



SCHOOL YEAR 2024/25

This form is to be completed by all Independent Designated Inclusive Education Schools (IDIES) that received the additional Designated Inclusive Education School grant of \$2,000 per HC for the 2024/25 school year and submitted to the ministry by June 15, 2025, using information provided by the authority in the Eligible Student Audit Form.

Management of the Authority is responsible for the completion of this form (not the auditor) which represents their assertion regarding compliance. This form should be prepared and signed off by the Authority and submitted to the ministry along with an Auditor's Report/Cover Letter.

SCHOOL CODE:	SCHOOL NAME:	CITY:
AUTHORITY NO:	AUTHORITY (SOCIETY) NAME:	

SECTION I – ELIGIBLE STUDENT FTE

Enrolled in Kindergarten to Grade 12 between July 1, 2024 – May 15, 2025

ELIGIBLE FTE

1. Total Eligible Student FTE (K-12): Enter FTE from 2024/25 ES Audit Form

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SECTION II – EDUCATOR FTE

Include: Full-time, part-time and contracted educators that meet the criteria, as per guidelines provided in the accompanying FAQ (Questions 12-17) and Appendix A.

Exclude: Members of the students' integrated support teams that are **not** employed or contracted by the school.

TOTAL EDUCATOR FTE

1. The number of educators employed by the school (full time = 1FTE)

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SECTION III - EDUCATOR / STUDENT RATIO CALCULATION

(Please use in the fillable boxes below)

Educator to Student Ratio = 1 : x

	/		=	1	:	X
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(Dividing the Total Student FTE by the Total Educator FTE will give you 'x')



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- ☐ Our Auditor is qualified under the *Societies Act*, and has appropriate licensing from the Chartered Professional Accountants of BC (CPABC)
- ☐ Attached Auditors' Report/Cover Letter as provided to the Authority by the external auditor (verifying the Educator FTE). Questions 6-8 on the Ratio Form FAQ provides guidance on the Ministry's request for an Auditor's Report.

The following declaration must be signed by an individual authorized by the Independent School Authority (not the auditor) – e.g., Authority Chair or Principal.

Declaration: I declare that _____ has maintained a 1:6 educator/student ratio (or less)
(Name of School)
during the 2024/2025 school year.

Signature of Authorized Individual

Date

Name of Authorized Individual

Position / Title

Completion of the Educator/Student Ratio form is required in order to maintain eligibility for the IDIES additional grant and must be received by the Ministry no later than June 15, 2025. Questions about the completion of this form should be emailed to EDUC.IndependentSchoolsOffice@gov.bc.ca or to Dwayne Cover at Dwayne.Cover@gov.bc.ca.

Email the completed form and auditor's report to: EDUC.IndependentSchoolsOffice@gov.bc.ca, the email address for the Independent Schools Team within the Independent Schools and International Education Branch, Ministry of Education and Child Care. Subject line of email should contain the school name and school code - Example: Name of Independent School 065-12345