

Form 146.1 Individual Exemption Form- Use of Personal Electronic Devices



Lloydminster Catholic School Division

This form is used to outline an individual exemption in accordance with AP146 (Personal Electronic Devices) or AP316 (Chronic Student Health Services) for an individual student.

Student Name: _____ Date: _____

Type of EXEMPTION (select one):

_____ **Medical accommodation**

_____ **Learning adaptation**

Reasoning or documentation to support exemption:

Reviewed with Student and Parent(s):

- The student and parent have reviewed and understand AP146 Use of Personal Electronic Devices
- The student understands the expectations of what constitutes appropriate in classrooms and breaks.
- The student has a plan for storage of devices when not in use and/or when devices are used inappropriately.

Exemption Procedure

Outline how the exemption will be applied; Be as specific as possible.
The students' teachers will be informed of the exemption and the way it will be applied in class. (Examples: a) a cell phone will vibrate to indicate low insulin; the student must have the cell phone on their person or b) the student will use a C-pen to read text and/or record personal notes during instruction.)

Duration of Use:

Review Date (if needed): _____

Principal Approval: ___ Yes ___ No Signature: _____

Date: _____