



GENERAL INFORMATION

Mackay Centre School

Mackay Centre School is a Social Affairs School, under the mandate of the English Montreal School Board. The Mackay Centre School works in collaboration with the Rehabilitation Program in Specialized School (RPSS) team of the Lethbridge-Layton-Mackay Rehabilitation Centre (LLMRC), CIUSSS du Centre-Ouest-de-l'Île-de-Montréal.

Mackay Centre School has a supra-regional mandate and accepts children from the island of Montreal, Laval, West Island, and the South and North Shores.

Children who are admitted must meet specific criteria of the Lethbridge-Layton-Mackay Rehabilitation Centre and coding specifications for Mackay Centre School as per the Ministry of Education guidelines:

- Aged 4 by September 30th
- Admissible for English Eligibility Certificate
- Children with a diagnosis of:
 - Severe Apraxia of Speech
 - Developmental Language Disorder (severe expressive and moderate to severe receptive)
 - Neurological (ex: cerebral palsy, muscular dystrophy or genetic diagnosis) presenting with a significant and persistent motor and/or communication impairment
 - Significant and persistent hearing loss where the child would benefit from sign language support.

PLEASE NOTE that children with the following will be redirected to another specialized setting better suited to their needs:

- Diagnosed intellectual disability (DI) or Autism Spectrum Disorder (ASD), or hypothesis/provisionary diagnosis of above (unless child has a severe motor diagnosis)
- More than 3 hours of individual nursing per day

If you have questions about **admissibility**, please show this criteria to your treating therapists or contact:

Alison Leduc –Lethbridge-Layton-Mackay Rehabilitation Centre - RPSS Program Manager
514-483-0550 ext. 5902

Anna Sanalitro – Principal of Mackay Centre School & Philip E. Layton School
514-483-0550 ext. 2253



GENERAL INFORMATION

Philip E. Layton School

Philip E. Layton School is a social affairs school under the mandate of the English Montreal School Board. Philip E. Layton School works in collaboration with the Rehabilitation Program in Specialized School (RPSS) team of the Lethbridge-Layton-Mackay Rehabilitation Centre (LLMRC), CIUSSS du Centre-Ouest-de-l'Île-de-Montréal.

Phillip E Layton School is the only Anglophone school with the mandate to service visually impaired students in Quebec. It has a supra-regional mandate and accepts children from the island of Montreal, Laval, West Island, and the South and North Shores.

Children who are admitted must meet specific criteria of the Lethbridge-Layton-Mackay Rehabilitation Centre and code 42 specifications for Philip E. Layton School as per the Ministry of Education guidelines:

- Aged 4 by September 30th
- Admissible for English Eligibility Certificate
- Diagnosed vision impairment: Visual acuity less than 20\70 or visual field less than 60 degrees or complete hemianopsia. Child can also have a motor, intellectual or sensory impairment.

If you have questions about **eligibility**, please show this criteria to your treating therapists or contact:

Alison Leduc –Lethbridge-Layton-Mackay Rehabilitation Centre - RPSS Program Manager
514-483-0550 ext. 5902

Anna Sanalidro – Principal of Mackay Centre School & Philip E. Layton School
514-483-0550 ext. 2253



Mackay Centre School / Philip E. Layton School

Application procedure for the 2020-2021 School Year

STEPS FOR PARENTS TO COMPLETE:

| Procedure | Timeline | Status |
|---|---------------------------------------|-------------------------------|
| STEP 1: Discuss schooling options (plan A, B and C), and review eligibility criteria with treating healthcare professionals. | Before Feb 2020 | <input type="checkbox"/> Done |
| STEP 2: Apply for English Eligibility at your local school https://www.emsb.qc.ca/emsb/admissions/eligibility | Before Feb 2020 | <input type="checkbox"/> Done |
| STEP 3: Gather reports from specialists. Please make 2 copies of all reports. | Before Feb 2020 | <input type="checkbox"/> Done |
| STEP 4: Register at your local English school, indicate intention to apply to Mackay Centre School and submit a copy of all reports (see next page) | February 2020 | <input type="checkbox"/> Done |
| STEP 5: Submit all reports (see next page) by March 31 st , 2020 to Mackay Centre School / Philip E. Layton School c/o ADMISSIONS COMMITTEE 6333 rue de Terrebonne, Montréal, QC H4B 1A8 | Deadline: March 31st | <input type="checkbox"/> Done |

Completed applications will be reviewed by the Joint Admissions Committee (composed of members from EMSB and Lethbridge-Layton-Mackay). Possible outcomes are:

1. Your child meets admission criteria. Parents will receive a phone call to schedule the screening in order to determine appropriate class placement and resources needed.
2. Your child does not meet admission criteria. Parents will be called to discuss alternate schooling options.
3. Additional information is required to determine admissibility

Following the screening, all families will receive a letter confirming the decision of the Committee with c.c. to School Board of origin and referral source signed by both Mackay Centre School / Philip E. Layton School Principal and Manager of Rehab program (Lethbridge-Layton-Mackay)

If Child is accepted- The school Secretary will finalize the school registration.



Centre de réadaptation
**LETHBRIDGE-
LAYTON-MACKAY**
Rehabilitation Centre

Mackay Centre School / Philip E. Layton School

CHECKLIST OF DOCUMENTS REQUIRED FOR APPLICATION

DEADLINE: All application packages must be complete and received by March 31st, 2020

As your child's application will not be processed until his or her file is complete, please make sure you have all these documents included in your application.

- ☐ Copy of English Eligibility Certificate (or valid application for English Eligibility)
- ☐ Completed Parent Referral Document (pages 6 - 11)
- ☐ Joint Admission Committee signed authorization
- ☐ **Latest reports:**
 - Motor diagnosis: medical letter of attestation of diagnosis signed by Physician, OT, PT, SLP reports and Psychology (*if applicable*)
 - Severe Apraxia of Speech: SLP report and Psychology (*if applicable*)
 - Developmental Language Disorder: SLP report and Psychology (*if applicable*)
 - Hearing impairment: Audiology report
 - Vision impairment: Vision report
 - Cognitive impairment: Psychology report (admissibility only for Philip E. Layton School)

(Reports must be recent, within 1 year, with the exception of Psychology which must be within 2 years)

**Submit documents with this form to: Mackay Centre School / Philip E. Layton School
c/o ADMISSIONS COMMITTEE
6333 rue de Terrebonne,
Montréal, QC, H4B 1A8**

Applications received after March 31st will only be processed if there is space remaining

N.B: It is recommended that parents always keep a copy of all their documents



Centre de réadaptation
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| | |
|--------------------|--------------|
| Last Name: | |
| First Name: | |
| Program: | LLMRC - RPSS |

**JOINT ADMISSION COMMITTEE
AUTHORIZATION FOR THE EXCHANGE OF INFORMATION
BETWEEN**

Lethbridge-Layton-Mackay ☐
Rehabilitation Centre
7000 Sherbrooke Street West,
Montreal, Quebec
H4B 1R3

Mackay Centre School ☐
EMSB Student Services
6333 rue de Terrebonne
Montreal, (Québec)
H4B 1A8

Philip E. Layton School ☐
EMSB Student Services
6333 rue de Terrebonne
Montreal, (Québec)
H4B 1A8

In accordance with *An Act Respecting Health Services and Social Services* and *An Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information*, we require your authorization to allow the exchange of verbal information and of documents pertaining to your child, between the two establishments listed above involved in the Joint Admission Committee.

This authorization is valid for both organizations, and this for the duration of the admission process, and can be revoked verbally or in writing at any time.

_____ in the capacity of _____
(Signature of client or authorized person) (Client/parent or Legal Representative)

Date: _____

NB: This form must be signed by the client, aged 14 years and older who is capable, or the legal representative (parent/guardian) of the client if under 14 years of age.

Important: Please include this form your child's the Admission Package. Administration note: The original copy must be included in the Lethbridge-Layton-Mackay Rehabilitation Centre file and a copy inserted in the student's file.



Centre de réadaptation
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PARENT REFERRAL SUMMARY
**INTENDED FOR ALL REFERRALS TO MACKAY CENTRE SCHOOL AND
PHILIP E. LAYTON SCHOOL**

Child identification:

Name: _____ **Gender:** _____

Date of Birth: _____ **Place of Birth:** _____

Diagnosis: _____

Associated Conditions: _____

Medications: _____

Allergies: _____

Please indicate which school you are applying for: ☐ Mackay Centre ☐ Philip E. Layton

Please check the grade your child is applying for (for Mackay Centre School only):

☐ Pre-Kindergarten ☐ Kindergarten ☐ Grade 1-6: _____ ☐ Other: _____

Current School/Daycare: _____

Legal guardians (please check one): Both parents ____ Father ____ Mother ____ Other ____

Lives with (please check one): Both parents ____ Father ____ Mother ____ Other ____

Language(s): at home _____ at daycare/school _____

Parent or Legal guardian identification: Father ____ Mother ____ Other ____

Last name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Parent or Legal guardian identification: Father ____ Mother ____ Other ____

Last name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Is your child a client of the Lethbridge-Layton-Mackay Rehabilitation Centre? ☐ YES ☐ NO

Other Partners Involved: _____
(Ex: CLSC, CROM, Batshaw)



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Service providers:

| Discipline | Name | Organisation (Ex: CLSC, CROM) |
|---|-------------|---|
| <input type="checkbox"/> Audiology | | |
| <input type="checkbox"/> Occupational Therapy (OT) | | |
| <input type="checkbox"/> Speech Language Pathology (SLP) | | |
| <input type="checkbox"/> Physiotherapy (PT) | | |
| <input type="checkbox"/> Psychology (Psych) | | |
| <input type="checkbox"/> Social Services | | |
| <input type="checkbox"/> Clinics (ex: Low Vision Clinic, Feeding ...etc.) | | |
| <input type="checkbox"/> Others: ex. SAT-COM : Service des Aides Technologiques – Communication | | |
| <input type="checkbox"/> Private services: | | |
| <input type="checkbox"/> Is on a waitlist for: OT <input type="checkbox"/> PT <input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/> | | |

MOBILITY

1. Please comment on your child's walking ability:

- ☐ Independent
- ☐ Physical Assistance Necessary
- ☐ Supervision Necessary
- ☐ Mobility Aid Assistance _____
- ☐ Needs helmet
- ☐ Dependent (see section on wheelchairs)

2. Please comment on your child's ability to do stairs:

- ☐ Independent
 - ☐ With handrails
 - ☐ Without Handrails
- ☐ Physical Assistance Necessary
- ☐ Mobility Aid Assistance _____



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3. EQUIPMENT

a) Does your child use a wheelchair? ☐ YES ☐ NO

b) Does your child use a stroller? ☐ YES ☐ NO

If YES: ☐ MANUAL ☐ MOTORIZED

Type of wheelchair or stroller: _____

| | Indoor | Outdoor |
|--------------------------|--------------------------|--------------------------|
| Propels Independently | <input type="checkbox"/> | <input type="checkbox"/> |
| Propels with Supervision | <input type="checkbox"/> | <input type="checkbox"/> |
| Propels with Assistance | <input type="checkbox"/> | <input type="checkbox"/> |

Type of stroller: _____

Please comment on your child's ability to transfer in and out of wheelchair or stroller:

☐ Needs Physical Assistance

☐ Supervision Required

☐ Dependent

☐ Needs a Lift

c) Does your child use any other equipment?

☐ Standing frame

☐ Walker

☐ Other: _____

4. SITTING POSTURE

☐ Independent ☐ Needs Physical Assistance

☐ Equipment (ex: trip trap chair)

5. TRANSPORTATION (needs for school bus)

☐ Adapted Bus

☐ Car Seat

☐ Collar/ Vest

☐ Wheelchair/Stroller

Comments: _____



FINE MOTOR SKILLS

| | No Significant Difficulty | With some Difficulty | With Great Difficulty |
|------------------------|---------------------------|--------------------------|--------------------------|
| Grasp / Prehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paper and Pencil tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scissor use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMPUTER USE (device for written or oral communication)

Child needs a computer to complete classwork and/or homework: ☐ Yes ☐ No ☐ N/A

Type: _____

Adaptations: _____

Other: _____

Comments:

ACTIVITIES OF DAILY LIVING

DRESSING / UNDRESSING

☐ Independent ☐ Supervision Required ☐ Dependent
☐ Physical Assistance ☐ Adaptation Required _____

TOILETTING

Toilet Trained ☐ Yes ☐ No
☐ Independent ☐ Supervision Required ☐ Dependent
☐ Physical Assistance ☐ Adaptation Required _____

EATING

☐ Independent ☐ Supervision Required ☐ Dependent
☐ Physical Assistance Required _____ ☐ Gastrostomy ☐ Adaptation

Please specify feeding recommendations and/or restrictions:



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COMMUNICATION

MODE OF COMMUNICATION

- ☐ Verbal ☐ Non Verbal ☐ Interpreter
☐ Sign Language ☐ Assistive Device Type: _____
☐ Communication Book / Picture system

BEHAVIOUR / ATTENTION

| | No Significant Difficulty | With Some Difficulty | With Great Difficulty |
|-----------------------------------|------------------------------|--------------------------|--------------------------|
| Attention to Task: | | | |
| Individual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Group Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Following Instructions: | | | |
| Individual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Group Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transitioning between activities: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child currently receiving, or on a wait list for behaviour related interventions?

- ☐ Yes - Specify _____ ☐ No

