



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

Goals, Objectives and Accommodations
Long Term Goal 2 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

Goals, Objectives and Accommodations
Long Term Goal 3 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
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	
Developmental Assistant	
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	