



Accommodations for Students with Specific Medical Conditions

As per the recent Ministry directives, students who have a medical note confirming that they, or a household member, have a health condition that makes them vulnerable to Covid-19 may be entitled to online learning from home.

Please complete this request form and provide a medical note to your child's school. All medical notes must be dated as of August 10th, 2020. Your request will then be forwarded to the school board for final approval.

Once the request is approved, the EMSB will contact you with all pertinent information. The EMSB will offer education at a distance in order to ensure that your child continues to receive quality instruction.

The EMSB distance education follows the guidelines that have been established by the MEES

	Number of hours per week dedicated to online learning	Number of hours of independent work provided by the teacher per week	Number of hours of teacher availability per day or per week to meet the needs of the students
Pre-School (K4-K5)	11.5 hours of large group or small group instruction and activities	2 hours	N.A
Grade 1 and 2	10.5 hours of teaching	3 hours	2.5 hours per day
Grade 3 and 4	13 hours of teaching	5 hours	2 hours per day
Grade 5 and 6	13 hours of teaching	7.5 hours	2 hours per day
Grade 7, 8 and 9	15 hours of teaching	7.5 hours	5 hours per week
Grade 10 and 11	15 hours of teaching	7.5 hours	5 hours per week

Special Consideration for Online Instruction during COVID-19 – Form to be completed

Student information

School _____

First Name _____

Last Name _____

Grade _____

Parents / Guardian information

First Name _____

Last Name _____

Home Phone _____

Work Phone _____

Email _____

Reason to be exempt from compulsory physical school attendance

My child has a medical condition that makes him/her vulnerable to Covid-19

Medical note attached

OR

A household member has a medical condition that allows my child to receive online learning from home

Name of household member: _____

Relationship to the child: _____ (MUST BE ACCOMPANIED BY PROOF OF RESIDENCY)

Medical note attached

Signature of the parent: _____

Date: _____

The form must be completed, signed and submitted to the school with an original medical note (validated by the school). Parents who wish to submit a request and are waiting for a medical appointment must contact Ms. C. Ambrosi 514 483-7200 Ext: 7479