

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	ious Preschools Attended			То
•				
•				
Family Comments and Tark	<b>4.</b>			
Family Composition and Info	ormation			
Physical/Medical Information	on			
	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
<ul><li>Documentation</li><li>Photos</li></ul>
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
<ul><li>Documentation</li><li>Photos</li></ul>
<ul> <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 2021		
Baseline Currently,		
Short-Term Objectives		
Procedures for Monitoring Development		
Teacher feedback		
<ul><li>Documentation</li><li>Photos</li></ul>		
<ul> <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 2021		
Baseline Currently,		
Short-Term Objectives		
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:			

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			

Transition Planning			
Date		Receiving Program	

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