



**KIDS
DEVELOPMENTAL
SERVICES**

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 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 | |
| Behaviour Specialist | |

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

| 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 2019, |
| Baseline Currently, |
| Short-Term Objectives |
| 1. |
| 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 |
| <ul style="list-style-type: none"> • |

| Goals, Objectives and Accommodations |
|---|
| Long Term Goal 2 By June 2019, |
| Baseline Currently |
| Short-Term Objectives |
| 1. |
| 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 |
| <ul style="list-style-type: none"> • |

| Goals, Objectives and Accommodations |
|---|
| Long Term Goal 3 By June 2019, |
| Baseline Currently |
| Short-Term Objectives |
| 1. |
| 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 |
| <ul style="list-style-type: none"> • |

| Goals, Objectives and Accommodations |
|---|
| Long Term Goal 4 By June 2019, |
| Baseline Currently |
| Short-Term Objectives |
| 1. |
| 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 |
| <ul style="list-style-type: none"> • |

| 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 | |