



Parent Workshop Series: Successful Transition from Elementary to Post-Secondary *Special Education Endorsement Form*

Dear Special Education Provider,

A student in your school has been identified as a possible candidate for the Parent Workshop Series: Successful Transition from Elementary to Post-Secondary program. The Parent Workshop Series is a virtual, parent-only program consisting of 4 online sessions. This program was designed by the Regional Assessment and Resource Centre (RARC) to support students with learning disabilities and ADHD as they transition from elementary to post-secondary school by providing programming to their parents/guardians.

This program is open to parents and guardians of students with learning disabilities and/or ADHD in Grade 7 or 8 in Ontario. The goal of the sessions is to provide parents with:

- Information and support to understand their child's experience and potential more fully,
- Skills to navigate the school system,
- Ability to provide timely and targeted support,
- Support to know they are not alone.

Program Eligibility and Documentation Requirements

To be eligible for the program, students need to have a diagnosed learning disability and/or ADHD, or meet the profile of a person with a learning disability (average intellectual ability, difficulty with reading/writing/math due to a processing difficulty).

Participants are required to submit their child's IEP and either the most recent psychoeducational assessment or this endorsement form signed by the Special Education educator at their school.

We are asking you to confirm that, in your opinion, the student identified meets the eligibility criteria.



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In my professional opinion, _____ meets the *Parent Workshop Series*
Student Name
 eligibility requirements as described below:

The student is in grade 7 or 8	<input type="checkbox"/>
Has average or above average intellectual ability	<input type="checkbox"/>
Has difficulty in reading, writing, and/or math	<input type="checkbox"/>
AND has one or more of the following:	
Learning Disability Diagnosis	<input type="checkbox"/>
ADHD Diagnosis	<input type="checkbox"/>
Strong indicators of the presence a learning disability or ADHD	<input type="checkbox"/>

Parent Name(s): _____

Teacher Name: _____ Teacher Role/Title: _____

Teacher Phone: _____ Teacher E-mail: _____

Teacher Signature: _____ Date: _____

Use the space on the following page to provide any additional relevant information.

