



Application for Early Learning Intensive Support Pilot

Child Information			
Last Name:	First Name:	Middle Name:	
Child's Date of Birth (DD/MM/YR):		Catholic: <input type="checkbox"/> Yes No <input type="checkbox"/>	
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:			

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: _____						
Early Childhood Intervention Program(ECIP) Name: _____ Phone/Email: _____						
<input type="checkbox"/> Alvin Buckwold Child Development Program/Kinsmen Children Center <input type="checkbox"/> Wascana Rehabilitation Center Name: _____ Phone/Email: _____						
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? <input type="checkbox"/> Yes No <input type="checkbox"/>						
Name of Facility: _____						
Phone number: _____						
Does your child receive Enhanced Accessibility Grant funding? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Tell us about your child's development						
Please outline the strengths and needs of your child in the following areas:						
<ul style="list-style-type: none"> • Social/Emotional development (playing with other children, interacting with adults) <i>(Max. 800 characters)</i> 						
<ul style="list-style-type: none"> • Intellectual Development (talking clearly, listening, following directions, using complete sentences) <i>(Max. 800 characters)</i> 						

• 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 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:

Ashley Benko

Coordinator of Student Achievement and Supports

ashley.benko@cttcs.ca

**45A Palliser Way
Yorkton SK S3N 4C5
1-306-783-8787**

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.