



## GENERAL INFORMATION

### Mackay Centre School

Mackay Centre School is a Social Affairs School, under the mandate of the English Montreal School Board. The Mackay Centre School works in collaboration with the Rehabilitation Program in Specialized School (RPSS) team of the Lethbridge-Layton-Mackay Rehabilitation Centre (LLMRC), CIUSSS du Centre-Ouest-de-l'Île-de-Montréal. Mackay Centre School has a supra-regional mandate and accepts children from the island of Montreal, Laval, West Island, and the South and North Shores.

Children who are admitted must meet specific criteria of the Lethbridge-Layton-Mackay Rehabilitation Centre and coding specifications for Mackay Centre School as per the Ministry of Education guidelines:

- Aged 4 by September 30<sup>th</sup>
- Received English Eligibility Certificate
- Children with a diagnosis of:
  - Severe Apraxia of Speech
  - Developmental Language Disorder (severe expressive and moderate to severe receptive)
  - Neurological condition (ex: cerebral palsy, muscular dystrophy or genetic diagnosis) presenting with a significant and persistent motor and/or communication impairment
  - Significant and persistent hearing loss where the child would benefit from sign language support.

\*\*If you are applying for a child that is grade 1 age or older, a psychology evaluation with report is required. Please include this document with your application.

**PLEASE NOTE** that children with the following diagnoses will be redirected to another specialized setting better suited to their needs:

- A mild, moderate, or severe intellectual disability (DI) without an associated **severe** motor impairment
- A profound intellectual disability (DI) regardless of associated motor impairments
- A primary diagnosis of Autism Spectrum Disorder (ASD), or hypothesis/provisionary diagnosis of ASD, without an associated severe motor impairment.
- More than 3 hours of individual nursing care per day

If you have any questions about your child's admissibility, please contact:

**Emily Lecker** – Lethbridge-Layton-Mackay Rehabilitation Centre - RPSS Program Manager  
514-483-0550 ext. 5902 [elecker.mackay@ssss.gouv.qc.ca](mailto:elecker.mackay@ssss.gouv.qc.ca)

**Irini Margetis** – Principal of Mackay Centre School & Philip E. Layton School  
514-483-0550 ext. 2253 [lmargetis@emsb.qc.ca](mailto:lmargetis@emsb.qc.ca)

**Hema Patel** - Lethbridge-Layton-Mackay Rehabilitation Centre - RPSS Clinical Coordinator  
514-483-0550 ext 8253311 [hema.patel.mackay@ssss.gouv.qc.ca](mailto:hema.patel.mackay@ssss.gouv.qc.ca)



## GENERAL INFORMATION

### Philip E. Layton School

Philip E. Layton School is a Social Affairs School under the mandate of the English Montreal School Board. Philip E. Layton School works in collaboration with the Rehabilitation Program in Specialized School (RPSS) team of the Lethbridge-Layton-Mackay Rehabilitation Centre (LLMRC), CIUSSS du Centre-Ouest-de-l'Île-de-Montréal. Philip E Layton School is the only Anglophone school with the mandate to service visually impaired students in Quebec. It has a supra-regional mandate and accepts children from the island of Montreal, Laval, West Island, and the South and North Shores.

Children who are admitted must meet specific criteria of the Lethbridge-Layton-Mackay Rehabilitation Centre and code 42 specifications for Philip E. Layton School as per the Ministry of Education guidelines:

- Aged 4 by September 30<sup>th</sup>
- Received English Eligibility Certificate
- Diagnosed vision impairment: Visual acuity less than 20\70 or visual field less than 60 degrees or complete hemianopsia. Children can also have an associated motor, intellectual or sensory impairment.

If you have questions about **eligibility**, contact:

**Emily Lecker** –Lethbridge-Layton-Mackay Rehabilitation Centre - RPSS Program Manager  
514-483-0550 ext. 5902 [elecker.mackay@ssss.gouv.qc.ca](mailto:elecker.mackay@ssss.gouv.qc.ca)

**Irini Margetis** – Principal of Mackay Centre School & Philip E. Layton School  
514-483-0550 ext. 2253 [Imargetis@emsb.qc.ca](mailto:Imargetis@emsb.qc.ca)

**Hema Patel**- Lethbridge-Layton-Mackay Rehabilitation Centre - RPSS Clinical Coordinator  
514-483-0550 ext 8253311 [hema.patel.mackay@ssss.gouv.qc.ca](mailto:hema.patel.mackay@ssss.gouv.qc.ca)



**Mackay Centre School / Philip E. Layton School**  
**Application procedure for the 2024-2025 School Year**

**PARENTS: STEPS FOR PARENTS TO COMPLETE:**

<b>Procedure</b>	<b>Timeline</b>	<b>Status</b>
<b>STEP 1:</b> Discuss schooling options (plan A, B and C), and review eligibility criteria with treating healthcare professionals.	Before Feb 2024	<input type="checkbox"/> Done
<b>STEP 2:</b> Apply for English Eligibility at your local school board <a href="https://www.emsb.qc.ca/emsb/admissions/eligibility">https://www.emsb.qc.ca/emsb/admissions/eligibility</a>	Before Feb 2024	<input type="checkbox"/> Done
<b>STEP 3:</b> Gather reports from specialists. Please make 2 copies of all reports.	Before Feb 2024	<input type="checkbox"/> Done
<b>STEP 4:</b> Register at your local English school, indicate intention to apply to Mackay Centre School and submit copies of all reports (see next page). **Your local school board must be advised prior to sending your application for Mackay or PEL school**	February 2024	<input type="checkbox"/> Done
<b>STEP 5:</b> Submit all reports with your application (see next page) by March 31, 2024 to <b>Mackay Centre School / Philip E. Layton School</b> <b>c/o ADMISSIONS COMMITTEE</b> <b>6333 rue de Terrebonne, Montréal, QC, H4B 1A8</b>	<b>Deadline:</b> <b>March 31, 2024</b>	<input type="checkbox"/> Done

Completed applications will be reviewed by the Joint Admissions Committee (composed of members from EMSB and Lethbridge-Layton-Mackay). Possible outcomes are:

1. Your child meets admission criteria. Parents will receive a phone call to schedule the screening in order to determine appropriate class placement and resources needed. If you live outside of EMBS territory, an inter-board agreement must be requested from your local English school board.
2. Your child does not meet admission criteria. Parents will be called to discuss alternate schooling options.
3. Additional information is required to determine admissibility

Following the screening, all families will receive a letter confirming the decision of the Committee with c.c. to School Board of origin and referral source signed by both Mackay Centre School / Philip E. Layton School Principal and Manager of Rehab program (Lethbridge-Layton-Mackay).

**If your child is accepted-** The school Secretary will finalize the school registration.



## Mackay Centre School / Philip E. Layton School

### CHECKLIST OF DOCUMENTS REQUIRED FOR APPLICATION

**DEADLINE:** All application packages must be complete and received by March 31, 2024.

**As your child's application will not be processed until his or her file is complete, please make sure you have all these documents included in your application.**

- Copy of English Eligibility Certificate (or valid application for English Eligibility)
- Copy of your child's Birth Certificate
- Completed Parent Referral Document (pages 6 - 11)
- Joint Admission Committee signed authorization (page 5)
- Recent Photo of your child
- Latest reports:**
  - Motor diagnosis: medical letter of attestation of diagnosis signed by Physician, OT, PT, SLP reports and Psychology (*if applicable*)
  - Severe Apraxia of Speech: SLP report, medical attestation and Psychology report (*if applicable*). Required for Mackay School grade 1 or higher grades
  - Developmental Language Disorder: SLP report and Psychology (*if applicable*). Required for Mackay School grade 1 or higher grades
  - Hearing impairment: Audiology report
  - Vision impairment: Vision report
  - Cognitive impairment: Psychology report (Not required for admission to Philip E. Layton School)

(Reports must be recent, within 1 year, with the exception of Psychology which must be within 2 years)

**Please submit documents with this form to: Mackay Centre School / Philip E. Layton School**

Applications received after March 31, 2024 will only be processed if there is space remaining.

***N.B: It is recommended that parents always keep a copy of all their documents***



<b>Last Name:</b>	
<b>First Name:</b>	
<b>Program:</b>	LLMRC - RPSS

**JOINT ADMISSION COMMITTEE  
AUTHORIZATION FOR THE EXCHANGE OF INFORMATION  
BETWEEN**

Lethbridge-Layton-Mackay <input type="checkbox"/> Rehabilitation Centre 7000 Sherbrooke Street West, Montreal, Quebec H4B 1R3	Mackay Centre School <input type="checkbox"/> EMSB Student Services 6333 rue de Terrebonne Montreal, (Québec) H4B 1A8	Philip E. Layton School <input type="checkbox"/> EMSB Student Services 6333 rue de Terrebonne Montreal, (Québec) H4B 1A8
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In accordance with *An Act Respecting Health Services and Social Services* and *An Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information*, we require your authorization to allow the exchange of verbal information and of documents pertaining to your child, between the two establishments listed above involved in the Joint Admission Committee.

This authorization is valid for both organizations, and this for the duration of the admission process, and can be revoked verbally or in writing at any time.

\_\_\_\_\_ in the capacity of \_\_\_\_\_  
(Signature of client or authorized person) (Client/parent or Legal Representative)

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

NB: This form must be signed by the client, aged 14 years and older who is capable, or the legal representative (parent/guardian) of the client if under 14 years of age.

**Important:** Please include this form your child's the Admission Package. Administration note: The original copy must be included in the Lethbridge-Layton-Mackay Rehabilitation Centre file and a copy inserted in the student's file.



Centre de réadaptation  
**LETHBRIDGE-  
 LAYTON-MACKAY**  
 Rehabilitation Centre

**PARENT REFERRAL SUMMARY**  
 INTENDED FOR ALL REFERRALS TO MACKAY CENTRE SCHOOL AND  
 PHILIP E. LAYTON SCHOOL

**Child identification:**

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Medicare card number:** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

Associated Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Please indicate which school you are applying for:**  Mackay Centre  Philip E. Layton

**Please indicate the school board you are zoned for (eg: EMSB, LBPSB, etc).**  
 \_\_\_\_\_

**Please check the grade your child is applying for (for Mackay Centre School only):**

Pre-Kindergarten  Kindergarten  Grade 1-6: \_\_\_\_\_  Other: \_\_\_\_\_

Current School/Daycare: \_\_\_\_\_

**Legal guardians** (please check one): Both parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

**Lives with** (please check one): Both parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

**Language(s)**: at home \_\_\_\_\_ at daycare/school \_\_\_\_\_

**Parent or Legal guardian identification:** Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Parent or Legal guardian identification:** Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Is your child a client of the Lethbridge-Layton-Mackay Rehabilitation Centre?**  YES  NO

Other Partners Involved: \_\_\_\_\_  
 (Ex: CLSC, CROM, Batshaw)



**Service providers:**

<b>Discipline</b>	<b>Name</b>	<b>Organisation</b> (Ex: CLSC, CROM)
<input type="checkbox"/> Audiology		
<input type="checkbox"/> Occupational Therapy (OT)		
<input type="checkbox"/> Speech Language Pathology (SLP)		
<input type="checkbox"/> Physiotherapy (PT)		
<input type="checkbox"/> Psychology (Psych)		
<input type="checkbox"/> Social Services		
<input type="checkbox"/> Clinics (ex: Low Vision Clinic, Feeding ...etc.)		
<input type="checkbox"/> Others: ex. SAT-COM : Service des Aides Technologiques – Communication		
<input type="checkbox"/> Private services:		
<input type="checkbox"/> Is on a waitlist for: OT <input type="checkbox"/> PT <input type="checkbox"/> Psych <input type="checkbox"/> SLP <input type="checkbox"/>		

**MOBILITY**

**1. Please comment on your child's walking ability:**

- Independent
- Physical Assistance Necessary
- Supervision Necessary
- Mobility Aid Assistance \_\_\_\_\_
- Needs helmet
- Dependent (please see section on equipment)

**2. Please comment on your child's ability to do stairs:**

- Independent
  - With handrails
  - Without Handrails
- Physical Assistance Necessary
- Mobility Aid Assistance \_\_\_\_\_



### 3. EQUIPMENT

a) Does your child use a stroller?  YES  NO  
 If YES, indicate type of stroller: \_\_\_\_\_

b) Does your child use a wheelchair?  YES  NO

If YES to Wheelchair use:  MANUAL  MOTORIZED

	Indoor	Outdoor
Propels Independently	<input type="checkbox"/>	<input type="checkbox"/>
Propels with Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Propels with Assistance	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on your child's ability to transfer in and out of wheelchair or stroller:

- Needs Physical Assistance
- Supervision Required
- Dependent
- Needs a Lift

c) Does your child use any other equipment?

- Standing frame
- Walker
- Other: \_\_\_\_\_

### 4. SITTING POSTURE

- Independent  Needs Physical Assistance
- Equipment (ex: trip trap chair)

### 5. TRANSPORTATION (needs for school bus)

- Adapted Bus  Car Seat  Collar/ Vest
- Wheelchair/Stroller

Your child's current weight: \_\_\_\_\_

Comments: \_\_\_\_\_





**FINE MOTOR SKILLS**

	No Significant Difficulty	With some Difficulty	With Great Difficulty
Grasp / Prehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper and Pencil tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissor use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPUTER USE (device for written or oral communication)**

Child needs a computer to complete classwork and/or homework:  Yes  No  N/A

Type: \_\_\_\_\_

Adaptations: \_\_\_\_\_

Other: \_\_\_\_\_

**Comments:**

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

**ACTIVITIES OF DAILY LIVING**

**DRESSING / UNDRRESSING**

- Independent  Supervision Required  Dependent  
 Physical Assistance  Adaptation Required \_\_\_\_\_

**TOILETTING**

- Toilet Trained  Yes  No  
 Independent  Supervision Required  Dependent  
 Physical Assistance  Adaptation Required \_\_\_\_\_

**EATING**

- Independent  Supervision Required  Dependent  
 Physical Assistance Required \_\_\_\_\_  Gastrostomy  Adaptation

Please specify feeding recommendations and/or restrictions:

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



## COMMUNICATION

### MODE OF COMMUNICATION

- Verbal                                       Non Verbal                                       Interpreter  
 Sign Language                                       Assistive Device                                      Type: \_\_\_\_\_  
 Communication Book / Picture system

### BEHAVIOUR / ATTENTION

	No Significant Difficulty	With Some Difficulty	With Great Difficulty
Attention to Task:			
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Group Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Instructions:			
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Group Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitioning between activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child currently receiving, or on a wait list for behaviour related interventions?

- Yes - Specify \_\_\_\_\_                                       No



Please include your description detailing your son or daughter's experience in their current daycare, or school, or at home (if not yet in school). Please describe the current challenges and reasons for applying to Mackay Centre School / Philip E. Layton School. This is important in helping us to better understand your child's needs.

Thank you for your cooperation,

A large rectangular box containing 18 horizontal blue lines for writing.

**COMPLETED BY:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**DATE:** \_\_\_\_\_