

**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

CONTACT **NORTH**  
**NORD**

Developed by Contact North | Contact Nord  
Développé par Contact North | Contact Nord

**Ontario** 






This Employment Ontario program  
is funded by the Government of Ontario

## e-Channel Blended Learning Resource Guide

[e-Channel.ca](http://e-Channel.ca)

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

La formation mixte : <https://www.sefad.ca/formateurs/guide/>

Stream	Program Name	Contact	Referral Information
Academic & Career Entrance	ACE Distance Deliver	Website: <a href="http://acedistancedelivery.ca">acedistancedelivery.ca</a> Phone: 416-639-1525 e-Mail: <a href="mailto:info@cscacu.com">info@cscacu.com</a> (English) or <a href="mailto:infofr@cscacu.com">infofr@cscacu.com</a> (French)	Attachment (1)
			
Anglophone	The LearningHUB	Website: <a href="http://learninghub.ca">learninghub.ca</a> Phone: 1-844-470-7877 e-Mail: <a href="mailto:info.learninghub@ed.amdsb.ca">info.learninghub@ed.amdsb.ca</a> <a href="#">Facebook</a> <a href="#">Instagram</a> <a href="#">YouTube</a>	<a href="#">Online referral form</a> Attachment (2)
			
Deaf and Hard of Hearing	Deaf Learn Now	Website: <a href="http://deaflearnnow.ca">deaflearnnow.ca</a> Video Chat: Schedule a video chat by e-mailing Nina e-Mail: <a href="mailto:NWiniarczyk@georgebrown.ca">NWiniarczyk@georgebrown.ca</a> <a href="#">Facebook</a> <a href="#">LinkedIn</a>	Attachment (1)
			
Francophone	Programme de formation à distance pour adultes (Programme F@D)	Website: <a href="http://sefad.ca">sefad.ca</a> Phone: 1-888-744-2178 e-Mail: <a href="mailto:info@sefad.ca">info@sefad.ca</a> <a href="#">Facebook</a> <a href="#">YouTube</a> <a href="#">Instagram</a> <a href="#">LinkedIn</a>	Attachment (1)
			
Indigenous	Good Learning Anywhere	Website: <a href="http://goodlearninganywhere.com">goodlearninganywhere.com</a> Phone: 1-866-550-0697 #1 e-Mail: <a href="mailto:info@shlc.ca">info@shlc.ca</a> <a href="#">Facebook</a>	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:**

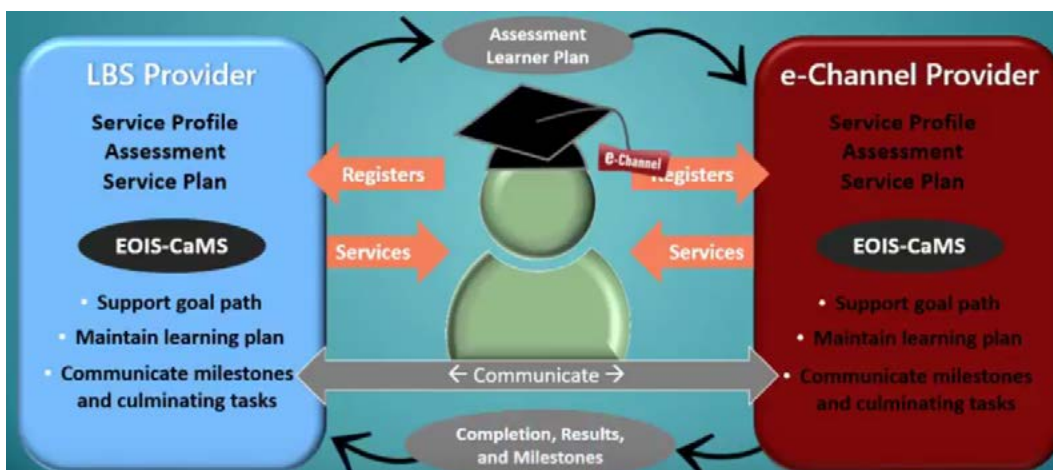
- Supplement classroom upgrading with online courses
- Reinforce classroom instruction
- Provide courses that are not available locally
- Support learners who are unable to attend classroom locations
- Offer culturally appropriate programming
- Try online learning risk-free

**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

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

*Please ensure the form is complete.*

<b>Referred By:</b>		
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		
<b>Essential Skills Scores (if applicable): <i>Please provide numeric scores, not level.</i></b>		
Reading	Document Use	Numeracy
Has a training plan been completed? Please Select <i>Please attach a copy.</i>		
Comments:		
<b>Permission to Become a Shared Student and Release of Information Permission</b>		
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):		

## Referral Form



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

Client Name: \_\_\_\_\_

Client's Email Address: \_\_\_\_\_

What is your client's main reason for upgrading?

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

### Referring Agency Contact

Organization/Classroom Name: \_\_\_\_\_

Program Type: (Ex. Employment Services, Literacy & Basic Skills, Youth Job Connection etc.):

\_\_\_\_\_

Contact/Teacher Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is there any other information you would like to share about this referral?

\_\_\_\_\_

## 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

Client Name: \_\_\_\_\_

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

## Next Step

I will help my client register for the LearningHUB. [Registration Form](#)

Please send my client registration instructions.

## Follow Up

Please contact me with the outcome as a result of the referral, ie. assessment completed, registered in program etc.

No need for follow up contact.

**Are you referring from a classroom LBS program?**

Yes

No

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

\_\_\_\_\_

**Approximately how much time can the learner dedicate to the LearningHUB each week?**

\_\_\_\_\_

**Will online work continue outside of class time?**

- Yes
- No
- Unknown

**Learning Style**

- Visual
- Auditory
- Kinesthetic
- Multi-sensory
- Assessment needed

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

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

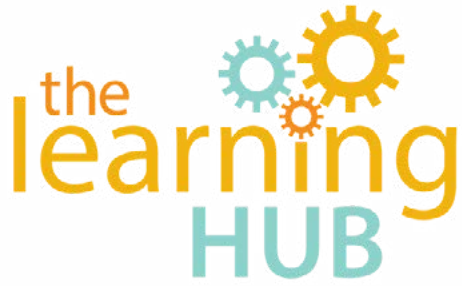
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**How do you prefer milestones are administered for this learner?**

- Online
- In Class
- Check with me first

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**Thank You!**



# Blended Learning Referral Form

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

Client Name: \_\_\_\_\_

Client's Email Address: \_\_\_\_\_

Client's Phone Number: \_\_\_\_\_

Reason for upgrading?

- Apprenticeship    Independence    Secondary Credit  
 Employment    Post Secondary    To Be Determined

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## Referring Agency Contact

Organization/Classroom Name: \_\_\_\_\_

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

Contact/Teacher Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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

Client Name: \_\_\_\_\_ 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\*

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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\*

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

## 3. CLIENT CONSENT\*

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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\*

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Referring Organization: \_\_\_\_\_

Contact Name (Practitioner, CN On-Site): \_\_\_\_\_

City or Town: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## ASSESSMENT AND LEARNING PLAN INFORMATION\*

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

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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?)

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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](http://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

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THANK YOU!

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