

# Application for Early Learning Intensive Support

Child Information		School Year Applying for:	
Last Name:	First Name:	Middle Name:	
Child's Date of Birth (YYYY/MM/DD):		Catholic:	Yes      No
Name of Parish:		Date Baptized:	
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?			
Neighbourhood School Name:			
School Preference:    Holy Family (N.B.)    Notre Dame (N.B.)    St. Mary (N.B.)    Rivier (Spiritwood)			

Print 1, 2 and 3 beside your school preference.

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	N/A	*Referral	Weekly	Monthly	Yearly	*Report Available
*Referral-referral has been made; awaiting appointment.						
*Report Available-a report has been completed and can be obtained for review.						
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:

Caralynn Gidych  
c.gidych@lccsd.ca

\_\_\_\_\_  
10211 - 12th Avenue  
North Battleford, SK S9A 3X5  
306-445-6158

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.