

## **Alberta Advance Academy Forms**

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# Fundraising Requestion Form

Date: \_\_\_\_\_

Name of Student Group: \_\_\_\_\_

Fundraiser Description (please include purpose and how revenue will be spent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the group conduct this fundraising activity? (Please explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Dates(s) of sale(s): \_\_\_\_\_

Time(s) of sale(s): \_\_\_\_\_

Approved Location: \_\_\_\_\_

Budget for Sales Event: \_\_\_\_\_

Items, or item-types, to be purchased for re-sale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **STUDENT GROUP FUNDRAISING**

### **Procedures and Official Guidelines**

1. Only official, registered student activity groups of Alberta Advance Academy are authorized to conduct fundraising activities.
2. All student group fundraising proposals must be submitted to The Office for approval at least three (3) days prior to the proposed fundraising activities.
3. All fundraising activities must be approved by all of the student activity group's faculty advisors.
4. Student groups must have a collection box to store collected funds.
5. Student groups must submit the deposit slip to the Associate Principal with the collected funds within 24 hours for deposit into the School Fundraising Account. The deposit slip must be signed by the Supervising teacher.
7. No sales will be allowed for the financial gain of individual(s) outside of the common interests of the student group.

### **Required Signatures**

By signing below, you agree that you have read and understand all policies and procedures as they relate to fundraising events.

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Student Activity Group Representative (Print) Signature

---

Faculty Advisor Signature

---

Principal's or Designate's Signature

N.B. Copy to be filed with Fundraising Accounts Person.

Adopted: August 2025

**ALBERTA ADVANCE ACADEMY DEPOSIT    ALBERTA ADVANCE ACADEMY DEPOSIT**

Grade ___	Event	Date _____	Grade	Event	Date
-					
<b>Cash Count</b>		<b>Amount</b>	<b>Cash Count</b>		<b>Amount</b>
X5 =			X5 =		
X10 =			X10 =		
X20 =			X20 =		
X50 =			X50 =		
X100 =			X100 =		
Xrolls \$2 =			Xrolls \$2 =		
Xrolls \$1 =			Xrolls \$1 =		
Xrolls \$.25 =			Xrolls \$.25 =		
Xrolls \$.10 =			Xrolls \$.10 =		
Xrolls \$.05 =			Xrolls \$.05 =		
<b>Coin</b>			<b>Coin</b>		
X \$2 =			X \$2 =		
X \$1 =			X \$1 =		
X \$.25 =			X \$.25 =		
X \$.10 =			X \$.10 =		
X \$.05 =			X \$.05 =		
<b>Sub Total</b>			<b>Sub Total</b>		
<b>Cheques</b>			<b>Cheques</b>		
<b>TOTAL</b>			<b>TOTAL</b>		

NOTES (Additional Information):    NOTES (Additional Information):

## Appendix 1

### DISCLOSURE OF WRONGDOING FORM

#### TYPE OF WRONGDOING

Which of the below categories does the Wrongdoing apply?\*

Contravention of an Act or a Regulation (Contravention of a Law).

An act or omission that creates a substantial and specific danger to the life, health or safety of individuals.

An act or omission that creates a substantial and specific danger to the environment.

Gross mismanagement of public funds or a public asset.

Gross mismanagement of the delivery of a public service.

Gross mismanagement of employees – by a pattern of behavior or conduct of a systemic nature that indicates a problem in the culture of the organization relating to bullying, harassment or intimidation.

Counselling an individual to commit a wrongdoing mentioned above.

*\*If none of the above, the Public Interest Disclosure Act does not apply. Consider other internal policies and procedures.*

#### GENERAL CONTACT INFORMATION

While anonymous complaints may be accepted, you are encouraged to include your name and contact information. For more information about the advantages and disadvantages of making an anonymous complaint, speak with the Designated Officer.

**Last Name    Given Names**

**Title**

**Work Phone    Other Phone    Email**

**Name of your School Branch/Unit/Department (if applicable)**

#### DISCLOSURE DETAILS

Use this area to provide information about the wrongdoing and the person(s) alleged to have

committed the wrongdoing. Include if known the following details:

1. A description of the wrongdoing
2. If known, dates associated with the wrongdoing
3. Name and title of the alleged wrongdoer(s)
4. Name and title of any other parties involved
5. The name of the school where the wrongdoing occurred
6. If applicable, the specific division or business unit where the wrongdoing occurred
7. Whether you have contacted any other authority in relation to the alleged wrongdoing

**Disclosure Details\***

**Please submit this form and any other supporting documents to the Designated Officer. If you are unable to include all details about the alleged wrongdoing on this form, you may submit further details as a separate document, however please include it when you submit this form.**

## D7 Onboarding Guideline & Checklist for New Teachers

The following orientation checklist has been developed to assist with orienting and welcoming new members to your school staff. The goal of this checklist, and therefore the orientation, is to promote and develop teacher confidence to ensure a successful start to the year and profession.

### **Office Requirements** – prior to interview

- Resume – cover letter optional
- Copies of Transcripts of marks, certificates, etc
- Reference letters – if available

### **Office Requirements** – after acceptance of job offer

- Completed Application form
- Resume
- Photocopy of Teaching Certificate or Letter of Authority
- Photocopy of Social Insurance Card (SIN) and/or Work Permit
- Photocopy of Alberta Health Care Card
- Current Police Security Clearance (Vulnerable Sector)
- Photocopy of WHMIS training certificate (Science teachers only)
- Photocopy of First Aid certificate

### **Office Issue:**

- School and Classroom keys
- School security alarm code
- Photocopier code
- Special keys – Chromebook cart, Science lab cabinets, filing cabinet keys, etc.
- Electronic grade book (Google)

### **Instructional Awareness** – school philosophy, policies, instructional requirements, etc

- Teacher Handbook
- AISCA Teacher Certification Handbook
- Alberta TQS requirements (handbook)
- Set-up school email account, WhatsApp, IXL, Google Workspace/Classroom/Grades, Class Dojo (Elem and Jr High)
- Location of School Policies and Procedures (Online)
- Google Workspace Orientation
- Class Dojo (Elementary and Junior High) Orientation

### **Building Tour:** School layout and location of:

Washrooms

Staff Lunchroom

Main Office

Teacher Work Room - Photocopiers

Location of, and Introductions to, key personnel: Administrative Team, Secretaries, Custodians, Resource Teachers, Educational Assistants, Curriculum Leaders / Department Heads, Lead Teachers, OHS Committee Chair(s)

Rooms for supplies/physical education/computers  
Audiovisual Equipment  
School Yard – Duty Areas  
Hallways / Stairwells – Duty Areas  
Teacher Parking

**Building Procedures:**

Hours for teachers, building use at other times  
Extra duties, Supervision schedule, bus (routines), clubs, activities, committees  
Attendance policies and procedures – sign-in - out  
Daily school routines: announcements, movement of students, entry/exit from building, washrooms, lunch  
Locks / lockers  
  
Student and teacher dress code  
Fire drills  
Lunch supervision, eating arrangements  
  
Student accidents, emergencies  
Cell phone and device policies

**Access to Resources:**

Classroom and teaching supply Allocation per semester, requisitions, budget process  
Audiovisual equipment requests  
  
Computer access (sign-up) for teacher use and for student use (policy)  
Shared equipment and materials  
Textbooks, supplemental materials  
  
Location and operation of copy machines, transparency machines, laminating equipment and supplies

**Student Discipline:**

Behaviour expectations for hallway, lunch, washroom, school yard  
Establishing and enforcing classroom behaviour expectations and routines  
  
Consequences for extreme behaviour problems (contact Office, parent, referral)  
Referral process for students with special needs (gifted, special education)  
Detention Room (protocol)

**Curriculum / Program:**

School Success Plan and Process (Handbook)  
Mentoring Support  
Curriculum and Instructional Planning guidelines  
Division / Department Planning / Collaboration  
  
Approval of PD Opportunities / Registration  
Timetables / Schedules / Class lists  
Field Trip Procedures  
  
Profiles of High Needs Students  
Special Education Policies and Procedures  
Daily schedule, appropriate plans, administrative details  
  
Homework Policy

Reporting Periods, Grad/Mark Collection, Report Cards  
Meet-the-Teacher / Report Card Days – Expectations / Roles

Emergency Plans

**OHS – School Safety:**

- o Safety Policy& Procedures
- o OHS Policies
- o Work Refusal
- o Emergency Response Accident/Incident Notification Critical Hazards
- o Duty to Report Hazards and Accidents
- o Duty to Report Critical Hazards

**Personal and Professional Decisions and Procedures:**

Calling in sick and personal or professional days

Expectations for sharing with colleagues; what others can do for you

Adjustment to a new job

Performance review (evaluation)

Professional portfolios

Lesson plan procedures and expectations

Classroom assessment system, rubrics, and formative assessment

Subject matter experts on the building staff

Teaching teams or shared responsibilities

Grading procedures for day-to-day records (Google Grades) (report cards later)

Teaching / Learning Resources

Contacting Parents / Letters Home

Meetings / Interviews with Parents

**Organizing the Classroom:**

Options for room arrangement and its effect on teaching and learning

Student work collection and distribution system

Storage and access to materials

Student access to texts, equipment, and teaching centers

School Signature      Date

New Teacher Signature      Date

## G3 Alberta Advance Academy Network Responsible Use Agreement

In order to provide quality education to students in a dynamic learning environment, Alberta Advance Academy provides network resources that support learning for students and staff. "Network resources" refers to all hardware, software, services (e.g., e-mail or Internet) and information resources accessed by authorized users of the Alberta Advance Academy technology network.

Having students learn responsible use of the Internet as an educational resource and maximizing its potential as a learning resource, depends on the coordinated effort, involvement and commitment of the student, the school and the parents. One aspect of that commitment is for parents and students to review this *Network Responsible Use Agreement* and accept its terms and conditions.

### Student

I have read and understand the terms of the *Alberta Advance Academy Network Responsible Use Agreement* and I agree to comply with them. I understand that if I violate these Guidelines, my network privileges may be revoked and may lead to additional discipline. I understand and agree that my computer use may be monitored at any time. I understand that this document will remain in my school file and will be in force for the period of my enrolment or tenure as a student of Alberta Advance Academy. I grant permission to issue an account to me and consent to the release of information necessary to establish said account and any others required to support instruction.

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Student's Name

---

Date

---

Signature of Student (Grades K-3 do not need to sign)

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Student ASN Number (to be filled in by teacher)

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Parent or Legal Guardian (if student is under age 18)

As the parent or guardian of this student, I have read this document and have reviewed it where applicable with my child. I understand and agree that my child's computer use may be monitored at any time. I understand that some materials on the Internet may be objectionable and that my child may manage to access those materials despite the best efforts of Alberta Advance Academy and its staff; therefore, I accept the responsibility for guiding my child and conveying to him or her appropriate standards for selecting, sharing and exploring information and media on the Internet.

I understand that this document will remain in my child's school file and will be in force from the beginning of their enrolment at Alberta Advance Academy.

I hereby grant permission for the school to issue a network account to my child and I grant permission for my child to use Alberta Advance Academy Network resources.

## **Expectations for Students Using Alberta Advance Academy Network Resources**

Students must follow the following rules when utilizing network resources, on school computers or personal devices, including accessing the Internet or using e-mail. Network use is a privilege, not a right. Failing to follow these rules may lead to losing your privileges.

1. Students will keep their user name and login password private.

2. Student will follow and respect the law and all Alberta Advance Academy policies and rules when using network resources. Students will never use network resources for any illegal activity.

3. Students will not access, download, save, display, send or receive any inappropriate material.

Inappropriate material includes anything which is:

- sexually explicit
- hateful or discriminatory based on sex, race, religion, origin, sexual orientation,

etc.

- offensive
- profane or using profane language
- harassing or intimidating
- illegal
- otherwise not appropriate for school.

4. Students will not use network resources to bully or harass any person. Bullying is more than just physical – it includes personal attacks, intimidation, gossiping, humiliating, negative comments, threats, harassment and other unkind online activity. These types of behaviours may lead to much more severe discipline under our school's discipline policy.

5. Students will not vandalize any computer or computer system, or try to break computer security. This includes damaging or infecting any computer hardware, software, network, or information on them, including creating computer viruses. Students will not attempt to access any other student's or staff member's information, or any other "hacking" activity. Students will not attempt to access any website which is blocked.

6. Students will not download music, video, games or any software on school computers, unless specifically allowed for a school project.

7. Students will not use school computers to play games, including Internet games, or access Internet gambling sites.

8. Students will respect the copyright on all material accessed by the Internet and will not illegally download material. Remember that plagiarism is very serious and that materials from the Internet should be cited, just as you would cite other materials. You also agree that you will not illegally copy material protected under copyright law, or make that material available to others for copying, including software, music or video files.

9. Students will follow accepted rules of network etiquette. These include (but are not limited to) the following:

- Students must be polite. Do not be abusive in your messages to others.
- Students must use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Students must not reveal personal information about themselves, family members, fellow students, teachers, friend or others over the Internet.

**Notice to Students and Parents/Guardians**

All Alberta Advance Academy network accounts are the property of Alberta Advance Academy. Files may be inspected and copied and a history of visited sites and utilized services may be searched in the event of suspected violation of this Network Responsible Use Agreement, school rules, or of the policies and regulations of Alberta Advance Academy.

\*\*\*\*\*

I certify that the information supplied on this form is correct. I also consent to the release of information necessary to establish a Alberta Advance Academy Network Account.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date

# High School Performance Proposal Form

This form describes a proposal for a performance at a school concert, performance or at Graduation Ceremonies. It must be completed by any individual high school student or group wishing to perform at that event, and submitted to the event planning committee by the deadline set by this committee.

1. Name/Type of Event:\_\_\_\_\_ . Date:\_\_\_\_\_
2. Name of individual performer, or members of a group, wishing to submit this performance proposal:\_\_\_\_\_  
\_\_\_\_\_
3. Type of performance (speech, dance, song) \_\_\_\_\_
4. Length/Duration of performance (minutes)\_\_\_\_\_
5. Name of song or music piece to be used in the performance: \_\_\_\_\_
6. Is this piece of music approved by Administration and/or Planning Committee? Yes/No
7. Is the performer, or any members of the group performing in any other performance at this event? (Yes/No) – If “Yes”, then name of this performer: \_\_\_\_\_ (N.B. No individual or group may perform more than once in any given event.)
8. Which other performances is this individual or group performing in?  
\_\_\_\_\_

## **FOR PLANNING COMMITTEE OR ADJUDICATOR USE ONLY**

### **REJECTED**

Reason(s) for Rejection of proposed performance: \_\_\_\_\_  
\_\_\_\_\_

### **APPROVED**

Reason(s) for approval of performance proposal: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Adjudicator(s) or Committee Chair

## New Teacher School OHS Orientation Checklist

EMPLOYEE INFORMATION		
Name:	Start date:	
Position:	School:	
POLICIES & PRACTICES		
Review key policies.	<ul style="list-style-type: none"> <li>• Alberta Advance Academy Teachers' Handbook</li> <li>• Expectations</li> <li>• Security</li> <li>• Emergency Procedures</li> <li>• Visitors</li> <li>• Keys / access cards</li> <li>• Purchase Requests</li> </ul>	<ul style="list-style-type: none"> <li>• Calendar</li> <li>• Review teaching assignment and expectations</li> <li>• Review evaluation, supervision and growth plan information</li> <li>• Expense Reports</li> <li>• Dress</li> </ul>
TECHNOLOGY		
Hardware and software reviews, including:	<ul style="list-style-type: none"> <li>• E-mail</li> <li>• Intranet</li> <li>• PowerSchool</li> <li>• Other job specific software</li> </ul>	<ul style="list-style-type: none"> <li>• Telephones</li> </ul>
INTRODUCTIONS AND TOURS		
Give introductions to school staff during tour.		
Tour of facility, including:	<ul style="list-style-type: none"> <li>• Classroom</li> <li>• Staffroom</li> <li>• Mail</li> <li>• Restrooms</li> <li>• Kitchen</li> </ul>	<ul style="list-style-type: none"> <li>• Printers</li> <li>• Workroom</li> <li>• Parking</li> <li>• Coffee/vending machines</li> <li>• Emergency exits and supplies</li> </ul>
SAFETY		
Safety Policy and Procedures Work Refusal Emergency Response Hazard Assessment Review Duty to report hazards and Accidents.		
Information provided on:		

School Signature Date

New Teacher Signature Date



# New Support Staff School Orientation Checklist

EMPLOYEE INFORMATION	
Name:	Start date:
Position:	School:
POLICIES, PRACTICES & POSITION INFORMATION	
Review key policies.	<ul style="list-style-type: none"> <li>● Expectations</li> <li>● Security</li> <li>● Emergency Procedures</li> <li>● Visitors</li> <li>● Staff Meetings</li> <li>● Breaks</li> <li>● Dress</li> <li>● Expense Reports</li> <li>● Sign-in / Sign-Out</li> <li>● Teachers' Handbook</li> <li>● Review job description and expectations</li> <li>● Review evaluation, supervision and growth plan information</li> <li>● Review job schedule and hours</li> <li>● Keys / access cards</li> <li>● Purchase Requests</li> <li>● Calendars</li> </ul>
TECHNOLOGY	
Hardware and software reviews, including:	<ul style="list-style-type: none"> <li>● E-mail</li> <li>● Intranet</li> <li>● Alberta Advance Academy Website</li> <li>● Job Specific software programs</li> </ul>
INTRODUCTIONS AND TOURS	
Give introductions to school staff during tour.	
Tour of facility, including:	<ul style="list-style-type: none"> <li>● Classroom</li> <li>● Staffroom</li> <li>● Mail</li> <li>● Restrooms</li> <li>● Kitchen</li> <li>● Emergency exits and supplies</li> <li>● Printers</li> <li>● Workroom</li> <li>● Parking</li> </ul>
SAFETY	
Safety Policy and Procedures Work Refusal Emergency Response Hazard Assessment Review Duty to report hazards and Accidents	
Information provided on:	

School Signature

Date

New Employee Signature

Date

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# CORRECTIVE ACTION FORM

Date of Infraction: \_

Name of Staff Member: \_

Infraction: -----

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<b>First Infraction</b> (Normally only a verbal warning will be given.) Written warning or higher given due to the seriousness of the infraction	Yes	No
<b>Second Infraction</b> Staff Member has previously been given a verbal warning	Yes	No
<b>Third Infraction</b> Suspension Given	Yes	No
If no, why? If yes, how many days?		
<b>Fourth Infraction</b> Reprimand and Day of re-consideration given with pay	Yes	No
If no, why?		
<b>Termination</b> (Ensure all other avenues have been exhausted and termination is well justified)		

Corrective Action: -----

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Signatures:

Supervisor      Date

Management Date

WCB Worker's Report



**Workers' Compensation Board**  
Alberta

P.O. BOX 2415  
EDMONTON AB  
T5J 2S5

**Phone** 780-498-3999 (in Edmonton)  
**1-866-WCB-WCB1 (922-9221)** (toll free in Alberta)  
**Fax** (780) 427-5863 or 1-800-661-1993

**WORKER'S REPORT**  
of Injury or Occupational Disease

Claim Number

<b>Worker Information</b>		Will you be off work past the day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name	
Initial			
Apt# Address		Social Insurance #	
City Province		Prov. Health Care # Prov.	
Postal Code Home Telephone		Date of Birth (Year / Month / Day) Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Occupation and Job Title at time of injury		Self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, account #	
<b>Employer Information</b>			
Employer Name or Government Dept.			
Address			
Fax			
City Province		Postal Code Telephone	
<b>Injury or Occupational Disease Information</b>			
1 Date and time of injury (Year / Month / Day) Time <input type="checkbox"/> am <input type="checkbox"/> pm OR Did this condition develop over a period of time? <input type="checkbox"/>			
Hours of employment on the day of accident: From To			
2 When did you report the injury to your employer? (Year / Month / Day)		Supervisor's Name	
3 To whom did you report the injury? Name		Title Telephone	
If not reported immediately, give the reason.			
4 Did the injury occur on your employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the injury occur in Alberta? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location where accident happened (address or general location.)			
5 Was the work you were doing for the purpose of your employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it part of your usual work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6 What part of your body was injured? (hand, eye, back, lungs, etc.)		<input type="checkbox"/> Left side <input type="checkbox"/> Right side	
7 What type of injury is this? (sprain, strain, bruise, etc.)		<b>Circle part injured:</b> Please check: <input type="checkbox"/> Front <input type="checkbox"/> Back	
8 Describe fully what happened to cause this injury or disease. Describe what you were doing and include any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you have been exposed to.			
If you have any other information or a list of witnesses, attach a letter. Letter attached? <input type="checkbox"/> Yes			
If your injury is the result of a motor vehicle accident complete the Motor Vehicle Accident Report (L-054).			



REV MAR 2004

Complete all three pages and sign the form before sending.

Your Last Name	First Name	Initial
Social Insurance #	Date of Birth (Year / Month / Day)	
<b>9</b> Have you had a similar injury before? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach a letter with details.</b>		
<b>10</b> Have you reported or claimed this injury to another WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which Province or Territory?</b>		
Name and address of treating Doctor/Hospital		
<b>Lost Time / Return to Work Information</b>		
<b>11 a.</b> Date and time you first missed work (Year / Month / Day) Hour <input type="checkbox"/> am <input type="checkbox"/> pm		
<b>b.</b> If you have returned to work, indicate the date (Year / Month / Day) and time <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> regular work or <input type="checkbox"/> modified work		
<b>c.</b> If you have not returned to work give the expected return to work date (Year / Month / Day)		<b>d.</b> Date you were hired (Year / Month / Day)
<b>e.</b> Is there any other work you can do until you are medically fit to return to your regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who can we call?		Telephone
<b>f.</b> Will your employer pay you for the time you missed work? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the exact gross amount \$ _____ per _____		
<b>Type of Employment</b> <b>FILL IN A OR B OR C</b>		
<b>12 A</b> <input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time		
<b>B</b> <input type="checkbox"/> Seasonal work <input type="checkbox"/> Summer student <input type="checkbox"/> Irregular / casual <input type="checkbox"/> Temporary		
Had this injury not happened, what would have been your last day of employment? <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual (Year / Month / Day)		
With this employer how many months per year would this job last?		
Did you have any other earnings or income from any other employers during the last 12 months? <input type="checkbox"/> Yes • Please attach copies of pay stubs and/or T4 slips		
<b>C</b> <input type="checkbox"/> Sub Contractor <input type="checkbox"/> Piece work <input type="checkbox"/> Vehicle Owner/Operator <input type="checkbox"/> Welder Owner/Operator <input type="checkbox"/> Apprentice		
<input type="checkbox"/> Other or Self Employment – Explain		
<b>Note: If you checked any box in 12C, please submit a detailed income and expense statement for the year prior to your date of accident.</b>		
<b>Wage Information</b>		
<b>13 a.</b> Your rate of pay \$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> other		
<b>b. Additional taxable benefits</b>		
Vacation / Stat holiday Pay	<input type="checkbox"/> %	➔ <input type="checkbox"/> Taken as time off with pay <input type="checkbox"/> Paid on regular basis
Shift Premium #1	<input type="checkbox"/> Amount	➔ Paid per
Shift Premium #2	<input type="checkbox"/> Amount	➔ Paid per
Regular Overtime	<input type="checkbox"/> Rate	➔ Number of hours per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> shift cycle
Other	<input type="checkbox"/> Explain	➔ Amount per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> shift cycle
<b>c.</b> Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes – Employer's Name</b> _____ <b>Telephone</b> _____ <i>(Second employer may be contacted.)</i>		
<b>d.</b> Did you miss time from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide earning information and time missed details:		



This report form is part of a booklet of information intended to help workers with completing the necessary WCB forms and understanding the process. Keep the booklet for your ongoing reference.

# ACCIDENT INVESTIGATION REPORT

DATE OF REPORT \_

TYPE OF REPORT  
INJURED PERSON

SURNAME, INITIAL	SCHOOL	PROGRESSIVE INJURY
EXPERIENCE AT PRESENT JOB	HIRE DATE	

## ACCIDENT DATA

DATE: (day/month/year)	TIME OF OCCURRENCE	JOB AT TIME OF OCCURENCE:
SUPERVISORS NAME:		WITNESSES:

## EVALUATION OF LOSS POTENTIAL

SEVERITY

POTENTIAL

FREQUENCY

## DESCRIPTION

(For progressive injuries, supervisor to include Pace of work, weights, and heights) The following statement as related by the injured worker and/or witnesses.

## ACTION PLAN

REMEDIAL ACTIONS: WHAT HAS AND / OR SHOULD BE DONE TO IMPROVE / DEVELOP / ENSURE COMPLIANCE WITH THE MANAGEMENT CONTROL DEFICIENCIES?

<b>EMPLOYER REPRESENTATIVE</b>	<b>DATE:</b>	<b>WORKER REPRESENTATIVE</b>	<b>DATE:</b>
--------------------------------	--------------	------------------------------	--------------

<b>UNSAFE CONDITION / PRACTICE AND RECOMMENDATIONS</b>	<b>HAZARD RATING A, B, C</b>	<b>REQUIRED ACTION (S) / PERSON RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>COMPLETION DATE</b>

## REVIEW

<b>REVIEWER SIGNATURE</b>	<b>DATE</b>
---------------------------	-------------

## **CRITICAL INCIDENT REPORT**

**(NOTE: to be completed after a crisis)**

Date of incident: \_

School: \_ Location: \_

Details of the incident: \_

Those involved in incident and nature of their involvement (staff, students, outside agencies, etc)

School H & S Committee Intervention \_

Debriefing Summary \_

Recommendations \_

Report completed by: \_ Title: \_

Attach: log of events (no form provided)

Copy of both reports to: Principal and School Secretary School

# Chemical Laboratory Safety Inspection Checklist

Referenced on pages 23 and 49 of Safety in the Science Classroom (K-12)

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

School and Room: \_\_\_\_\_

<b>A. Documentation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Science safety rules and procedures posted?				
Emergency procedures posted?				
Chemical spill response guidelines available?				
Chemical inventory is up to date?				
Chemical inventory sent to the Principal in June?				
MSDS's are available and up to date?				
WHMIS and other training records available?				

## B. Housekeeping

Benches and sinks are clean and tidy?				
Exit doors are unobstructed?				
Aisles are unobstructed?				
No tripping hazards are present (e.g., cords, hoses, equipment)?				
Separate disposal bin is available for broken glass?				
No food or drink is present in the laboratory?				

## C. Emergency and Safety Equipment

Appropriate fire extinguishers available?				
First aid kit is accessible and stocked annually?				
Safety glasses are available and in use?				
Eyewash is available, accessible and inspected?				
Emergency shower is available, accessible and inspected?				
Laboratory coats and gloves are available and properly used?				
Spill kit is available and fully stocked?				

## D. Chemical Storage

All chemicals have WHMIS compliant labels?				
Chemicals are segregated by compatibility class?				
Chemicals are dated upon receipt?				
Peroxides are labeled with container opening date?				
All gas cylinders are upright, secured and in a cool place?				
Maintenance notified for chemical waste pickup in early October?				
Chemical waste is properly stored and labeled?				

Principals signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reference: Alberta Education (2006), Safety in the Science Classroom (K-12)

## Safety Inspection Checklist – Workshop Areas

Date: \_ School: \_

Inspected By: \_

Concerns	Yes	No	N/A	Action Required
<b>1. Emergency Equipment/Services</b>				
- emergency procedures posted and legible				
- contact names and telephone numbers posted				
- emergency eye wash available and accessible				
- first aid supplies available				
<b>2. Housekeeping</b>				
- shops free of food or beverages				
- shops free of devices to prepare food/beverage				
- bench tops and sink area reasonably clear				
- glassware in use is intact (not chipped or broken)				
- exits and passageways clear				
- tripping hazards absent				
- furniture in good repair				
- refuse containers available and labelled for appropriate materials or general use.				
<b>3. Electrical Apparatus</b>				
- electrical cords safe and to code (grounded, not frayed, cracked, or makeshift)				
- proper number of outlets available and not overloaded				
- clear passage near outlets, electrical panels etc.				
- extension cords used properly (not hung from ceiling, not wrapped around plastic tubing, water faucets etc.)				
<b>4. Fire Safety</b>				
- fire evacuation plans posted				
- fire extinguishers inspected monthly				
- fire blankets labelled, functional and free from obstruction				
<b>5. Protective Clothing/Equipment</b>				
- safety glasses				
- hearing protection				
- footwear (no open toe shoes)				
- gloves				
- respirators				
- gloves				
- other (specify)				
<b>6. Compressed Gas Cylinders</b>				
- cylinders properly secured (chained to wall or other				



structure)				
- cylinders stored upright				
- cylinder and fittings protected from damage				
- protective valve cap fitted to stored cylinders				
- cylinders stored away from heat sources				
- flashback device installed at regulator end of hose				
- back-flow preventer installed on either end of hose				
<b>7. Compressed/Pressurized Gas or Water Hoses</b>				
- hoses in good condition (not cracked or pinched)				
- proper fittings between hose and nozzle for compressed gas (air)				
- all connections are secure				
<b>8. Local Ventilation</b>				
- current test date posted				
- area within and around ventilation hood tidy				
- lights working				
- labelled for proper use				
- waste containers properly stored				
- hood not dedicated to chemical storage				
<b>9. Hazardous Substances</b>				
<b>a) Storage</b>				
- chemical inventory available and current				
- solvent storage cabinet available and closed				
- solvent safety containers used				
- solvents containers closed and properly labelled				
- solvent storage not excessive				
- chemical storage not overcrowded				
- racks and shelves secured to walls				
- storage away from shelf edges, or behind closed doors				
- flammable and corrosive materials stored less than 4 feet from floor				
- refrigerators				
- unmodified refrigerator has sign indicating: "NO FLAMMABLE MATERIALS ALLOWED"				
<b>b) Handling/Waste Disposal</b>				
- MSDS available and current) less than 3 years old				
- location of MSDS posted				
- waste containers available, properly labelled and safely stored				
<b>c) Labelling</b>				
- chemical containers clearly labelled according to WHMIS guidelines				
- unreadable labels removed and replaced with legible labels				
<b>10. Machinery Guards</b>				
- all machines guarded IAW manufacturer's specifications				



- all guarding in good condition				
- machines with missing/broken guards tagged out of service				
<b>11. Other Safety Items – Please Explain</b>				
<b>12. Safe Work Procedure Violations Noted</b>				
<b>13. General Remarks / Comments</b>				

**Inspector's signature**

Date: \_

**Inspector's signature**

Date: \_

**Supervisor's Signature and Position**

Date: \_

Supervisor please sign after violations have been acted upon. Retain one copy and submit one copy to the School Principal.

# **ALBERTA ADVANCE ACADEMY BUS ACCIDENT PROCEDURES REPORT**

Date: Time: \_

Driver: Bus Route #: \_



- IF EVACUATING, WHERE ARE YOU GOING?

- DO YOU HAVE A CELL PHONE WITH YOU? \_

- WHAT IS THE NUMBER? \_

- NUMBER OF STUDENTS ON BUS? \_

2. Call 911 for Police and ambulance if required.

**Estimated time for Police to arrive:** \_

3. **The bus driver** will contact Alberta Advance Academy. At this point, if they received the initial call, Alberta Advance Academy will contact the Bus Manager

The Bus Manager and Driver will prepare a statement for the Principal to review. This information will be used by when contacting parents.

4. **Contact parents.** Keep trying until a contact is made for each student.

5. **Meet with the other bus drivers** that same day to let them know how everything has worked out. Give the drivers a copy of the letter being sent home with parents so they are informed of what happened and can deal with any questions brought up by other students and parents.

6. **Two days after the incident,** a phone call is to be made to all the families of the students on the bus at the time of the incident. This call is to check on the students and the parents to see how they are dealing with everything.

### SAMPLE/TEMPLATE DAILY PLAN

Teacher:

Date:

Time Subject		Notes/ <b>Accommodations:</b>
8:15 - 8:55 Subject	Objective/Outcome - Method - Materials - Media- Evaluation/Assessment -	NOTES:
8:55 - 9:35 Subject	Objective - Method - Materials - Media- Evaluation -	NOTES:
9:35 - 10:15	Objective - Method - Materials - Media- Evaluation -	NOTES:
10:15 - 10:20	BREAK	
10:20 - 11:00	Objective - Method - Materials - Media- Evaluation -	NOTES:
11:00 - 11:35	Objective - Method - Materials - Media-	NOTES:

	Evaluation -	
11:35 - 12:15	Objective - Method - Materials - Media- Evaluation -	NOTES:
12:15 - 12:55	LUNCH	
12:55 - 1:35	Objective - Method - Materials - Media- Evaluation -	NOTES:
1:35 - 2:15	Objective - Method - Materials - Media- Evaluation -	NOTES:
2:15 - 2:20	BREAK	
2:20 - 3:00	Objective - Method - Materials - Media- Evaluation -	NOTES:
3:00 - 3:40	Objective - Method - Materials - Media- Evaluation -	NOTES:

UNIT Vocabulary Lists:



## UNIT PLAN with Pre-Unit Plan (PUPs) SAMPLE

Unit Name: Understanding Numbers				
	Unit Name	Concept Name	Topic	Startup Date
	<b>Understanding Numbers</b>	<b>General outcome</b> <u>To develop Number sense</u>	1. i <i>Demonstrate an understanding of place value for numbers greater than one million</i>	August 30, 2021
	Lesson #1	Exploring large numbers	Read and write whole numbers up to and greater than one million	August 30, 2021
			2. ii. <i>Solve problems involving large numbers</i>	September 01,2021
	Lesson #1	Numbers all around us	Solve problems involving large numbers	September 01,2021
			3. iii. <i>Demonstrate an understanding of factors and multiples by:</i> <ul style="list-style-type: none"> <li>• <i>Determining multiples and factors of number less than 100</i></li> <li>• <i>Identifying prime and composite numbers</i></li> <li>• <i>Solving problems involving multiples</i></li> </ul>	
	Lesson #1	Exploring Multiples	Identify multiples and common multiples, then solve problems	September 02, 2021

	Lesson #2	Prime and Composite Numbers	Identify prime and composite numbers	September 03, 2021
	Lesson #3	Investigating Factors	Use different strategies to identify the factors of a number	September 09, 2021
			4. <i>iv. Explain and apply the order of operations, excluding exponents.(limited to whole numbers)</i>	September 15, 2021
	Lesson #4	Order of Operations	Explain and apply the order of operations	September 15, 2021
			5. <i>Demonstrate an understanding of integers, concretely, pictorially and symbolically</i>	September 20, 2021
	Lesson #5	What is an Integer	Use integers to describe quantities with size and direction	September 20, 2021
			6. <i>Demonstrate an understanding of using a number line to order and compare integers</i>	September 22, 2021
	Lesson #6	Comparing and Ordering Integers	Use a number line to order and compare integers	September 22, 2021

And so on.....through all of the Lessons

N.B. General Outcome = Concept; Specific Outcome = Topic - all taken from the Subject Program of

## Studies

### **Assessments**

Quiz lesson 1-4 on 7th sep, 2021

Quiz lesson 5-6 on 17th sep, 2021

Quiz lesson lesson 7-8 on 27 sep, 2021

Unit Test of unit 2 on 28 Sep, 2021

### Resources:

- Textbook Math makes sense
- ADLC Math Resources
- <https://www.mathsisfun.com/decimals-menu.html>
- <https://www.scholastic.com/home>
- <https://studyjams.scholastic.com/studyjams/jams/math/numbers/order-whole-numbers.html>
- Learn alberta.ca
- Mathletics

### **Vocabulary Specific to This Unit:**

1. Unit
2. Second word
3. Third word
- 4.





<b>LA 7</b>	<b>Unit</b>	<b>Key Components</b>	<b>Mark Breakdown</b>
<b>Dates</b>		ie: Number of lessons, major projects, tests or quizzes	
<b>S7-24</b>			
<b>S27-O25</b>			
<b>O26-N18</b>			
<b>N19-D9</b>			
<b>D10-J12</b>			
<b>J13-26</b>			
<b>J27-F4</b>			
<b>F7-11</b>			
<b>F15-M2</b>			
<b>M7-18</b>			
<b>A4-20</b>			
<b>A21-M2</b>			
<b>M3-13</b>			
<b>M16-31</b>			
<b>J1-8</b>			

<b>LA 9</b>	<b>Unit</b>	<b>Key Components</b>	<b>Mark Breakdown</b>



Year-at-a - Glance - for Mr. Sidhu

Grade:		Subject:		Year Plan at a Glance	
Teachers:					
Unit # and date	Unit Name	Outcomes (From Program of Studies)	Key Concepts		
Unit 1					
Unit 2					
Unit 3					
Unit 4					

Year-at-a-Glance – by Subject

**N.B.** A copy of this version of the “Year-at-a-Glance for every subject you teach” MUST be handed in to Mr. Sidhu by the end of September.

A simplified 11x17 version of the Year-at-a-Glance must also be created – and kept with your LTP (along with the detailed version).

The simplified version is a table with the Months across the top and Subjects along the left side (column)

The major Concepts/Topics taught in September will be listed in the appropriate month's column, etc. etc.

# Alberta Advance Academy

## Teacher Growth and Professional Development Plan

Teacher: \_\_\_\_\_

School Year: \_\_\_\_\_

### Teacher Growth & Professional Development Plan

Alberta Advance Academy		
P1:780.466.7733; P2:780.757.3456; F: 780.485.0507		
A:10435 -76 St.; Edmonton, Alberta, Canada, T6A3B1		

### Teacher Information

Last Name	First Name	Middle Name

### Certificate Information

Certificate#	Date of Birth	Grade(s) Worked With	Position

### Certificate Status (Check One)

Permanent Professional	Interim professional	Letter of Authority	Letter of Intent	Other
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### 3 Month Review (Check when completed)

First Review (Sept, Oct, Nov)	Second Review (Dec, Jan, Feb)	Third Review (Mar, Apr, May)	Final Review (June)	School Year
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## **Guiding Questions to Develop Your Professional Growth Plan**

### **Goal(s)/Objective(s)**

- Do these goals reflect my professional learning needs?
- After assessing my own professional learning needs, what areas have I chosen to focus on for this school year?
- Do these goals reflect the **Teaching Quality Standard** and take into consideration my school/system plans?
- Are these goals realistic?

### **Outcomes/Results**

- What will success look like when I reach my goal?
- What do I want to achieve as a result of this goal, and what difference will it make?

### **Action Plan/Strategies**

- What activities will I undertake to reach my goal?
- How will I work toward achieving my desired outcomes?

### **Timelines**

- What are my time targets and how do they fit the cycle of the school year?
- When will I work toward completing this goal?
- Is this timeline appropriate for the goal?

### **Descriptors of Completion/Indicators of Success**

- How will I know when I have successfully met my goal?
- How will I know to what extent I have achieved my outcomes?
- How will I collect evidence of my professional growth?

### **Assistance/Supports**

- What assistance and supports are available to me?
- What expertise is available from my colleagues?
- What resources will help me work toward my goals?

## Developing Learning Goals

Growth is a result of working towards your goals. Specific goals help direct your professional development activities. A goal may be to “learn about the internet”. A more specific goal would be “to integrate the Internet as a teaching and learning resource”. Think about what makes goals worth pursuing.

Meaningful goals:

- Have substance and meaning for the teacher;
- stretch current thinking practice;
- can be achieved and, therefore, don’t lead to frustration; and
- have deadlines that help ensure that the goal is attained.

A common technique for writing goals is to think about SMART goals.

*S- specific and contextual*

*M- meaningful measures*

*A- achievable within the resources*

*R- realistic*

*T- time targeted*

Action Words for Developing SMART goals:

- Apply
- Attend
- Conduct
- Contribute
- Discuss
- Enrol
- Implement
- Integrate
- Investigate
- Join
- Maintain
- Mentor
- Organize
- Participate
- Pilot
- Publish
- Read
- Serve
- Share

## Goals

**Due: August 31, \_\_\_\_\_**

List at least 3 Goals you have for this school year. These goals may be personal or professional. Quite often our personal goals overlap with goals in our profession (Ex. Organization, health, knowledge management...etc.).

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—

How will reaching these goals help you grow as a professional in this school (organization)?

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Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Admin: \_\_\_\_\_

**Monthly Growth:** September, October, November

**Mark the areas where you have had success:**

<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Technology
<input type="checkbox"/> Teaching Strategies	<input type="checkbox"/> Parent Communication
<input type="checkbox"/> Assessment Strategies	<input type="checkbox"/> Student Communication
<input type="checkbox"/> Organization	<input type="checkbox"/> Colleague Communication
<input type="checkbox"/> Professional Learning Community	<input type="checkbox"/> Evaluations
<input type="checkbox"/> Knowledge Management(KM Schoolwide)	<input type="checkbox"/> Personal Knowledge Management(PKM)

**Describe some successes or challenges in this 3-month review.**

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Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Admin: \_\_\_\_\_

Reported on PD Learnings: \_\_\_\_\_ Date: \_\_\_\_\_ Admin: \_\_\_\_\_



**December, January, February**

Professional Development: Share what you have discovered or learned this month.

- Books and Articles (Academic and Non-academic)
- Websites, Webinars, videos (e.g. Youtube)
- PD Workshops you attended.


Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Admin: \_\_\_\_\_

Reported on PD Learnings: Date: \_\_\_\_\_ Admin: \_\_\_\_\_



**March, April, May**

Professional Development: Share what you have discovered or learned this month.

- Books and Articles (Academic and Non-academic)
- Websites, Webinars, videos (e.g. Youtube)
- PD Workshops you attended.


Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Admin: \_\_\_\_\_

Reported on PD Learnings:      Date: \_\_\_\_\_ Admin: \_\_\_\_\_



**June**

Professional Development: Share what you have discovered or learned this month.

- Books and Articles (Academic and Non-academic)
- Websites, Webinars, videos (e.g. Youtube)
- PD Workshops you attended.


Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Admin: \_\_\_\_\_

Reported on PD Learnings: Date: \_\_\_\_\_ Admin: \_\_\_\_\_



	<p><b>Alberta Advance Academy</b></p> <p>P1:780.466.7733; P2:780.757.3456; F: 780.485.0507</p> <p>A:10435 -76 St.; Edmonton, Alberta, Canada, T6A3B1</p>	
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**Professional Development In-Service Approval**

To: Alberta Advance Academy Society Alberta Administration and Board

**[1] From:**

Staff Name		Position	
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**[2] Name of In-service**


**[3] Level and Subject Applicability**

Applicable Grade		Applicable Subject	
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**[4] Location of Professional Development Activity**

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**[5] How does it fit with the lessons that you are teaching?**


**[6] How does it fit with this year's curriculum?**


**[7] How does this In-Service fit with your professional goals?**


**[8] Cost:**

#	Item	Cost	#	Item	Cost	#	Item	Cost
1			3			5		
2			4			6		

**[9] Date:**

From: Day: \_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_ to Day: \_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_

**[10] Signed by: Teacher**

**Vice Principal**

**Principal**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[11] Date in: \_\_\_\_\_

**Note: No pre-booking.**

**Explanation of the total activity:**

# Alberta Advance Academy

## Parent/Guardian Remote Learning – Lesson Recording Consent Form

I hereby consent to Alberta Advance Academy’s collection, use and/or disclosure of information about my child through video conferencing and recording applications and other manual and/or electronic procedures utilized within course instruction. I understand that my child is participating in a virtual academic setting, and that information collected is a part of the remote classroom experience currently being utilized. This consent form covers all forms of remote learning courses. Your child’s name, image, likeness, speech, their typed written content, as well as their grade and course information MAY be transmitted during video portions of remote learning and online learning instruction.

The information supplied to Alberta Advance Academy is meant solely for educational and class related use. These videos will be available for to Headway Students so they can view them online or offline in coordination with daily instruction and study/review for tests, etc..

**Any use of said virtual academic content outside of Alberta Advance Academy’s approved use, such as uploading or sharing of said video content to a third party website, personal website or a social media account IS STRICTLY PROHIBITED.**

Please complete the following and return to your child’s Homeroom Teacher.

**Child’s name: (print):** \_\_\_\_\_

**Parent/Guardian’s Name (print):** \_\_\_\_\_

**Parent/Guardian’s Consent, please select only one:**

\_\_\_\_ I consent to my child’s information being recorded during the course of remote/online class instruction.

\_\_\_\_ I DO NOT consent to my child’s information being recorded during the course of remote/online instruction.


**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**All students using computers, tablets, or other internet capable devices from a remote location for the purposes of participating in our Online classes agree to abide by the Alberta Advance Academy Online Code of Conduct & Device Use Policy.**



[Form F21 A]

	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	<b>Phones:</b> Off: 780-466-7733 Off: 780-757-3456 Fax: 780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca

**Alberta Advance Academy**  
**Request for Reconsideration of Materials Form**

**Policy Reference: F21 School Library and Literary Materials Policy**

**Requestor Information**

Name: \_\_\_\_\_  
Relationship to School:  
 Parent/Guardian     Student     Staff     Community Member  
Student Name (if applicable): \_\_\_\_\_  
Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Material Information**

Title: \_\_\_\_\_  
Author/Creator: \_\_\_\_\_  
Format:     Book     Novel Study     Digital     Other: \_\_\_\_\_  
Location:  Library     Classroom     Other: \_\_\_\_\_

**Concern**

Have you reviewed the entire material?  Yes  No

Please describe your concern (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request Action:**

Remove     Restrict     Alternative provided     Other: \_\_\_\_\_

Alternative recommendations (if any):

\_\_\_\_\_  
\_\_\_\_\_

<b>Acknowledgment</b>
I understand this request will be reviewed in accordance with school policy.
Signature: _____
Date: _____
<b>School Authority Use Only</b>
Date Received: _____
Received By: _____
<b>Decision:</b>
<input type="checkbox"/> Retain <input type="checkbox"/> Restrict <input type="checkbox"/> Remove <input type="checkbox"/> Other: _____
<b>Rationale:</b>
_____
_____
Principal Signature: _____      Board Member Signature: _____
Teacher/Staff Signature: _____      Parent Committee Signature: _____
Date: _____
<b>Confidential Recordkeeping</b>
Filed in accordance with:
<ul style="list-style-type: none"> <li>• Policy F21</li> <li>• FOIP / POPA compliance requirements</li> <li>• Secure internal storage protocols</li> </ul>

# Sample Rubric for Assessing Literary Materials

## Literary Materials Review Scoring Rubric

Alberta Advance Academy

### Material Information

Title: \_\_\_\_\_

Author/Creator: \_\_\_\_\_

Date of Review: \_\_\_\_\_

### Scoring Guide

#### Score Description

- 3 Fully Meets Expectations
- 2 Partially Meets / Minor Concerns
- 1 Significant Concerns
- 0 Does Not Meet Expectations

### Evaluation Criteria

Criteria	0	1	2	3	Comments
<b>Curriculum Relevance</b> (alignment with Alberta curriculum, supports learning outcomes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Educational Value</b> (engagement, critical thinking, instructional usefulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Age Appropriateness</b> (developmental suitability, language, themes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Diversity &amp; Inclusion</b> (respectful representation, inclusive perspectives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Community Context</b> (appropriate within school community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Overall Content</b> (evaluated as a whole; strengths vs. concerns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Total Score

Total: \_\_\_\_\_ / 18

### Guidance for Decision-Making

- 15–18 → Retain material
- 10–14 → Retain with considerations or restrictions
- 0–9 → Consider removal

*(Professional judgment must be applied; score is one factor in decision-making.)*

### Committee Recommendation

Retain

- Retain with Restrictions: \_\_\_\_\_  
 Remove

**Rationale (Required)**

**Committee Members**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

**Principal Approval**

Principal: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Form F22[A]**

	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	Phones: Off: -780-466-7733 Off: -780-757-3456 Fax: -780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca

**Alberta Advance Academy**  
**Parent/Guardian Consent Form**  
**Gender Identity & Expression Support Plan**

**Policy Reference:** F22 Parental Notification and Opt-In Consent

**Cross-Reference:** I5a Safe & Caring Policy and Plan; I5b Welcoming, Safe, Caring, Inclusive & Respectful Learning Environments; Student Code of Conduct Administrative Procedure

**School Year:** \_\_\_\_\_

**Student Legal Name (for records only):**

**Affirmed Name (for use at school):**

**Grade:** \_\_\_\_\_

This form documents parent/guardian consent for the Alberta Advance Academy to implement supports related to a student's gender identity or gender expression, in accordance with:

- *Education Act (Alberta), S.A. 2012, c. E-0.3*
- *Ministerial Orders on Parental Notification and Consent for Human Sexuality Education (current)*
- *Alberta Human Rights Act, R.S.A. 2000, c. A-25.5*
- *Canadian Charter of Rights and Freedoms*
- *Access To Information Act (ATIA)*
- *Personal Information Protection Act (POPA)*

Alberta Advance Academy is committed to a **welcoming, safe, caring, respectful, and inclusive learning environment** for all students.

**Information Collection & Privacy**

Sensitive personal information collected for this support plan may include:

- Affirmed name, pronouns, and communication preferences
- Gender identity/expression-related needs
- Safety and privacy planning
- Participation in extracurricular activities, sports, and overnight events

Information is protected under **ATIA/POPA** and will only be shared on a **strict need-to-know** basis, unless disclosure is required by law.

**Requested Supports and Accommodations**

Please select all that apply:

**Affirmed Identity Supports**

- Use affirmed name
- Use affirmed pronouns: he/him  she/her  they/them  Other: \_\_\_\_\_

**Communication Preferences**

- Use affirmed name/pronouns in all contexts
- Use affirmed name/pronouns only with:
  - Specific staff: \_\_\_\_\_
  - Peers
  - Written communications/home contact

**Other supports requested by student/family:**

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**Consent & Acknowledgment**

I understand and consent to the supports and privacy protections described above.

**Parent/Guardian Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Relationship to Student:**  Parent  Guardian  Other: \_\_\_\_\_

**Preferred Contact Method:**

- Phone  Email  In-Person

Contact Info: \_\_\_\_\_

**Student Acknowledgment (Optional)**

I agree to participate in planning and communication to support my well-being at school.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Authority Use Only**

**Date Received:** \_\_\_\_\_

**Administrator/Designate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Support Plan Status:**

- Initial plan established
- Updated/modified plan


**Effective Until:** \_\_\_\_\_ (review at least annually)

**Confidential Recordkeeping**

Filed in accordance with:

- Policy F22
- FOIP / POPA compliance requirements
- Secure internal storage protocols

**Form F22[B]**

	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	Phones: Off: 780-466-7733 Off: 780-757-3456 Fax: 780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca
<b>Alberta Advance Academy</b> <b>Teacher Request / Material Eligibility Form</b>		
<b>Policy Reference:</b> F22 Parental Notification and Opt-In Consent		
<b>Cross-Reference:</b> I5a Safe & Caring Policy and Plan; I5b Welcoming, Safe, Caring, Inclusive & Respectful Learning Environments; Student Code of Conduct Administrative Procedure		
Teacher Name: _____ Grade: _____		
Date of Request: _____ Course / Subject: _____		
Topic: _____		
<b>Section 1 – Material Type</b>		
<b>Please indicate the type of material being requested:</b>		
<input type="checkbox"/> Book / Textbook		
<input type="checkbox"/> Article / Online Resource		
<input type="checkbox"/> Video / Multimedia		
<input type="checkbox"/> Guest Speaker / External Presenter		
<input type="checkbox"/> Other: _____		

## Section 2 – Material Details

Title/Name of Resource: \_\_\_\_\_

Author/Source/ Organization: \_\_\_\_\_

Publication/Release Date: \_\_\_\_\_

Format (PDF, Book, Online Link, Video, etc.):  
\_\_\_\_\_

Purpose/Learning Objectives:  
\_\_\_\_\_

Intended Grade: \_\_\_\_\_

## Section 3 – Relevance & Eligibility

1. Does this material align with Alberta Curriculum learning outcomes?  
 Yes       No       Unsure
2. Does the material contain content primarily and explicitly addressing human sexuality, gender identity, or sexual orientation?  
 Yes       No       Unsure
3. If yes, describe how you will provide **parental notification and opt-in consent** (F22):

4. Please indicate if this resource has **Ministerial or board approval**:

- Approved by Minister / Existing Board List  
 Not Approved – Requesting review

## Section 4 – Teacher Acknowledgment

I confirm that the information provided above is accurate. I understand that:

- This material must **not be used in the classroom** until approval is granted.
- Approval is required to ensure compliance with AAA policies, parental consent requirements, and provincial legislation.
- Sensitive content will be handled in alignment with FOIP / POPA requirements.

Teacher Signature: \_\_\_\_\_

## Section 5 – Administrative Use Only

Request Received By: \_\_\_\_\_ Date Received:  
\_\_\_\_\_

Approval Status:  Approved       Denied       Requires Revision

Notes/Conditions:  
\_\_\_\_\_


Reviewed By (Name & Title): \_\_\_\_\_

Date of Decision: \_\_\_\_\_

## Instructions for Submission

Submit completed forms to the school administrator or curriculum coordinator. Requests for guest speakers or external resources should be submitted **at least 20 school days prior** to the intended use. Approval must be received **before any classroom use**.

**Form F24 (A)**

	<p><b>ALBERTA ADVANCE ACADEMY</b>          10435-76 Street NW          Edmonton, Alberta, Canada          T6A 3B1</p>	<p>Phones:          Off: 780-466-7733          Off: 780-757-3456          Fax: 780-485-0507</p>
<p>WWW.AAAED.CA</p>	<p>Office.AAA@SHAW.CA</p>	<p>AAAAdmin@shaw.ca</p>

**Alberta Advance Academy (AAA)  
 Athlete Eligibility Confirmation Form**

Policy Reference: F24 – Athlete Eligibility Confirmation

**Section 1 – Student Information**

Student Full Legal Name: \_\_\_\_\_  
 Preferred Name (if applicable): \_\_\_\_\_  
 Date of Birth (YYYY/MM/DD): \_\_\_\_\_  
 Grade Level: \_\_\_\_\_ AAA Student ID Number: \_\_\_\_\_

**Section 2 – Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Section 3 – Sport Eligibility Information**

Relevant Sport: \_\_\_\_\_  
 Current Team/Level (if applicable): \_\_\_\_\_  
 Season/Year of Application: \_\_\_\_\_  
 Amateur Competitive Program:  Yes  No

**Section 4 – Required Documentation (Please attach copies of the following)**

Document Required	Attached	Verified (Office Use Only)
Birth Registration Document	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Enrolment at AAA	<input type="checkbox"/>	<input type="checkbox"/>
Previous School Eligibility (if	<input type="checkbox"/>	<input type="checkbox"/>

transferring)		
Medical Clearance (if required by sport)	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5 — Sex at Birth (Information is collected only where required by the relevant sport governing body.)**

**Sex at Birth (as listed on Birth Registration Document):**  
 Female  Male  Not Required for this Sport

**Section 6 — Declaration**

I confirm that the information provided is accurate and truthful to the best of my knowledge. I understand that:

- Providing false or incomplete information may result in withdrawal of eligibility
- Eligibility is subject to verification by Alberta Advance Academy
- All personal information will be protected in accordance with ATIA and POPA

**Signature of Student Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 7 — AAA Administrative Use Only**

**Application Number:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Eligibility Decision:**  Approved  Not Approved  Pending

**Reviewed By (Name & Title):** \_\_\_\_\_


**Notes/Conditions (if applicable):** \_\_\_\_\_

**Submission Instructions:**

**Completed applications and documentation must be submitted to:**

**AAA Athletics Office**  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**In-Person:** \_\_\_\_\_

**Form F24[B]**

	<p><b>ALBERTA ADVANCE ACADEMY</b>          10435-76 Street NW          Edmonton, Alberta, Canada          T6A-3B1</p>	<p>Phones:          Off: 780-466-7733          Off: 780-757-3456          Fax: 780-485-0507</p>
<p>WWW.AAAED.CA</p>	<p>OfficeAAA@SHAW.CA</p>	<p>AAAdmin@shaw.ca</p>

**Alberta Advance Academy (AAA)  
 Confidential Challenge Application**

Policy Reference: F24 – Athlete Eligibility Confirmation

**Section 1 – Applicant Information** *(Person submitting the challenge)*

	Response
Full Name: _____	_____
Relationship to Student Athlete: _____	_____
Email: _____	_____
Phone Number: (____) _____	_____
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: ____	_____

**Section 2 – Student Athlete Information** *(Student whose eligibility is being challenged)*

Full Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Relevant Sport: \_\_\_\_\_

Team/Level (if applicable) \_\_\_\_\_

Season/Year: \_\_\_\_\_

**Section 3 – Basis for Challenge**

Please provide detailed reasons and supporting evidence for this challenge. Attach copies of any documentation that supports your challenge (e.g., records, witness statements, photos,

etc.).

Grounds for Challenge:

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Supporting Evidence :  Yes  No

Description of Evidence:

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#### Section 4 — Declaration by Applicant

I understand that:

- This challenge will be treated confidentially and reviewed only by authorized AAA personnel.
- Providing false information may result in disciplinary action.
- My personal information and the student-athlete's information will be protected in accordance with ATIA and POPA.
- I am submitting this challenge in good faith and in accordance with AAA Policy F24.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 5 — AAA Administrative Use Only

Date Received: \_\_\_\_\_

Challenge Number: \_\_\_\_\_

Reviewed By (Name & Title): \_\_\_\_\_

Verification Process Initiated:  Yes  No

Outcome of Challenge:  Eligible  Ineligible  Pending Further

Review Notes/Conditions:

#### Submission Instructions

Submit this completed form and any supporting documentation confidentially to:

**AAA Athletics Office - Eligibility Adjudicator**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Secure In-Person Submission: \_\_\_\_\_

**Form D2[A]**

	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A-3B1	Phones: Off: 780-466-7733 Off: 780-757-3456 Fax: 780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca

**Alberta Advance Academy (AAA)  
Teacher Request for Evaluation**

Policy Reference: D2 – Teacher Growth, Supervision and Evaluation

Teacher Name:

Assignment/Grade:

Type of Evaluation Request (select one):

- Permanent Certification Evaluation
- Growth Plan Evaluation

Years of Teaching Experience:

Summary of Readiness (aligned to TQS): Submitted Self-Evaluation (TQS) form

- Yes
- No      expected date of completion: \_\_\_\_\_

Evidence Attached (check all that apply):

- Lesson/Unit Plans
- Assessment Samples
- Observation Feedback
- Professional Growth Plan
- Student Learning Evidence

Self-Evaluation (TQS) form


Teacher Signature:

Date:

Vice Principal:

Date Received:

**Form D2[B]**

	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	Phones: Off: -780-466-7733 Off: -780-757-3456 Fax: -780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca

**Alberta Advance Academy (AAA)  
Vice Principal Evaluation Recommendation**

Policy Reference: D2 – Teacher Growth, Supervision and Evaluation

**Teacher Name:**

**Date of Request:**

**Summary of Review (TQS-aligned):**

**Recommendation (select one):**

- Recommend for Formal Evaluation
- Require Additional Evidence
- Recommend Deferral

**Rationale:**


**Vice Principal Signature:**

**Date:**


Teacher:

Date Received:

**Form D2[C]**

	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	<b>Phones:</b> Off: 780-466-7733 Off: 780-757-3456 Fax: 780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca
<b>Alberta Advance Academy (AAA) Administrative Evaluation Request (VP to Principal/AP)</b>		
Policy Reference: D2 – Teacher Growth, Supervision and Evaluation		
<b>Teacher Name:</b>		
<b>Evaluation Type:</b>		
<input type="checkbox"/> Permanent Certification <input type="checkbox"/> Growth Plan		
<b>Summary of Recommendation:</b>		
<b>Evidence of TQS Competency:</b>		
<b>Requested Evaluation Timeline:</b>		
<b>Vice Principal Signature:</b>	<b>Date:</b>	
<b>Associate Principal or Principal:</b>	<b>Date Received:</b>	

**Form D2[D]**

	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	<b>Phones:</b> Off: 780-466-7733 Off: 780-757-3456 Fax: 780-485-0507
WWW.AAAED.CA	OfficeAAA@SHAW.CA	AAAdmin@shaw.ca

**Alberta Advance Academy (AAA)  
Evaluation Deferral Request**

Policy Reference: D2 – Teacher Growth, Supervision and Evaluation

**Teacher Name:**

**Initiated By (select one):**

- Teacher
- Vice Principal
- Administration

**Reason for Deferral (check all that apply):**

- Medical/Compassionate
- Insufficient Time
- Professional Readiness
- Administrative Constraints
- Other: \_\_\_\_\_

**Detailed Rationale:**

**Proposed Revised Evaluation Timeline:**

**Teacher Signature (if applicable):**

**Vice Principal Signature:**

**Associate Principal / Principal Approval:**

**Date:**

**Date:**