

STAR Program

Students with Technology Achieving Results

What is the STAR Program?

STAR stands for Students with Technology Achieving Results. STAR is a short term program offered through the Learning Services Department. It helps students identified with a learning disability develop a better understanding of their learning styles, learn software applications that will allow them to access curriculum, and helps them produce higher level products. The STAR program also offers resource support to parents and teachers in the area of technologies to help ameliorate the impact of learning disabilities on the learning of the young person.

The program consists of approximately twelve half day sessions over the course of six weeks. The program involves a withdrawal component where students learn about themselves as learners and gain skills to use their technology more effectively. The STAR teacher will also spend time in your child's classroom assisting the students and teacher in making optimal use of the technology. Assessment of your child's success in this program will be achieved through surveys, self-assessment, work samples, classroom teacher, and parent feedback. There will also be follow-up visits conducted by the STAR teacher later in the year to support the learning that has occurred in the program.

Students in the STAR Program will...

- Gain a heightened understanding of themselves as learners
- Broaden their repertoire of effective learning strategies based on strengths
- Demonstrate enhanced effectiveness in the use of technology to support their learning
- Develop self-advocacy skills and self-confidence in their abilities
- Demonstrate improved organizational skills
- Develop learning skills including goal-setting and self-monitoring
- Learn practical strategies based on lessons and assignments in their classroom

Who is a Candidate for the STAR Program?

- Students who have been identified with a Learning Disability through an IPRC
- Students allocated computer technology who require additional support to maximize the benefit of this important accommodation to better access the curriculum
- Students in a Junior or Intermediate class
- Students who would benefit from developing increased knowledge of self as a learner
- Students who would benefit from enhanced independence and self-advocacy skills

(place on school letter head)

S.T.A.R. Program Consent Form

Dear Parent(s)/Guardian(s):

The Learning Services Department is again offering the S.T.A.R. program (Students with Technology Achieving Results) within schools across the Avon Maitland DSB. S.T.A.R is a short term program offered through the Learning Services Department that allows students to develop a better understanding of their learning styles, learn software applications that will support them with access curriculum. The STAR program teacher will be working directly with your child in a withdrawal and in class setting.

_____ has my permission to participate in the STAR program

Name of Student

_____ **Date**

_____ **Signature parent/guardian**

Activities in your child's classroom related to curriculum initiatives and teaching strategies may be recorded by the S.T.A.R teacher (i.e. photographs, video, audio). In addition to this, the STAR Program Teacher and classroom teacher will be making observational anecdotes, collecting student work samples, and taping student interactions within the classroom.

Conversations and interactions between students, teachers and the STAR Program teacher may be shared with members of the professional learning community who are part of the Learning Services Department to further staff development. These recordings may also be shared with other schools in our district, other boards, and/or the Ministry of Education.

If you have any questions or concerns, please do not hesitate to speak with your child's teacher or your principal. It would be greatly appreciated if this consent could be returned by **(insert date)**.

(Insert Principal Signature)

By signing this document, I/we have read and understand this letter and am granting consent for my child's image and/or audio file and/or work samples to be recorded, collected and shared by Avon Maitland District School Board staff. I further understand and agree that these records may be shared within the professional learning community. All recordings will become permanent property of the Avon Maitland District School Board.

I/we further understand that this consent may be withdrawn by me/us at any time, upon written notice.

Student's Name: _____

Parent/Guardian Signature : _____ Date: _____

Note: This completed form must be retained at the school for the current year plus one.