



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



Dear Special Education Provider,

A parent/guardian of 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 and/or ADHD (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.



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

In my professional opinion, _____ meets the *Parent Workshop Series*
Student Name

eligibility requirements as described below from both columns:

(All below are required)	(One or more below are required)
<input type="checkbox"/> In grades 7 or 8	<input type="checkbox"/> Learning Disability Diagnosis
<input type="checkbox"/> Average or above average intellectual ability	<input type="checkbox"/> ADHD Diagnosis
<input type="checkbox"/> Difficulty in reading, writing, and/or math	<input type="checkbox"/> History that suggests disability is present
<input type="checkbox"/> Has an IEP/ requires accommodations	

Parent Name(s): _____

Teacher Name: _____ Teacher Role/ Title: _____

Teacher E-mail: _____

Teacher Signature: _____ Date: _____

Use the space below to provide any additional relevant information: