|  | **Email Address:**  |

Students with health or medical reasons or special learning needs may be granted permission to use personal mobile devices during instructional time, upon completion of Form AF148-A or as indicated in the student’s Individualized Program Plan or Medical Health Care Plan. Personal mobile devices include any electronic device that can be used to communicate with or access the internet, such as a cell phone, laptop, tablet or smartwatch.

If approved by the principal, a student with documented and verified needs will work with the relevant school-based team member (principal, assistant principal, school counsellor, learning support teacher) to develop and action an appropriate exemption plan and document in Collaborative Problem Solving (CPS) in Dossier. The exemption plan requires that the student turns off all notifications to applications non-essential to their specific health or medical or special learning needs. Final approval of the documented plan is given by the principal and will be communicated to the staff working directly with the student.

**A. Requirements for request for exemption:**

1. **Consultation**: Please schedule a visit with your child’s healthcare provider to discuss the need for a personal mobile device exemption.
2. **Form Completion and supporting documentation**: During the consultation, please have your child’s healthcare provider complete this form, ensuring the following information is included:
	1. Identification of medical diagnosis.
	2. Specific detailed reason for exemption request.
	3. Recommendations for use ensuring all the following is included:
* Patient’s name
* Diagnosis/condition
* Type of personal mobile device to be used
* Purpose/Reason for use of personal mobile device during the school/instructional time
* Recommended plan and strategies for use during the school/instructional time
1. **Submission**: Once completed and signed by healthcare provider and parent/guardian submit to the principal.

**B. To Be Completed by an Authorized Healthcare Provider**:

1. The individual named above has been assessed and confirmed to have the following diagnosis/condition,       which requires the use of a personal mobile device during instructional/school hours.
2. Type of personal mobile device to be used.
3. The use of a personal mobile device is required for the following reason(s) (reason includes how use of a personal mobile device will specifically support the student’s identified needs in a school setting):
4. My recommendation of how, when, where, for how long, in what circumstances the use of a personal mobile device is required are outlined below:

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| **Health Care Provider Name (printed):** | **Professional Registration Number:** |
| **Email Address (optional):** | **Phone Number:** |
| **Signature:** | **Date:** Click or tap to enter a date. |

**C. Terms and Conditions**

By submitting this exemption request, I agree to the following conditions:

1. **Responsible Use:** The student will use the personal mobile device responsibly and in accordance with school policies, except where specified by this exemption.
2. **Notification:** I will notify the school of any changes to the student’s circumstances that might affect this exemption.
3. **Review:** The exemption will be reviewed periodically, and the school reserves the right to reassess the need for this exemption based on the student’s needs and behavior.

**Parent/Guardian Signature(s)**

I confirm that the information provided is accurate and that I understand the terms and conditions associated with this exemption request.

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| Parent/Guardian Signature |  | Date |

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| ***For School Use Only:*** |
| ***Request Approved By:*** |  |
| ***Title:*** |  |
| ***Date:*** |  |
| ***Personal mobile device plan entered into Dossier CSP Form by (name of educator):*** |  |
| ***Date the plan was entered into Dossier:*** |  |
| ***Exemption Effective From (date):*** |  |