



# Application for Early Learning Intensive Support Pilot

Child Information					
Last Name:		First Name:		Middle Name:	
Child's Date of Birth (DD/MM/YR):					
Family Information					
Parent Name:		Parent Name:			
Address:		Address:			
City/Town:		City/Town:			
Postal Code:		Postal Code:			
Contact Information					
Home #:		Home #:			
Cell #:		Cell #:			
Work #:		Work #:			
Email:		Email:			
What is the best method to contact you?					
Neighborhood School Name:					

Background Information						
<b>*Support Services will not be contacted until a consent to contact has been signed.</b>						
<b>Please indicate the support services that your child receives and the frequency of services</b> <b>*Referral-referral has been made; awaiting appointment.</b> <b>*Report Available-a report has been completed and can be obtained for review.</b>						
						N/A
						*Referral
						Weekly
						Monthly
						Yearly
						*Report Available
Speech-Language Pathologist						
Name:		Phone/Email:				
Physical Therapist						
Name:		Phone/Email:				
Occupational Therapist						
Name:		Phone/Email:				
Psychologist						
Name:		Phone/Email:				
Hearing Specialist						
Name:		Phone/Email:				
Vision Specialist						
Name:		Phone/Email:				
Child and Youth Services						
Name:		Phone/Email:				

Autism Services Name: _____ Phone/Email: _____						
Ability in Me(AIM) Name: _____ Phone/Email: _____						
Alvin Buckwold Child Development Program/Kinsmen Children Center Wascana Rehabilitation Center Name: _____ Phone/Email: _____						
Early Childhood Intervention Program(ECIP) Name: _____ Phone/Email: _____						
Socialization, Communication and Education Program(SCEP) Agency Contact: _____						
Cognitive Disability Program Counsellor/Social Worker Agency Contact: _____						
Other(please add any other support services not listed above)						
Does your child attend a Licensed Child Care Facility?      Yes      No						
Name of Facility:						
Phone number:						
Does your child receive Enhanced Accessibility Grant funding?      Yes      No						
<b>Tell us about your child's development</b>						
Please outline the strengths and needs of your child in the following areas:						
<ul style="list-style-type: none"> <li>• Social/Emotional development (playing with other children, interacting with adults) <i>(Max. 800 characters)</i></li> </ul>						
<ul style="list-style-type: none"> <li>• Intellectual Development (talking clearly, listening, following directions, using complete sentences) <i>(Max. 800 characters)</i></li> </ul>						

• Physical development (like running and jumping, holding a crayon, catching a ball or using a spoon) (Max. 700 characters)

Mobility: Describe how your child moves from one place to another:

Scotting

Crawling

Walking

Wheelchair

Lifting required:      Yes      No      Weight of child:                      lbs./kg.

Medical Needs: (e.g., oxygen, g-tube fed, seizures, etc.) (Max. 400 characters)

Feeding Needs: (allergies, food preferences, texture preferences, etc.) (Max. 400 characters)

Visual Needs: (glasses, visual devices, braille, etc.) (Max. 400 characters)

Sensory Needs: (sounds, lighting, touch, smell, etc.) (Max. 400 characters)

Hearing Needs: (hearing aid, sign language, etc.) (Max. 400 characters)

Toileting Needs: (Max. 400 characters)

Other Needs: (Max. 400 characters)

Is there anything else you would like to share about your child and/or family? (Max. 800 characters)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date of Application

The information provided will be used for the purposes of determining your child's eligibility to participate in the Early Learning Intensive Support Pilot program and non-identifying information may be used to evaluate the pilot program.

Please send application for admission and accompanying documents to:

Pam Beaudry  
Office: 306-683-8118 Fax: 306-657-3954  
[prekilotprogram@spsd.sk.ca](mailto:prekilotprogram@spsd.sk.ca)

Following receipt of the application you will be contacted to gather additional information and discuss options for your child.

\*\*Please note that transportation is the responsibility of the family.