

e-Channel
Apprentissage en ligne

e-Channel Referral Guide

Guide d'aiguillage de l'Apprentissage en ligne



Offered by e-Channel members:
Offerts par les membre d'Apprentissage en ligne :

ACE Distance Online

Deaf Learn Now

Good Learning Anywhere


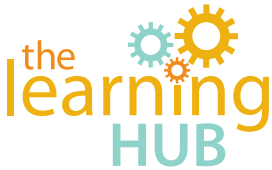



Programme F@D

The LearningHUB

e-Channel Blended Learning Resource Guide

e-Channel.ca

Blended learning video: <https://www.youtube.com/watch?v=qIFoJUgSzJk&t=117s>

Stream	Program Name	Contact	Referral Information
Academic & Career Entrance	ACE Distance Delivery	Website: acedistancedelivery.ca Phone: 416-639-1525 e-Mail: info@cscau.com (English) or infofr@cscau.com (French)	Attachment (1)
			
Anglophone	The LearningHUB	Website: learninghub.ca Phone: 1-844-470-7877 e-Mail: info.learninghub@ed.amdsb.ca Facebook Twitter	Online referral form Attachment (1)
			
Deaf and Hard of Hearing	Deaf Learn Now	Website: deaflearnnow.ca Video Chat: Schedule a video chat by e-mailing Nina e-Mail: NWiniarczyk@georgebrown.ca Facebook Pinterest	Attachment (1)
			
Francophone	Programme de formation à distance pour adultes (Programme F@D)	Website: sefad.ca Phone: 1-888-744-2178 e-Mail: info@sefad.ca Facebook Twitter YouTube Pinterest LinkedIn	Attachment (1)
			
Indigenous	Good Learning Anywhere	Website: goodlearninganywhere.com Phone: 1-866-550-0697 e-Mail: info@goodlearninganywhere.com Facebook Twitter Youtube	Online referral form Attachment (1)
			

Shared learning between in-person and e-Channel LBS programs is one form of “blended learning”. In 2014, the Ministry of Training, Colleges and Universities endorsed sharing of blended learners including milestones and culminating tasks when both programs contribute to the learner’s success.

e-Channel can be used to:

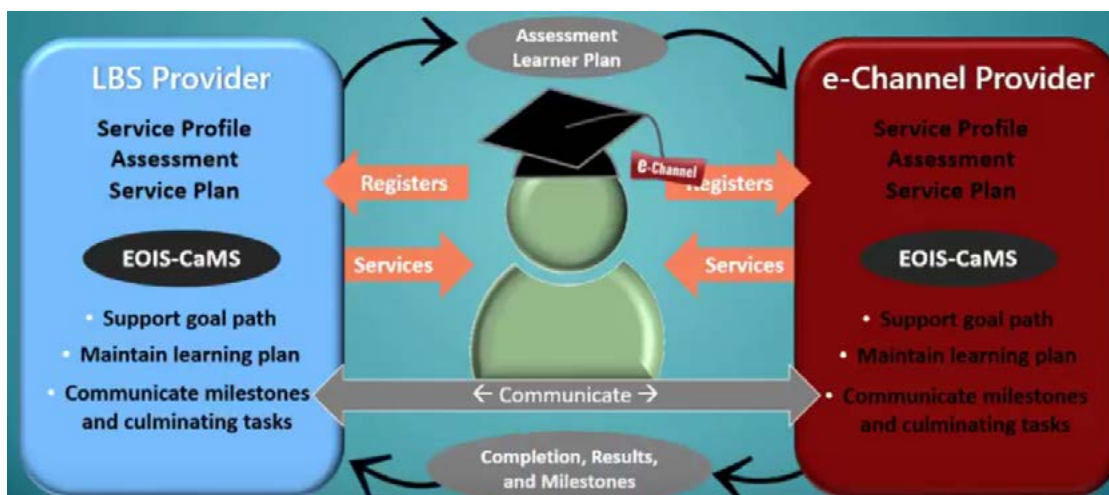
- Supplement classroom upgrading with online courses
- Reinforce classroom instruction
- Provide courses that are not available locally
- Support learners who are unable to attend classroom locations
- Offer culturally appropriate programming
- Try online learning risk-free

What do learners need to participate?

- A personal e-mail address
- Basic Internet and e-mail skills
- Access to a computer/device and the Internet
- Access to specific software (if required)
- Speakers and microphone for synchronous programming
- Time management skills to balance two programs
- Clear goals and timeframe to reach them

Tips for working with blended learners:

- Ensure learners have the time and technology in place before recommending e-Channel
- Have clear expectations when learners should focus on classroom and online work
- Collect consent to share assessment and learner plan information between programs
- Coordinate learning plans to support learner’s goals while maximizing progress between programs
- Communicate regularly to support blended learners
- Avoid duplication of assessments or paperwork whenever possible
- Collaborate on the best approach for milestone and culminating task administration
- Document correspondence between programs when milestones and culminating tasks are shared
- Check off the blended learning indicator for shared Sub-Goals and Plan Items in CaMS



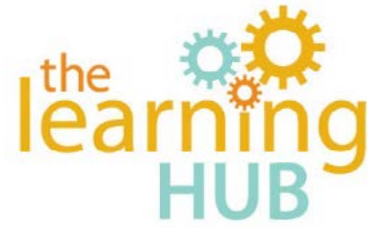


e-Channel Shared Learner Form

Referred To:		
<input checked="" type="checkbox"/> ACE Distance	Barb Glass	ExecutiveDirector@CSCAU.com

Please ensure the form is complete.

Referred By:		
College: Please Select		
Contact Name:	Email:	
Learner Name:		
Address:		
City:	Province: ON	Postal Code:
Learner Email:		
Date of Birth (dd/mm/yyyy):	Gender: Please Select	
Date of Referral:		
Reason for Referral: Please Select		
Essential Skills Scores (if applicable): <i>Please provide numeric scores, not level.</i>		
Reading	Document Use	Numeracy
Has a training plan been completed? Please Select <i>Please attach a copy.</i>		
Comments:		
Permission to Become a Shared Student and Release of Information Permission		
I authorize my enrollment in ACE Distance programming as well as in my college LBS program.		
The information in this document is, to the best of my knowledge, correct. I consent to and authorize the release and disclosure of information between the agencies indicated for the purpose of administering the LBS program. I acknowledge that the referring service provider will be notified of my performance in ACE Distance programming.		
I understand that I may, in writing, change or cancel this authorization at any time except for such action as has already been taken.		
Learner's Name:		
Signature:		
Date (dd/mm/yyyy):		



Blended Learner Profile

This referral form is for classroom LBS programs. Please complete this form after your learner has registered with the LearningHUB.

You can submit this referral form electronically at [learninghub.ca/practitioners/blended learner referral](https://learninghub.ca/practitioners/blended_learner_referral) or email a copy to info.learninghub@ed.amdsb.ca. A copy of this form will be sent to your email address if you submit it through our website.

Learner Information

Learner Name:

Goal Path:

- Employment
- Apprenticeship
- Secondary School Credit
- Post Secondary
- Independence

Learning Style:

- Visual
- Auditory
- Kinesthetic
- Multi-sensory
- Assessment Needed

Participation/Commitment

What days of the week/times does the learner attend class?

Approximately how much time can the learner dedicate to blended learning each week?

Will online work continue outside class time (i.e from home)?

- Yes
- No
- Unknown

Additional Information:

Why are you referring this learner to the LearningHUB?

Does this learner have any learning challenges, preferences, special accommodations or needs that the LearningHUB staff should be aware of?

Please list any recent milestone attempts/results or other assessment scores the LearningHUB should be aware of.

What is this learner currently working on in the classroom? (I.e. OALCF level/subject)

What milestones (including approximate dates) have you targeted for this learner?

How would you prefer milestones are administered for this learner?

- Online
- In class
- Check with me first

Teacher Contact Information:

Teacher Name:

Teacher Email:

Teacher Phone:

Classroom Name/Location:

Date:



GBC INTERNAL REFERRAL FORM

Student Name:
Referred On:
Referred By: Nina Winiarczyk, Intake Officer E-mail: nwiniarczyk@georgebrown.ca
Referred To: Name of Service Provider and/or Specific Individual or Dept

CONFIRMATION OF REFERRAL

Name: Service Provider and/or Specific Individual or Dept Title : E-mail:
Receiving referral contact initials:
Date:
Reason for Referral

Student has given their permission to share their personal information
 Student has given their permission for referral

FORMULAIRE D'AIGUILLAGE

RENSEIGNEMENTS SUR LES ORGANISMES

Nom de l'organisme qui fait l'aiguillage

Organisme :

Nom de la personne-ressource :

Adresse courriel :

Numéro de téléphone :

Nom de l'organisme vers lequel on aiguille le client :

Date de l'aiguillage (aaaa-mm-jj) :

RENSEIGNEMENTS SUR LE CLIENT

Nom du client :

Sexe : Homme Femme

Date de naissance (aaaa-mm-jj) :

Coordonnées :

Ville :

Numéro de téléphone :

Adresse courriel :

Voie de transition du client (objectif de formation)

Emploi Formation en apprentissage Études secondaires
 Études postsecondaires Autonomie À déterminer

CONSENTEMENT DU CLIENT

J'autorise la divulgation et le partage de mes informations entre les organismes indiqués sur ce formulaire. Je reconnais que le pourvoyeur de service d'aiguillage pourrait être avisé une fois que je prends contact avec l'organisme vers lequel on m'aiguille.

Oui Non



GLA REFERRAL IN FORM

1. CLIENT CONTACT INFORMATION*

Client First Name: _____

Client Last Name: _____

WHAT IS THE PREFERRED GENDER OF YOUR CLIENT?

() Male

() Female

() Other: _____

Street Address: _____

City or Town: _____

Postal Code: _____

Email Address: _____

Phone Number: _____

2. CLIENT GOAL PATH*

- Employment
- Apprenticeship
- Secondary Credit
- Postsecondary
- Independence
- To Be Determined

3. CLIENT CONSENT*

CLIENT CONSENT: I CONSENT TO AND AUTHORIZE THE RELEASE AND DISCLOSURE OF INFORMATION BETWEEN THE AGENCIES INDICATED ON THIS FORM. I ACKNOWLEDGE THAT THE REFERRING SERVICE PROVIDER MAY BE NOTIFIED ONCE I HAVE MADE CONTACT WITH THE REFERRED SERVICE AGENCY.

- Yes
- No

4. REFERRAL ORGANIZATION INFORMATION*

Referring Organization: _____

Contact Name (Practitioner, CN On-Site): _____

City or Town: _____

Email Address: _____

Phone Number: _____

ASSESSMENT AND LEARNING PLAN INFORMATION*

5. ASSESSMENT RESULTS (IF APPLICABLE) ES SCORE, MILESTONES ETC

6. IS THERE ANY OTHER INFORMATION THAT YOU WOULD LIKE TO SHARE WITH US THAT WILL HELP US SUPPORT THIS CLIENT? (EX. REASON FOR REFERRAL?)

7. ARE YOU SENDING A SUPPORTING LEARNER PLAN FROM YOUR AGENCY?

Yes

No

8. WHAT IS YOUR PREFERRED NEXT STEP:*

The organization completing this form will register the client online with GLA (www.goodlearninganywhere.com)

GLA will send the learner instructions on how to register online for GLA

9) HOW WOULD YOU LIKE US TO FOLLOW UP WITH YOU:*

Please contact me with the outcome as a result of the referral

No need for follow-up

THANK YOU!
