



<b>WFN AFTER SCHOOL TUTORING PROGRAM POLICY</b>
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<b>Policy Type:</b>	Programming	<b>Initially Approved:</b>	February 27, 2023
<b>Policy Sponsor:</b>	Education	<b>Last Revised:</b>	
<b>Primary Contact:</b>	Director of Education	<b>Review Scheduled:</b>	
<b>Approver:</b>	Chief and Council by BCM WFN 22/23-02-418		

**A. PURPOSE**

This policy has been created to govern programming facilitated by the WFN EDUCATION DEPARTMENT regarding the tutoring of minors.

**B. SCOPE**

This policy applies to all Education Department staff, all students who participate in the after-school tutoring program, and their caregivers/guardians.

**C. POLICY STATEMENT**

This policy ensures that Education Department staff will provide a safe environment for on-reserve students from kindergarten to Grade 8, via age-appropriate, culturally relevant and structured educational learning activities. These activities will be provided for children on-site for the purpose of enhancing educational supports through the 'Anishinabek Student Support Counsellor Pilot Project Program.'

**1. REGISTRATION ELIGIBILITY REQUIREMENTS**

- 1.1 Students from Kindergarten to Grade 8 are eligible for registration in the after-school tutoring program.
- 1.2 Students must be formally registered to attend Wahnapitae First Nation Tutoring programs.
- 1.3 The tutoring program is only available to Band members / Community members residing on the Wahnapitae First Nation.
- 1.4 All registrations must be completed and submitted for a student to be considered for the program.



- 1.5 Parents/guardians will be invited to attend a registration session to the program, including familiarizing themselves with all protocols and completing ALL required forms.

## **2. SERVICE LIMITATIONS**

- 2.1 The after-school tutoring program will run from September to June pending available funding.
- 2.2 The after-school tutoring program will run on Thursdays at The Gazebo from 3:30PM – 4:30 PM for English/literacy for kindergarten to Grade 4 Students and 4:30PM – 5:30 PM for Mathematics for Grade 5- 8 students.
- 2.3 After School Tutoring may be cancelled/suspended due to office closures and holidays. Parents will be notified in an appropriate timely manner either by text, email and/or through the Wahnapietae First Nation Facebook Page.

## **3. PARENT/CHILD RESPONSIBILITIES**

- 3.1 Parents/Guardians are expected to ensure they are available for contact at all times during program hours or must leave the contact's name and number of a responsible guardian who will be available for contact in an emergency.
- 3.2 Parents/Guardians are welcome to volunteer or attend tutoring programming with their children at any time.
- 3.3 Parents/Guardians will need to inform staff of how their child will be transported to and from the program.
- 3.4 Parents/Guardians must pick up their children promptly at 4:30pm or 5:30pm.
- 3.5 If a student needs to leave program early the Parent/Guardian must advise the Anishinabek Student Support Counsellor directly and in a prompt fashion.
- 3.6 Parents/Guardians need to promptly communicate any concerns regarding the program directly with the Anishinabek Student Support Counsellor/Education Director.
- 3.7 Parents/Guardians are responsible for following Ontario Health Guidelines if their child is experiencing covid-19 related symptoms. The After School Program will continue to follow Ontario Health Guidelines.

## **4. EDUCATION DEPARTMENT RESPONSIBILITIES**

- 4.1 Program facilitators will provide guidance, training and supervision for any volunteers participating in the tutoring program.
- 4.2 The program will provide a safe and hazard-free facility for programming and will promptly address any potential concerns with the educational facility. Furthermore, the program will provide a positive learning environment in cooperation with participating parents and students.

- 4.3 Any potential concerns received by the Education department staff will be followed-up with appropriate rectifying measures within an appropriate timely manner. Incidents of major concern will be immediately addressed and recorded with the Education Director.
- 4.4 Tutoring staff will keep parents/guardians informed of activities and promptly communicate all potential concerns.
- 4.5 Program photographs of students will not be published without a signed consent form by a Parent/Guardian allowing the student's photo to be shared. Please see Appendix B.
- 4.6 The Anishinabek Student Support Counsellor will regularly follow up with the Parent/Guardian on the progress of the student while participating in the after-school tutoring program.

**5. APPEALS**

- 5.1 Parents may appeal any decisions of the Anishinabek Student Support Counsellor by submitting a signed document to the Education Director. These appeals may be escalated to the WFN Executive Director if necessary.

**6. REVIEW & AMMENDMENTS**

- 6.1 This policy may be amended as needed by the education department and approved by Chief and Council.
- 6.2 This policy will be reviewed on a yearly basis or as needed

**D. DEFINITIONS**

- (1) **Policy:** means the After School Tutoring Program Policy
- (2) **Band Member:** means a person who is registered on the Wahnapiatae First Nation Band list.
- (3) **Community Member:** means a child or a spouse of a band member and who resides on Wahnapiatae First Nation.

**E. RELATED POLICIES**

- WFN After School Policy



**F. REVISION HISTORY**

Date (mm/dd/yyyy)	Description of Change	Motions	Person who Entered Revision (Position Title)	Person who Authorized Revision (Position Title)

**APPENDIXES:**

- A. WFN TUTORING WAIVOR
- B. WFN AFTER SCHOOL TUTORING PROGRAM REGISTRATION FORM
- C. CODE OF CONDUCT
- D. INCIDENT/INJURY REPORT



APPENDIX: A

**WFN TUTORING SUPPORT WAIVOR: ASSESSMENTS**

The Anishinabek Student Support Counsellor may complete ongoing learning progress assessments to indicate your child's specific challenges to better identify what areas of extra support in your student's learning and may be conducted at any point during the duration of the After School Tutoring Program.

I, (parent, guardian) give permission to Wahnapiatae First Nation staff to complete any ongoing learning assessments for my child according to the information stated above.

I, (parent, guardian) understand that the Anishinabek Student Support Counsellor may work on a comprehensive plan in navigating the educational strategies and supports my child may need. If there are any learning concerns addressed, I give permission for the Wahnapiatae First Nation Staff to work collaboratively with myself, and their departments for extra support.

Parent/ Guardian's Signature:

Date:

\_\_\_\_\_

**SUPPORT AREAS:**

Please indicate your student's academic status and the areas where they need additional tutoring support:

**Section 1: Current Grade Level**

\_\_\_\_\_

**Current Reading Level:**

\_\_\_\_\_

**Please leave any additional comments you believe the Student Support Worker should be aware of:**



APPENDIX: B

AFTER SCHOOL TUTORING PROGRAM REGISTRATION FORM

**PART A: PARTICIPANT INFORMATION**

First Name: Last Name: Birth Date D/M/YY Age Gender

Address: Health Card Number

**PART B: FAMILY/GUARDIAN INFORMATION**

Home Phone Email

Parent 1 First Name Last Name Cell Phone Business Phone

Parent 2 First Name Last Name Cell Phone Business Phone

Family Address Apt/Unit City/town Postal Code

**PART C: ADULT EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION**

A minimum of 2 other adult emergency contacts are required. Only the adults listed below & Family Guardian will be allowed to pick up camper

1 First Name Last Name Cell Phone Business Phone Relationship to Student

2 First Name Last Name Cell Phone Business Phone Relationship to Student



APPENDIX: B

REGISTRATION FORM

WAIVERS, DISCLAIMERS & CONSENT

Medical

Does child have special needs, medical conditions, or allergies:  YES  NO

If yes, please list below (specify if your child carries an epi-pen). WAHNAPITAE FIRST NATION(WFN) STAFF WILL NOT ADMINISTER ANY NON-PRESCRIBED MEDICATION. WFN staff will only administer time sensitive medication, and only in blister package by pharmacist.

Provide details:

Authorization for Outings

I give permission for my child to participate in OUTINGS on Wahnapitae First Nation (WFN). I agree that my child may be transported on outings by walking. I understand that my child will be escorted and supervised by the staff of Wahnapitae First Nation Education Department while participating in these activities.

Authorization & Consent for Children Walking Home

I give permission to have my child walk/bike home by him/herself (if 10+ years of age)

I give permission for my child to walk/bike home with \_\_\_\_\_ friend or sibling must be older than 12)

Photography, Media Release & Waivers:

I hereby give WFN and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to WFN, its member clubs and/or external partners. My child's first name (unless otherwise authorized)/image may be published or used in newsletters, newspapers, promotional videos, television commercials, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by WFN, and/or external partners. I release WFN and its agents from all claims, of any nature, based on any uses of the above.

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the WFN, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the WFN, the sponsors of said programs, or any of the WFN representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the WFN. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Code of Conduct

Parent/Guardian had read the code of conduct and have reviewed them with child

Parent/Guardian Signature

Date



## APPENDIX: C

### STUDENT'S CODE OF CONDUCT – After School Tutoring Program

The staff of WFN After School Tutoring Program is committed to providing a safe and enjoyable experience for your child. However, students are also responsible to assist in these efforts.

**PARENTS ARE RESPONSIBLE TO MAKE SURE THEIR CHILD UNDERSTANDS THE GUIDELINES BELOW. You must review this CODE OF CONDUCT!**

#### BEHAVIOUR:

- Students are expected to respect their leaders, peers, and their property. Any form of bullying will not be tolerated.
- Students will maintain hands off policy.
- The use of foul language will not be tolerated.
- Students must listen to their instructor or visiting instructor.
- Students must respect and protect WFN property.
- Students who choose not to participate in activities and disrupt their peers during programming, parents may be called to pick up their child.

#### SAFETY:

- Students need closed-toe/closed-heel shoes for certain activities. Please bring appropriate footwear.
- Students must pay attention to their surroundings and use care in all activities.
- Students will adhere to all safety rules and regulations given for each activity he/she participates in.

#### GENERAL:

- Students are expected to participate in the teaching lesson provided by the Anishinabek Student Support Counsellor during the 45 minutes of reading or mathematics lesson plan.
- Students must inform staff of any issues or concerns during programming so problems can be addressed and resolved immediately.
- We expect all students to have FUN and participate in the After School Tutoring Program but not at the expense of others.
- Violation of the CODE OF CONDUCT can be grounds for automatic dismissal from program. This program is offered free of charge and is therefore regarded as a privilege and not a right.



I \_\_\_\_\_ (name) understand the After School Tutoring Programs CODE OF CONDUCT, I agree to follow all of the above to ensure that my tutoring experience as well as other students in attendance is a positive one. I understand that failure to follow these rules may result in my dismissal from the program.

Student's Signature: \_\_\_\_\_

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

I understand and certify that my child's participation in the WFN After School Tutoring Program and its activities is completely voluntary. I have read and understand the After School Tutoring policy. I reviewed and have instructed my child of the importance of knowing and abiding by the students' CODE OF CONDUCT for safety of all participants and staff.

Parent/Guardian Signature: \_\_\_\_\_

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



**APPENDIX: D**  
**INCIDENT/INJURY REPORT**

Incident, injury, trauma, and illness record

**Details of person completing this record**

Name: ..... Position/role: .....

Date and time: ...../...../..... Signature: .....

**Child details**

Child's full name: .....

Date of birth: ...../...../..... Age: ..... Gender:  Male  Female

**Incident details**

Incident date: ...../...../..... Time: ..... am/pm Location: .....

Name of witness:(if applicable) .....

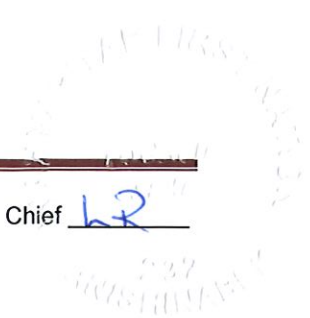
Witness signature: ..... Date: ...../...../.....

General activity at the time of incident/injury/trauma/illness: .....

Cause of injury/trauma: .....

Circumstances surrounding any illness, including apparent symptoms: .....

Circumstances if child appeared to be missing or otherwise unaccounted for (incl duration, who found child etc.): .....



APPENDIX: D

INCIDENT/INJURY REPORT

Circumstances if child appeared to have been taken or removed from service or was locked in/out of service (incl who took the child, duration):

.....  
.....

Nature of injury/trauma/illness:

Indicate on diagram the part of body affected

Wabnanitae First Nation

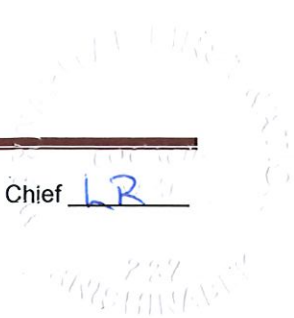
- Allergic reaction (not anaphylaxis)
- Abrasion/Scrape
- Amputation
- Anaphylaxis
- Asthma / respiratory
- Bite wound
- Bruise
- Broken bone / fracture / dislocation
- Burn / sunburn
- Choking
- Concussion
- Crush / jam
- Cut / open wound
- Drowning (non-fatal)
- Electric shock
- Eye injury
- Infectious disease (incl gastrointestinal)
- High temperature
- Ingestion / inhalation / insertion
- Internal injury / Infection
- Poisoning
- Rash
- Respiratory
- Seizure /unconscious/ convulsion
- Sprain / swelling
- Stabbing / piercing
- Tooth
- Venomous bite/sting
- Other (please specify)

Action Taken

Details of action taken (including first aid, administration of medication etc):  
.....  
.....  
.....

Did emergency services attend? Yes / No

Was medical attention sought from a registered practitioner / hospital? Yes / No



APPENDIX: D

INCIDENT/INJURY REPORT

If yes to either of the above, provide details:

.....  
.....

Have any steps been taken to prevent or minimize this type of incident in the future?:

.....  
.....

Notifications (including attempted notifications)

Parent/guardian: ..... Time: ..... am/pm Date: ...../...../.....

Director/educator/coordinator: ..... Time: ..... am/pm Date: ...../...../.....

Other agency (if applicable): ..... Time: ..... am/pm Date: ...../...../.....

Regulatory authority (if applicable): ..... Time: ..... am/pm Date: ...../...../.....

Parental acknowledgement:

I.....

(Name of parent/guardian)

have been notified of my child's incident/injury/trauma/illness.

(Please circle)

Signature: .....

Date: ...../...../.....

Additional notes:

.....  
.....

