



Play, Learn, and Grow Together

---

**Program Unit Funding  
Individualized Program Plan  
2020/2021**

Child Information			
<b>Child Name</b> (First/Middle/Last)			
<b>Date of Birth</b> (DD/MM/YYYY)		<b>Age on Sept. 1,</b> Years/Months	
<b>Year of ECS</b>		<b>Eligibility Code</b>	

Parent(s)/Guardian(s) Information	
<b>Mother's Name</b>	<b>Father's Name</b>
<b>Home Address</b>	<b>Home Address</b>
<b>Home Phone</b>	<b>Home Phone</b>
<b>Work Phone</b>	<b>Work Phone</b>
<b>Cell Phone</b>	<b>Cell Phone</b>
<b>Email</b>	<b>Email</b>

Instructional Time and Programming			
<b>Preschool Programming</b>			
<b>Preschool Name</b>			
<b>Preschool Attendance</b>	Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>	Start	End
<b>Additional Programming</b>			
<b>Kids PlayTime</b>	Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>	Start	End
<b>Home Programming</b>	Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>	Start	End

Instructional and Programming Team	
<b>Preschool Teacher</b>	
<b>Certificated Teacher</b>	
<b>Developmental Assistant</b>	
<b>Speech-Language Pathologist</b>	
<b>Occupational Therapist</b>	
<b>Physiotherapist</b>	
<b>Psychologist</b>	
<b>Family Support Specialist</b>	

Background Information		
<b>Previous Preschools Attended</b>	<b>From</b>	<b>To</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>Family Composition and Information</b>		
<b>Physical/Medical Information</b>		
	<b>Name</b>	<b>Date of Last Visit</b>
<b>Family Doctor</b>		
<b>Pediatrician</b>		
<b>Hearing Screen</b>		
<b>Vision Screen</b>		
<b>Allergies</b>		
<b>Medication</b>		
<b>Other</b>		

<b>Family Involvement</b>
Parent(s)/Guardian(s) will partner with the members of their child's Kids Developmental Services team by attending all Individualized Program Plan meetings; sharing any new information; participating in programming sessions; and following through with recommended strategies.

<b>Strengths, Areas of Growth, Parent Priorities</b>
<b>Child's Strengths</b>
<b>Child's Areas of Growth</b>
<b>Parent Priorities</b>

<b>Specialized Assessment Results</b>			
<b>Speech-Language Pathology (Initial)</b>			
<b>Date</b>	<b>Therapist</b>	<b>Test(s)</b>	<b>Results</b>
		Clinical Evaluation of Language Fundamentals - Preschool, Second Edition (CELF-P2)	
<b>Speech-Language Pathology (Final)</b>			
		Clinical Evaluation of Language Fundamentals Preschool, Second Edition (CELF-P2)	

		Preschool Language Scales, Fifth Edition (PLS-5)	
		Goldman-Fristoe Test of Articulation, Third Edition (GFTA-3)	

Specialized Assessment Results			
Occupational Therapy (Initial)			
Date	Therapist	Test(s)	Results
		Peabody Developmental Motor Scales, Second Edition (PDMS-2)	
Occupational Therapy (Final)			
		Peabody Developmental Motor Scales, Second Edition (PDMS-2)	
		Miller Function and Participation Scales (M-FUN)	
		Sensory Profile 2	

Initial Review Date	First Review Date	Final Review Date

Goals, Objectives and Accommodations
<b>Long Term Goal 1 by June 2021</b>
<b>Baseline</b> Currently,
<b>Short-Term Objectives</b>
<b>Procedures for Monitoring Development</b>
<ul style="list-style-type: none"> <li>● Teacher feedback</li> <li>● Documentation</li> <li>● Photos</li> <li>● Informal assessments with collaboration from the child's team.</li> </ul>
<b>Objective Review</b>
<b>Accommodations and Strategies to Support This Goal</b>
<b>Early Learning Environment Accommodations</b>

**IPP Meeting and Attendance Page****Child's Name:****Academic Year:**

<b>Team Member</b>	<b>Initial Review</b>	<b>First Review</b>	<b>Final Review</b>
<b>Parent/Guardian</b>			
<b>Parent/Guardian</b>			
<b>Preschool Teacher</b>			
<b>Certificated Teacher</b>			
<b>Developmental Assistant</b>			
<b>Speech-Language Pathologist</b>			
<b>Occupational Therapist</b>			
<b>Physiotherapist</b>			
<b>Psychologist</b>			
<b>Family Support Specialist</b>			

**IPP Meeting Signature Page****Child's Name:****Academic Year:**

<b>Team Member</b>	<b>Final Signature</b>
<b>Parent/Guardian</b>	
<b>Parent/Guardian</b>	
<b>Preschool Teacher</b>	
<b>Certificated Teacher</b>	
<b>Developmental Assistant</b>	
<b>Speech-Language Pathologist</b>	
<b>Occupational Therapist</b>	
<b>Physiotherapist</b>	
<b>Psychologist</b>	
<b>Family Support Specialist</b>	



Transition Planning		
Date		Receiving Program

Transition Team/Operator	Final IPP Date:
Receiving Private ECS Operator	
Kindergarten Consultant/Strategist	
Kindergarten Representative	