OUR MISSION

OUR VISION

At Toronto Catholic we transform the world through witness, faith, innovation and action.

ng home, At Tor throug



The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.

We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.

AGENDA ADDENDUM THE REGULAR MEETING OF THE SPECIAL EDUCATION ADVISORY COMMITTEE

PUBLIC SESSION

Nancy Crawford, Chair

George Wedge, Vice Chair

Wednesday, June 10, 2020 7:00 P.M.

Pages

7. Presentations

7.a Letter of Acknowledgement of Service and Certificate for Sandra Mastronardi

8. Nominations

8.d Letter of Interest from Melanie Battaglia to Serve as Autism Ontario Representative on the Special Education Advisory Committee 1 - 3

9. Reports of Officials for Information by the Board/ Other Committees

9.c Special Education Advisory Sub-Committee for the Special Education Plan - New Participation Sought (Verbal) - Linda Maselli-Jackman, Superintendent of Special Services



June 8, 2020

ATTENTION: SPECIAL EDUCATION ADVISORY COMMITTEE, TORONTO CATHOLIC DISTRICT SCHOOL BOARD ("TCDSB")

Re: SEAC – ASSOCIATION NOMINATION

Association: Autism Ontario, Toronto Chapter

Address: Autism Ontario, Toronto Chapter, PO BOX 55570 Cedar Heights, Scarborough, ON,

M1H 3G7

Email: toronto@autismontario.com

Executive Director: Marg Spoelstra

Incorporation Number: 11924 8789 RR0001

SEAC Nominee: Melanie Battaglia

Home Address:

Telephone and email:

The above nominated person meets the following criteria as outlined in Reg. 464/97, SEAC:

- Canadian citizen
- Over age of 18
- Catholic School Board Elector
- Resides within area of jurisdiction of the TCDSB
- Member, local parent group of a Provincial or National Association that is <u>not</u> employed by the TCDSB

On behalf of my association, I hereby confirm that the above nominee meets all of the listed criteria.

Date
Signature Officer
Marguerite Schabas, President

Incorporated as Autism Society Ontario Charitable Registration No. 11924 8789 RR0001



Special Education Advisory Committee (SEAC) Membership Application

Individuals must complete the following application form for consideration to be a member of TCDSB Special Education Advisory Committee (SEAC).

Position applying for:	Community Member	OR Local Association	ns Membership		
Surname:	Battaglia	First Name: Melanie			
Main Contact Number:		Alternate Contact Number:			
E-mail address:	1				
Child(ren)'s School(s):					
Organization Name:	Autism Ontario, Toronto Chapter				
Organization Address:	PO Box 55570 Cedar Heights, Scarborough, M1H 3G7				
Main Contact Person:	Marguerite Schabas (Chapter President)				
Main Contact Number:	416-545-9160				
1. To which other TCDSB	parent organizations do	you presently belong:			
☐ CSAC	CPIC	TAPCE	None		
The second		nich you are currently a member a			
I am a member of the diversity an representative on SEAC for the Tresident of Autism Ontario, Toro in addition to providing pro bono a Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secretary Secre	CDSB since 2018 and was previous Chapter and Vice-President and legal aid services for families sons why you are interest or children with special needs	e parent council for St. John Catholic Scholiously the Autism Ontario alternate for SE of the Ontario Autism Coalition. I am a law is and children and youth in education law ited in being a member of this coal is who require special education to me	AC. I am the former Chapter wyer practicing primarily in family law matters. mmittee: eaningfuly access their legal		
Please identify and ex	plain any related persona	ently in grades 1 and 2. My son in grachild who requires special education all and/or professional experience			
assist you in the role of a committee member: My current involvement with SEAC and the parent council at my children's school in addition to being a parent of a child with autism make me well suited for this role.					
5. Would your personal a member of this Common NOYES Please explain	nittee:	riences place you in a Conflict of	Interest in regards to being a		
6. Have you been selected NO NO O YES Please specify		CDSB Committee within the past	12 months?		



Special Education Advisory Committee (SEAC) Membership Application

7. Do you support the Ca Yes.	tholic Mission/Vision of TO	CDSB?			
8. Provide any additional comments to be considered in regards to your participation on this committee:					
Completed membership application form and request for nomination letter submitted by					
Melanie Battaglia		to	to the attention of the Director of		
Education and SEAC Chair via email to:					
rory.me	cguckin@tcdsb.org	&	nancy.crawford@tcdsb.org		
Date:	June 8, 2020				

Important

- All nominations shall be made in writing by the executive of the local chapter to the Director of Education/Secretary of the board no later than October 31st in the year of the Board's election.
- The appointment of members will be made at the Inaugural Meeting of the Board.

For further details on the Policy for the Special Education Advisory Committee, please refer to Policy No. A23 on the TCDSB website at:

https://www.tcdsb.org/Board/Policies/Documents/A23.pdf