



Report to the STA Bill 33 Consultation

School: _____ Teacher: _____

Date of receipt of proposal: _____ Did you request a meeting? Yes No

Proposed Class Size and Composition: Grade: _____ Total number of students: _____

Course (Secondary) / Class Title: _____ Total number of IEP students: _____

IEP student type and number: (see back for description) A _____ B _____ C _____ D _____ E _____ F _____
G _____ H _____ K _____ Q _____ R _____

Was there a consultation meeting? Yes No

Was a staff rep at meeting? Yes No Staff Rep: _____

Was an administrator at meeting? Yes No Administrator: _____ Title: _____

Time of meeting: before school during class time during prep time
 during period break during lunch after school

Approximate duration of discussion of this class:

less than 1 minute 1 – 5 minutes 5 – 15 minutes 15 – 30 minutes 30+ minutes

Teacher's concerns: (check any that apply) exceeded limit before consultation
 too many students for effective instruction too many high needs students for effective instruction
 lack of relevant resources to meet student needs classroom management impacted adversely
 lack of support personnel safety lack of space workload
 other _____

Administrator's rationale for exceeding class size and/or composition limits/guidelines:

Solutions offered by Administrator at meeting, and level of commitment:

- | | | | |
|------------------------------------------|----------------------------------|-----------------------------------|-----------------------------|
| 1. reduce class size | <input type="checkbox"/> will do | <input type="checkbox"/> will try | <input type="checkbox"/> no |
| 2. reduce number of IEP students | <input type="checkbox"/> will do | <input type="checkbox"/> will try | <input type="checkbox"/> no |
| 3. assign addition SEA time | <input type="checkbox"/> will do | <input type="checkbox"/> will try | <input type="checkbox"/> no |
| 4. provide additional teaching resources | <input type="checkbox"/> will do | <input type="checkbox"/> will try | <input type="checkbox"/> no |
| 5. other _____ | <input type="checkbox"/> will do | <input type="checkbox"/> will try | <input type="checkbox"/> no |
| 6. other _____ | <input type="checkbox"/> will do | <input type="checkbox"/> will try | <input type="checkbox"/> no |

Final class configuration: Number of students _____ Number of IEP students _____

Comment: _____

Teacher's signature _____ Staff Rep Signature _____

Date _____ Date _____

Dear Teachers and Staff Reps:

Bill 33 Consultation Form Instructions

1. Please fill out one form for each class that is overloaded either by exceeding more than 3 IEP students (consultation required) or the following class size limits:
 - a. 22 Kindergarten (no exceptions for class size K-4);
 - b. 24 Grades 1 – 3 (no exceptions for class size K-4);
 - c. 30 Grades 4 – 7 (consent required); or
 - d. 30 Grades 8 – 12 (consultation required).
2. Fill out as much of the form as you can. The most common responses on last year’s forms have been included in checklists to save writing time, and help us collate your information.
3. When asked, administrators have generally been helpful in supplying codes and explaining IEP types. Try to get the exact numbers for each type.
4. To help us identify what type of class you have, we have asked for the course title, which is usually the name for the class as it would appear on a timetable. This is especially helpful in elective areas, for someone who may not be familiar with your school.
5. You have the right to ask a Staff Rep to come with you to the meeting, and to ask the administrator to schedule the meeting accordingly.
6. It’s your consultation, so don’t be shy about asking direct questions, and trying to get a commitment from your administrator to supply solutions for your concerns.
7. When you have finished the form, please turn it in to your Staff Rep.
8. Staff Reps should collect the forms, make a set of copies to keep, and send the originals to the local office.

Thanks for your co-operation. Your information will help us make our case for better learning and working conditions.

Ministry designations covered by Bill 33

Ministry Category	Description
A	Physically Dependent
B	Deaf/Blind
C	Moderate to Severe/Profound Intellectual Disability
D	Physical Disability/Chronic Health Impairment
E	Visual Impairment
F	Deaf or Hard of Hearing
G	Autism
H	Intensive Behaviour Interventions/Serious Mental Illness
K	Mild Intellectual Disability
Q	Learning Disabilities
R	Moderate Behaviour Support/Mental Illness