

## EXTERNAL AGENCY APPLICATION

Name of Agency:	Telephone:
Contact Name:	

**Program Description:** Please provide an overview of the proposed program that includes the following information:

- a) History and ownership/funding base of the external provider
- b) Nature of the Service to be provided
- c) Program goals/session
- d) Selection procedures, i.e. screening materials where applicable (include all handouts)
- e) Target group (including age of participants)
- f) Duration of program/sessions
- g) Evaluation/follow-up procedure (include all handouts)
- h) Parental consent, i.e. include copy of consent form
- i) Evidence of congruence with the Board's strategic plan, mission, vision and values.

Information available at: [www.limestone.on.ca/board/protocol](http://www.limestone.on.ca/board/protocol) with external agencies



**We're Putting  
Wellness First**



**We're Turning  
Innovation into Action**



**We're Committed  
to Collaboration**

**Records:** Please describe or attach relevant information regarding nature and retention of record keeping, general agency policy and procedure, regarding confidentiality, record keeping and method of reporting to school.

**Limestone District School Board Involvement:** By who and to what extent will staff be involved.

In providing the above program to the Limestone District School Board, \_\_\_\_\_  
\_\_\_\_\_ agrees to follow the Limestone District School Board Policies and Procedures.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

