

Play, Learn, and Grow Together

## Program Unit Funding Individualized Program Plan 2018/2019

Child Information			
Child Name (First/Middle/Last)			
Date of Birth (DD/MM/YYYY)		Age on Sept 1, 2018 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 Progra	mming			
Preschool Name				
Preschool Attendance	Mon □ Tue □ Wed □ Thu □ Fri □		Start	End
Additional Programming				
KiDS PlayTime	Mon $\square$ Tue $\square$ Wed $\square$ Thu $\square$ Fri $\square$		Start	End
Home Programming	Mon □ Tue □ We	ed 🗆 Thu 🗆 Fri 🗆	Start	End
Programming	Mon ⊔ Tue ⊔ We	ed 🗀 Thu 🗀 Fri 🗀	Start	Ena

Instructional and Programming Team		
Preschool Teacher		
Certificated Teacher		
Developmental Assistant		
Speech-Language Pathologist		
Occupational Therapist		
Physiotherapist		
Psychologist		
Behaviour Specialist		

Program Development			
Instructional/Programming Hours		Family Oriented Programming Sessions	
Access	475	Offered	10
Actual		Actual	

Background Information				
Previous Preschools Attended		From		То
•				
Family Composition and Info	ormation			
Physical/Medical Information				
	Name Date of Last Visit		f 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 I	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 Thera	apy (Initial)		
Date	Therapist	Test(s)	Results
		Peabody Developmental Motor Scales, Second Edition (PDMS-2)	•
Occupational Thera	apy (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 2019,			
Baseline Currently,			
Short-Term Objectives			
1.			
Procedures for Monitoring Development			
<ul> <li>Teacher feedback</li> <li>Documentation</li> <li>Photos</li> <li>Informal assessments with collaboration from the child's team.</li> </ul>			
Objective Review			
Accommodations and Strategies to Support This Goal			

Goals, Objectives and Accommodations		
Long Term Goal 2 By June 2019,		
Baseline Currently		
Short-Term Objectives		
1.		
Procedures for Monitoring Development		
<ul> <li>Teacher feedback</li> <li>Documentation</li> <li>Photos</li> <li>Informal assessments with collaboration from the child's team.</li> </ul>		
Objective Review		
Accommodations and Strategies to Support This Goal		
•		

Goals, Objectives and Accommodations		
Long Term Goal 3 By June 2019,		
Baseline Currently		
Short-Term Objectives		
1.		
Procedures for Monitoring Development		
<ul> <li>Teacher feedback</li> <li>Documentation</li> <li>Photos</li> <li>Informal assessments with collaboration from the child's team.</li> </ul>		
Objective Review		
Accommodations and Strategies to Support This Goal		
•		

Goals, Objectives and Accommodations		
Long Term Goal 4 By June 2019,		
Baseline Currently		
Short-Term Objectives		
1.		
Procedures for Monitoring Development		
<ul> <li>Teacher feedback</li> <li>Documentation</li> <li>Photos</li> <li>Informal assessments with collaboration from the child's team.</li> </ul>		
Objective Review		
Accommodations and Strategies to Support This Goal		
•		

**Early Learning Environment Accommodations** 

IPP Meeting and Attendance Signature Page		
Child's Name:	Academic Year: 2018-2019	

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			
Behaviour Specialist			

Transition Planning			
Date		Receiving Program	

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