



Play, Learn, and Grow Together

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**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, 2020</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>Title to Change</b>	

Background Information		
<b>Previous Preschools Attended</b>	<b>From</b>	<b>To</b>
<ul style="list-style-type: none"> <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>

Goals, Objectives and Accommodations
<b>Long Term Goal 2 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>

Goals, Objectives and Accommodations
<b>Long Term Goal 3 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>



Goals, Objectives and Accommodations	
<p>1. <b>Goal:</b> Increase the number of students who complete the course successfully.</p> <p>2. <b>Objective:</b> Implement a peer tutoring program to provide additional support and resources for students.</p> <p>3. <b>Accommodation:</b> Provide flexible scheduling options for students with work or family commitments.</p>	<p>1. <b>Goal:</b> Enhance the quality of student learning outcomes.</p> <p>2. <b>Objective:</b> Integrate active learning strategies into the curriculum to engage students.</p> <p>3. <b>Accommodation:</b> Offer alternative assessment methods to accommodate different learning styles.</p>

**Long Term Goal 4 by June 2021**

<p><b>Baseline</b> Currently,</p>	
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<p><b>Short-Term Objectives</b></p>
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## Procedures for Monitoring Development

- Teacher feedback
- Documentation
- Photos
- Informal assessments with collaboration from the child's team.

## Objective Review

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Accommodations and Strategies to Support This Goal	

Early Learning Environment Accommodations	
1	1.1
2	2.1
3	3.1
4	4.1
5	5.1
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7	7.1
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91	91.1
92	92.1
93	93.1
94	94.1
95	95.1
96	96.1
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98	98.1
99	99.1
100	100.1

**IPP Meeting and Attendance Signature Page****Child's Name:****Academic Year:** 2020-2021

<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>Title to Change</b>			

Transition Planning		
Date		Receiving Program

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