

Name of Program or App: _____ Date: _____

Requested By: _____

School/ Department: _____

Cost of App: _____ (if applicable) GL Code: _____ for billing purposes)

Budget Officer Approval: _____
(Principal/VP, District Principal or Director of Instruction)

Section A

1. Program Details: Provide sufficient information so that reviewers understand why the program is requested. Attach company privacy policy with submission.

Company
info:
(include url)Purpose
of the
program:Learning
objectives
for
students
(if applicable):

1.a) Educational Resource Review:

Date Reviewed: _____

Is another similar app available? _____

How does this achieve / support educational outcomes? _____

Are there any concerns with this program, and if so, can they be managed? _____

Review completed by: _____ Name: _____
(Signature)

2. IT Department Review:

Date Reviewed: _____

Types of devices to be installed on: _____

Estimated number of devices: _____

Users: Students ☐ Age/Grades: _____Educator ☐Department ☐

a. Are there security concerns with the program, and if so, can they be managed? _____

b. Time and resources needed to install / manage program installation? _____

c. Time and resources needed for ongoing support with the program? _____

Review completed by: _____

(Signature)

Name: _____

Note: if personal information is collected, an additional IT review is required in Section B

3. Information Collected

List all elements of information or data that might be collected, used, stored, or disclosed. _____

Is any of this information personal information? Yes or No

1. If no personal information is collected, submit this form to the Privacy Officer for final review.

2. If personal information is collected, complete Section B.

4. Approval – NO Personal Information collected

Date Reviewed: _____

Approved for use: _____

(Signature)

Name: _____

(Privacy Officer)

Approved for use: _____

(Signature)

Name: _____

(Education Lead – Director / Assistant Superintendent)

End Section A

Section B

Additional Privacy Risk Assessment regarding the Collection, storage, and security of Personal Information, and the storage of sensitive personal information outside of Canada

5. Personal information IS collected:

- a. Describe the way personal information moves through the program initiative step by step as if you were explaining it to someone who does not know the program.

Describe personal information movement in the program	Collection, use or disclosure	FOIPPA authority section	Other legal authority and section
Step 1:			
Step 2:			
Step 3:			
Step 4:			

- b. When collecting personal information directly from an individual the information is about, you must provide a collection notice. The notice must indicate the purpose, the legal authority for collecting the information, and the contact information for a person in the school district who can answer questions about why you're collecting personal information, how it's used and how people can update or correct their information.

Provide a copy of the text providing the notice when collecting the personal information. This may form part of a "consent to use the program" form provided to students / parents. Consult with the Privacy Officer if you require assistance.

- c. Will sensitive personal information be collected? Yes or No
See resource materials to determine if the information is sensitive personal information.

6. Storing Personal information

- a. Where will the personal information be stored? _____

- b. Is any personal information stored outside of Canada? _____
- c. Will sensitive personal information be stored outside of Canada? Yes or No

If sensitive personal information will be stored outside of Canada, complete the Section 7. If not, move to section 8.

7. Assessment for disclosures outside of Canada

- a. Is the information stored by a service provider? If so, complete the table?

Name of service provider	Name of cloud infrastructure and/or platform provider(s) (if applicable)	Where is the sensitive personal information stored (including backups)?

- b. Provide details on the disclosure, whom it is disclosed to, and where the sensitive personal information is stored. _____

- c. Does the contract with the provider include privacy-related terms? Yes or No
If yes, describe the contractual measures related to the initiative. _____

- d. Describe the controls in place to prevent unauthorized access to the sensitive personal information. _____

- e. Describe how details regarding access to sensitive personal information will be tracked _____

- f. Describe the privacy risks for disclosure outside of Canada

Privacy risk	Impact to individuals	Likelihood of unauthorized collection, use, disclosure or storage of the sensitive personal information (low, medium, high)	Level of privacy risk considering the impact and likelihood (low, medium, high,)	Risk response (this may include contractual mitigations, technical controls, and/or procedural and policy barriers)	Is there any outstanding risk? If yes, please describe.

8. Security of Personal Information

Describe the security controls to limit or restrict access to personal information, and how access to personal information is tracked.

a. Security Controls

Strategy	
We only allow employees in certain roles access to information	
Employees that need standing or recurring access to personal information must be approved by executive lead	
We use audit logs to see who accesses a file and when	
Describe any additional controls:	

b. Information Tracking

Describe how access to personal information is tracked: _____

9. Additional Risks

- a. Describe any additional risks from collecting, using, storing, accessing or disclosing personal information that has not been addressed previously in this assessment.

10. Additional IT Department Review

Date Reviewed: _____

a. Any additional security concerns identified _____

b. Other comments: _____

c. Time and resources needed to install / manage program installation? _____

d. Time and resources needed for ongoing support with the program? _____

Review completed by: _____

(Signature)

Name: _____

11. Approval

a. Any additional concerns identified _____

b. Directives for Implementation:

1. _____
2. _____
3. _____
4. _____
5. _____

Approved for use: _____
signature

Name: _____
Privacy Officer – Secretary Treasurer

signature

Name: _____
Assistant Superintendent

Signature

Name: _____
FIPPA Head - Superintendent