



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</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>Child Development 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>

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><b>Goal:</b> The student will demonstrate the ability to identify and describe the components of a system.</p> <p><b>Objective:</b> The student will be able to identify and describe the components of a system.</p> <p><b>Accommodations:</b> The student will be able to identify and describe the components of a system.</p>	<p><b>Goal:</b> The student will demonstrate the ability to identify and describe the components of a system.</p> <p><b>Objective:</b> The student will be able to identify and describe the components of a system.</p> <p><b>Accommodations:</b> The student will be able to identify and describe the components of a system.</p>

**Long Term Goal 4 by June 2021**

<b>Baseline</b> Currently,	
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<b>Baseline</b> Currently,	
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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	
<p>1. <b>Accommodations:</b></p> <ul style="list-style-type: none"> <li>Provide a quiet workspace for the student to work on assignments.</li> <li>Allow the student to use a calculator for math problems.</li> <li>Provide a copy of the student's notes for reference.</li> </ul>	<p>2. <b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Break down assignments into smaller, manageable tasks.</li> <li>Use visual aids to help the student understand the material.</li> <li>Provide frequent feedback and encouragement.</li> </ul>

Early Learning Environment Accommodations	
<p>1. <b>Physical Environment:</b></p> <ul style="list-style-type: none"> <li>• <b>Classroom Setup:</b> Arrange furniture to create different activity zones (e.g., reading nook, play area, quiet area).</li> <li>• <b>Lighting:</b> Use natural light when possible. Provide adjustable lighting for different activities.</li> <li>• <b>Sound:</b> Minimize background noise. Use sound-absorbing materials if needed.</li> <li>• <b>Temperature:</b> Maintain a comfortable temperature for all children.</li> <li>• <b>Accessibility:</b> Ensure the environment is accessible to all children, including those with physical disabilities.</li> </ul>	<p>2. <b>Instructional Strategies:</b></p> <ul style="list-style-type: none"> <li>• <b>Individualization:</b> Tailor instruction to meet the needs of each child.</li> <li>• <b>Small Group Instruction:</b> Use small groups to provide targeted support.</li> <li>• <b>Visual Aids:</b> Use visual aids to support learning and communication.</li> <li>• <b>Hands-on Learning:</b> Incorporate hands-on activities to engage children.</li> <li>• <b>Repetition and Practice:</b> Provide opportunities for repetition and practice.</li> </ul>

**IPP Meeting and Attendance Signature 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>Child Development Specialist</b>			

Transition Planning		
Date		Receiving Program

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