

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 AP 146 - Personal Electronic Devices or AP 316 - 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 AP 146 - 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: _____