



**The Board of Education of  
School District No. 83 (North Okanagan-Shuswap)**

341 Shuswap Street SW, Box 129, Salmon Arm, BC, V1E 4N2  
Phone: (250) 832 2157 Fax: (250) 832 9428

**Request for Category Change**

(As per the BC Ministry of Special Education Policy and Procedures Manual)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Case Manager/Counsellor: \_\_\_\_\_

**Please follow the process below for all Requests for Category Change:**

- 1) Go to AdminConnect:** a) request category change b) request case manager assignment
- 2) Complete the section of this form that applies to the Category Change requested and forward to District Education Support Centre – Student Learning **Attention: Sandra Rhodes****

**A category change from Category \_\_\_\_\_ to \_\_\_\_\_ is being requested.**

**Category Change request for R&H:**

- Behaviour has escalated and requires intensive intervention
- Severe Mental Illness present (internalizing or externalizing)
- Interagency supports are in place
- Medical assessment is available in student efile
- Current Instructional Support Planning Process Tool (ISPT) is available in the student efile

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Category Change request for A, B, C, D, E, F & G:**

- Medical documentation from a qualified medical specialist **OR** psychoeducational assessment (Category C) from a Certified School Psychologist is available in the student efile
- Instructional Support Planning Process Tool (ISPT) confirming multiple domains of complex and/or intense impairment of functionality (minimum of 2 domains of complex and/or intense impact or 3 domains of moderate impact) is available in the student efile

**ISPT form is required for categories: D - physical disability/chronic health; G – autism; C – moderate to profound Intellectual Disabilities**

**Category Change request for K & Q:**

Approval of Certified School Psychologist obtained

**Request Approved**

**Request Declined**

**Comments:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**(See page 2 for additional information)**

**Once Category approval has been received, please have an Individual Education Plan (IEP) available by**

**Date:** \_\_\_\_\_

**For all IEPs please ensure that the parent has been invited to participate in the IEP process and is listed as part of the planning team.**

**For all Category H IEPs:**

- 1) please ensure outside agency supports are listed as part of the planning team, or the file includes information on repeated attempts/waitlist information on outside agency supports**
  
- 2) Use activity tab in IEP central to record settings in which the behaviour is persistent over time and planning is coordinated across agency and community (integrated case management/wrap around)**