

Dear Guardian(s) and Parent(s):

In an effort to promote cultural awareness and equitable education within the South Shore Regional School Board we are happy to offer for the 11<sup>th</sup> year the service of our Student Support Worker (SSW) program. The Student Support Workers work with students who self-identify as Aboriginal and/or African descent; however, it is understood and noted that the Student Support Workers provide education that is valuable and needed for all school members of our community. Our goal within RCH is to aid students and their families. This may include but is not limited to:

- Act as liaison between students, staff, parents/guardians and community
- Support schools in being cultural diverse and welcoming
- Provide support in a variety of positive settings
- Become familiar with the histories and circumstances of students
- Create educational support initiatives such as tutoring, scholarship awareness/help, cultural activities, etc.
- Help explore post-secondary education and career options.
- Deliver education to staff and students on cultural awareness.

Our ultimate goal is to encourage students already doing well, support students that may need it, and create a climate where ALL students see themselves in our schools.

**The Student Support Workers are as follows:**

| <b>Name</b>   | <b>Home School (Area)</b>   | <b>Contact Information</b> |
|---------------|-----------------------------|----------------------------|
| Cathy LeBlanc | ParkView Education          | 902-521-9812               |
| Shelly Whynot | Dr.J.C. Wickwire            | 902-350-2880               |
| Sheila Porter | Chester District Elementary | 902-521-3314               |
| Teresa Provo  | North Queens Community      | 902-521-9329               |

For additional information on the Student Support Worker program please see the attached brochure. If your student is interested in participating in the Student Support Worker program please complete the attached permission slip form and return it to your student's school. The Student Support Worker in your area will contact you and your students in regards to activities and initiatives that he/she may participate in.

Respectfully yours,

Lamar Eason  
Coordinator of Race Relations,  
Cross Cultural Understanding, &  
Human Rights  
902-521-3449

# Student Support Worker Program Permission Slip Form

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The Student Support Worker program is for students who self-identify as Aboriginal or African descent. Your student may enroll in the program if she/ he self-identifies as **African or Aboriginal/First Nations** descent.

**Please Print:**

## Student Information

Name of Student: \_\_\_\_\_ Student Support Workers Name: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if applicable): \_\_\_\_\_

## Parent/Guardian Information

Name(s) of Parent/ Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## ABORIGINAL IDENTITY

Does this student consider themselves to be an Aboriginal person?  YES  NO

If you answered "YES" please circle the group that best applies:

**Inuit**, please specify Community \_\_\_\_\_ **Métis**, please specify Community \_\_\_\_\_

**First Nation:** Status On-Reserve    Status Off-Reserve    Non-Status On-Reserve    Non-Status Off-Reserve

### Please identify the First Nation band (circle):

Acadia    Millbrook    Annapolis Valley    Paq'tnkek    Bear River    Pictou Landing    Eskasoni

Potlotek    Gloscap    Wagmatcook    Indian Brook    We'koqma'q    Membertou

Non-Nova Scotia Band, please specify; \_\_\_\_\_

## AFRICAN DESCENT

Does this student consider themselves to be of African Descent?  YES  NO

**\*\* For the purpose of this form, African Descent people are persons who consider themselves to be:**

African-Canadian, African-American, African-Caribbean and African.

## Emergency Information

In the event of an emergency and no one can be contacted at the numbers listed above, whom should we call?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_ Health Card: \_\_\_\_\_

I give permission for my son/daughter to participate in the Student Support Worker Program. If there is ever a point where I do not want my student to be part of this support, I will contact the school or the SSW. In the event of an emergency (medical or dental) I give permission for treatment of my student. I understand that I will be contacted first in such an emergency, if possible.

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_