

Play, Learn, and Grow Together

Program Unit Funding Individualized Program Plan 2020/2021

Child Information				
Child Name				
(First/Middle/Last)				
Date of Birth		Age on		
(DD/MM/YYYY)		Years/Months		
Year of ECS		Eligibility Code		

Parent(s)/Guardi	ian(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 □	Tue□	Wed□	Thu□	Fri 🗆	Start	End
Home Programming	Mon □	Tue□	Wed □	Thu 🗆	Fri 🗆	Start	End

Instructional and Programming Team				
Instructional and F	rogramming ream			
Preschool Teacher				
Certificated Teacher				
Developmental Assistant				
Speech-Language Pathologist				
Occupational Therapist				
Physiotherapist				
Psychologist				
Child Development Specialist				

Background Information				
Previous Preschools Attende	rious Preschools Attended			То
•				
•				
Family Composition and Info	ormation			
Physical/Medical Informatio	n			
	Name		Date o	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

	Specialize	d 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 Ther	apy (Initial)				
Date	Therapist	Test(s)	Results		
		Peabody Developmental Motor Scales, Second Edition (PDMS-2)			
Occupational Ther	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 2021
Baseline Currently,
Short-Term Objectives
Procedures for Monitoring Development
Teacher feedback
 Documentation Photos
Informal assessments with collaboration from the child's team.
Objective Review
Accommodations and Strategies to Support This Goal

Goals, Objectives and Accommodations
Long Term Goal 2 by June 2021
Baseline Currently,
Short-Term Objectives
Procedures for Monitoring Development
Teacher feedback
 Documentation Photos
Informal assessments with collaboration from the child's team.
Objective Review
Accommodations and Strategies to Support This Goal

Goals, Objectives and Accommodations			
Long Term Goal 3 by June 2021			
Baseline Currently,			
Short-Term Objectives			
Procedures for Monitoring Development			
 Teacher feedback Documentation Photos Informal assessments with collaboration from the child's team. 			
Objective Review			
Accommodations and Strategies to Support This Goal			
Early Learning Environment Accommodations			

Transition Planning			
Date		Receiving Program	

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