



*CATHOLIC INDEPENDENT SCHOOLS  
OF THE DIOCESE OF VICTORIA*

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Catholic Independent Schools – Diocese of Victoria (CISDV)

Accessibility Plan

September 1, 2023, to June 30, 2026

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## **Introduction**

Catholic Independent Schools in the Diocese of Victoria (CISDV) has 5 schools in the communities of Port Alberni, Duncan, and Victoria on Vancouver Island, British Columbia.

## **The Schools Represented in this Plan**

St. John Paul II Catholic School, K-7, Port Alberni  
Queen Of Angels Catholic School, K-9, Duncan  
St. Patrick's Elementary School, K-7, Victoria  
St. Joseph's Elementary School, K-7, Victoria  
St. Andrew's Regional High School, 8-12, Victoria

## **Territorial Acknowledgement**

The Roman Catholic Diocese of Victoria acknowledges with gratitude that we work, play, and pray on the territories and traditional lands of the Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw Peoples. In the light of this truth, and in humility, we commit ourselves to continue to work for reconciliation, and for respectful relationships with the Creator and all creation.

## **Messages from the Region**

CISDV is determined to support the CISDV Accessibility Plan. Many of our students, parents, and community members face challenges that are both seen and unseen as they attempt to access a broad range of services in our island communities.

## **Definitions**

The following definitions are provided in the Accessible BC Act and the Developing Your First Accessibility Plan guide which was created as part of the Accessible Organization Project led by Disability Alliance BC:



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Definitions continued...

Accessibility Plan A plan to identify, remove, and prevent barriers to individuals in or interacting with the organization through the considerations of inclusion, adaptability, diversity, collaboration, self-determination, and universal design.



## **About Our Committee**

CISDV Accessibility Plan has an interim committee for 2023-24 including 10 members which represent our central office and each of our 5 schools and 3 communities. This includes the Superintendent, Executive Assistant, Director of Inclusive Education, Director of Early Learning, 1 Teacher Rep and all 5 school principals.

## **Overview of the Plan**

The schools represented in this plan are committed to ensuring all members of our communities are treated with dignity, given the opportunity for meaningful participation, and are provided equitable access to learning. The priorities outlined in this plan represent our commitment to:

- Engage with staff, community members and people with disabilities in the development and review of our accessibility plan.
- Ensure our CISDV and local school policies and procedures align with the princip



takes time to meaningfully consult, share and form the type of committee needed for this important work.

Priority #3 – Development of Feedback Mechanism

In 2024-25, the CISDV Accessibility Committee will develop strategies, action plans, and timelines to prevent and remove barriers that people with disabilities face when interacting in and with our schools. They will develop a feedback mechanism and share it with their communities.

**Monitoring**

Progress of priorities will be reported on by each school locally and at the CISDV level by the end of June of each school year using a common template provided by CISDV. The completed document will be presented at the first committee meeting of the school year.

**Evaluating**

The Committee will conduct a review and evaluation of the accessibility plan every three years.

**Appendix A: About Disability**

*The Disability Continuum*

There is no universally accepted meaning for the word "disability". However, the Ontario Human Rights Code provides definitions of disability that form our guiding principles. Definitions of disability can be placed on a continuum. At one end, disability is explained in terms of medical conditions (medical model). At the opposite end, disability is explained in terms of the social and physical contexts in which it occurs (environmental model). The medical model focuses on deficiencies, symptoms, and treatments. The World Health Organization's (WHO) 1976 definition for disability, for example, is "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." Medical model definitions promote the idea that disability is a deviation from the norm. Many people with disabilities are troubled by definitions that regard disability as abnormal, preferring instead to portray disability as commonplace, natural, and in fact, inevitable. As people age, they experience gradual declines in visual acuity, auditory sensitivity, range of



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motion, bodily strength, and mental powers. Significant functional limitations affect almost half of people between the ages of 55 and 79, and over 70% of people over 80 (World Health Organization (WHO) report titled "Ageing and health", 2015). Beyond middle age, disability is the norm. The environmental model explains disability in relation to social and physical contexts. In this view, the environment, not an individual's medical condition, causes disability. For example, during an electrical blackout, a person who is completely blind can effortlessly navigate around the home, hammer nails, and, if a Braille user, read a novel. A sighted person would be unable to perform these tasks easily, if at all. In this example, the environment disables the sighted person. The environmental model emphasizes that people with disabilities are capable individuals, and it is the barriers in the built and human environments, not their medical conditions, which create disability.



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Take some time — people with some kinds of disabilities may take a little longer to understand and respond.

Try to find ways to provide information in a way that works best for them. For example, have a paper and pen handy.

If you are dealing with a child, be patient, encouraging and supportive.

Avoid referring to the disability or using phrases like “handicapped.”

Be courteous and patient and the person will let you know how to best provide service in a way that works for them.

### *Mental Health Disabilities*

People with mental health disabilities look like anyone else. You will not know that the person has a mental health disability unless you are informed of it. But if someone is having difficulty controlling their symptoms or is in a crisis, you may need to help. Be calm and professional and let the person tell you how you can best help. Here are some suggestions to help you interact with people with mental health disabilities:

Treat people with a mental health disability with the same respect and consideration you have for everyone else.

Be confident and reassuring and listen to people with a mental health disability and their needs.

If someone is in a crisis, ask him or her to tell you the best way to help.

Take the person with a mental health disability seriously, and work with them to meet their needs.

### *Speech and Language Disabilities*

Some people have communication challenges. It could be the result of cerebral palsy, hearing loss, or another condition that makes it difficult to pronounce words, causes slurring or stuttering, or not being able to express oneself or understand written or spoken language. Some people who have severe difficulties may use communication boards, sign language or other assistive devices. Here are some suggestions to help you interact with people with speech and language disabilities:

Just because a person has one disability does not mean they have another. For example, if a person has difficulty speaking; make no assumption they have an intellectual disability as well.

If you do not understand, ask the person to repeat the information.

Avoid referring to the disability or using phrases like “handicapped.”





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British Columbia Framework for Accessibility Legislation  
Accessible British Columbia Act