



Play, Learn, and Grow Together

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

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

| Parent(s)/Guardian(s) Information | |
|-----------------------------------|----------------------|
| Mother's Name | Father's Name |
| Home Address | Home Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |
| Email | Email |

| Instructional Time and Programming | | | |
|------------------------------------|--|-------|-----|
| Preschool Programming | | | |
| Preschool Name | | | |
| Preschool Attendance | Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> | Start | End |
| Additional Programming | | | |
| Kids PlayTime | Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> | Start | End |
| Home Programming | 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 | |
|-------------------------------------|--|
| Preschool Teacher | |
| Certificated Teacher | |
| Developmental Assistant | |
| Speech-Language Pathologist | |
| Occupational Therapist | |
| Physiotherapist | |
| Psychologist | |
| Child Development Specialist | |

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

| Family Involvement |
|---|
| 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. |

| Strengths, Areas of Growth, Parent Priorities |
|--|
| Child's Strengths |
| |
| Child's Areas of Growth |
| |
| Parent Priorities |
| |

| Specialized Assessment Results | | | |
|--|------------------|--|----------------|
| Speech-Language Pathology (Initial) | | | |
| Date | Therapist | Test(s) | Results |
| | | Clinical Evaluation of Language Fundamentals - Preschool, Second Edition (CELF-P2) | |
| Speech-Language Pathology (Final) | | | |
| | | 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 |
|---|
| Long Term Goal 1 by June 2021 |
| Baseline Currently, |
| Short-Term Objectives |
| |
| Procedures for Monitoring Development |
| <ul style="list-style-type: none"> ● Teacher feedback ● Documentation ● Photos ● Informal assessments with collaboration from the child's team. |
| Objective Review |
| |
| Accommodations and Strategies to Support This Goal |
| |

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| Long Term Goal 2 by June 2021 |
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| Objective Review |
| Accommodations and Strategies to Support This Goal |
| Early Learning Environment Accommodations |

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

| Team Member | Initial Review | First Review | Final Review |
|-------------------------------------|-----------------------|---------------------|---------------------|
| Parent/Guardian | | | |
| Parent/Guardian | | | |
| Preschool Teacher | | | |
| Certificated Teacher | | | |
| Developmental Assistant | | | |
| Speech-Language Pathologist | | | |
| Occupational Therapist | | | |
| Physiotherapist | | | |
| Psychologist | | | |
| Child Development Specialist | | | |

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

| Team Member | Final Signature |
|-------------------------------------|------------------------|
| Parent/Guardian | |
| Parent/Guardian | |
| Preschool Teacher | |
| Certificated Teacher | |
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| Speech-Language Pathologist | |
| Occupational Therapist | |
| Physiotherapist | |
| Psychologist | |
| Child Development Specialist | |

| Transition Planning | | |
|---------------------|--|-------------------|
| Date | | Receiving Program |
| | | |

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