PRAIRIE SPIRIT SCHOOL DIVISION
Learners for Life

Application for Early Entrance and 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
***Support Services will not be contacted until a consent to contact has been signed.**

Please indicate the support services that your child receives and the frequency of services ***Referral-referral has been made; awaiting appointment.** ***Report Available-a report has been completed and can be obtained for review.**	**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

Tell us about your child's development

Please outline the strengths and needs of your child in the following areas:

- Social/Emotional development (playing with other children, interacting with adults) *(Max. 800 characters)*

- Intellectual Development (talking clearly, listening, following directions, using complete sentences) *(Max. 800 characters)*

- 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:

☐ Scooting	☐ 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 recognition of intensive needs for accessing educational programming supports and/or eligibility to participate in the Early Learning Intensive Support Pilot program. Non-identifying information may be used to evaluate the pilot program.

Please send application for admission and accompanying documents to:

Neda Wilson

neda.wilson@spiritsd.ca

Box 809 Warman, SK S0K 4S0

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