Inclusion Support Program
Applications - How to Apply

To prepare for a new application for funding under the Inclusion Support Program an early learning and childcare facility will need to invest some time in gathering information. Please ensure that you have read the **Inclusion Support Program Guidelines** prior to completing this application.

Before applying, consider the following steps:

- Contact your Early Learning Consultant with the Inclusion Support Program to support the completion of the application.
- Observations, reflections, and documentation on the child will be required in order to accurately complete the determination of needs.
- Review your Inclusion Policy and inclusion practices.
- Family engagement (refer to the Guidelines to learn more about helpful strategies to engage families).
- Ask parent(s)/guardian(s) to gather assessment or referral documentation (if applying for individual support).
- As required, involve other service providers to ensure their input is part of the application process and part of the planning. For example, Autism Intervention Services, Speech-Language Pathology, etc.
- Consider all of the information gathered to best determine the needs of a child and the options of inclusion support.

Process:

☐ Complete all boxes (Incomplete applications will be returned).

☐ Get parent(s)/guardian(s) to fill out Section 2 and obtain their consent to participate in the Inclusion Support Program.

☐ Determine level of need and choose either shared or individualized support option.

☐ Attach a referral letter if applying for Intensive Support (individual).

☐ Submit completed application to the Inclusion Support Program.

☐ An Early Learning Consultant for the Inclusion Support Program will contact the facility to either arrange an observation meeting, or to collect further information as required.

☐ Facilities will receive written notification of the results of the application.

☐ Facilities communicate with parent(s)/guardian(s) the result of the application process.

Section 1: Facility Information – To Be Completed By Operator

Early Learning and Childcare Facility Name:	Facility Licence #:
Facility Operator/Administrator:	Email Address:
Mailing Address:	School District:
	☐ ASD-West ☐ ASD-North ☐ ASD-East ☐ ASD-South ☐ DSF- S ☐ DSF-NO ☐ DSF- E
☐ Email: ☐ Phone Number:	☐ Cell Number:
☐ Inclusion Policy completed.	

Section 2: Child Information – To Be Completed By Parent(s)/Guardian(s)

Child First Name:	Last Name:

New Brunswick Education Number (NBEN)	

Age of Child: ☐ Preschool ☐ School Age	Date of Birth:

Does this child have a diagnosis? ☐ Yes ☐ No Nature of Diagnosis			
Referral Letter for Intensive Support:	Name of external service provider:	Date of letter:	☐ Not Applicable for Shared Support
How have you been engaged?	Check all that apply: ☐ In person meetings to discuss child's individual needs. ☐ Shared information about the Inclusion Support Program.		

Preschool Aged Children
Where applicable, identify all other service providers that are supporting this child's health or developmental needs (e.g. Autism Intervention Services, Occupational Therapy).
If the preschool child is or will be receiving onsite interventions with Autism Intervention Services (AIS) indicate how many hours per week.
When is the child's anticipated Kindergarten start date?
School Aged
Does the child currently have an Educational Assistant (EA) while attending school? ☐ Yes ☐ No
If this child has an Educational Assistant (EA) while attending school, check the type of supports provided for this child.   ☐ Behavioural Needs ☐ Medical Needs ☐ Learning and Development ☐ Other:
What level of support does this child receive while attending school? ☐ Full time one-on-one ☐ Shared support with multiple children

Determination of Needs

The Determination of Needs section must be completed for all **new applicants**. This part of the application should be completed using observation, reflection, and documentation to determine and reflect the needs of child.

Upon completion of the Determination of Needs section, use the information provided to determine which level of support to apply for funding under the Inclusion Support Program - Individualized Support or Shared Support Model that best meets the needs of the child/ren.

The three areas that should be considered when completing an application include:

1. **Safety of Self and Others**: refers to self-regulation, aggression, self-harm, flight risk, etc.

2. **Essential Medical Needs**: refers to visual, auditory, mobility, feeding, ongoing medical requirements, etc.

3. **Cognitive and Social/Emotional Needs**: refers to withdrawal, problem solving, reasoning and comprehension, receptive and expressive communication, relationships with peers/others.

Description of Terms:

None:	No additional support required for the age and developmental stages of this child. *
Intermittent:	Occasional support, guidance and/or intervention needed to actively participate in **some** of the activities, learning experiences and routines within the early learning and childcare centre.
Moderate:	Regular support, guidance and/or intervention required to actively participate in **most** of the activities, learning experiences and routines within the early learning and childcare centre.
Intensive:	High level of support, guidance and/or intervention required to actively participate in **all** the activities, learning experiences and routines within the early learning and childcare centre.

*__Age and developmental stages__ are the typical assistance and/or supervision required for the age and development of the child. For example, it is age and developmentally appropriate for an infant to require a high-level of one-on-one feeding by a caregiver. Therefore, there would be, " **No additional support required for the age and developmental stage of this child**."*

Safety of Self and Others: refers to self-regulation, aggression, self-harm, flight risk, etc.

Safety of Self and Others	Please provide details to explain:
☐ None ☐ Intermittent ☐ Moderate ☐ Intensive	

Essential Medical Needs: refers to visual, auditory, mobility, feeding, ongoing medical requirements, etc.

Essential Medical Needs	Please provide details to explain:
☐ None ☐ Intermittent ☐ Moderate ☐ Intensive	

Cognitive and Social/Emotional Needs: withdrawal, problem solving, reasoning and comprehension, receptive and expressive communication, relationships with peers/others.

Cognitive and Social/Emotional Needs	Please provide details to explain:
☐ None ☐ Intermittent ☐ Moderate ☐ Intensive	

Intensive Inclusion Support

Choose which option of inclusion support best meets the needs of the child, family and are early learning and childcare facility.

Individualized Support	Shared Support
The Individualized Support (one-on-one) is in place and reserved to support only those children with the **most** intensive needs (i.e. those with long-term complex medical conditions). Individual support allows for an Inclusion Support Worker to provide a individualized planning and strategies that addresses a child's on-going, intensive needs that require specific strategies and supports most of the time in order to be actively engaged and to fully able to participate in facility programs and routines.	The Shared Support Model allows for an Inclusion Support Worker to support multiple children (2-4) based on the individual and collective needs. The Shared Support Model provides a balanced level of support for child(ren) to meaningfully participate and is tailored to provide individual support only during certain times, activities, transitions, and routines as required.
☐ **Check this box if to apply for individual support for the child named in section 2.**	☐ **Check this box to apply for shared support for the child named in section 2.**

Individualized Support

How many hours per week will this child require Individual support? (hrs/week)
How long will this child require individual support?　☐ 3 Months　☐ 6 Months　☐ 12 months
Please indicate any anticipated changes in hours during December, March Break or Summer:

Shared Support

How many hours per week will this child require shared support? (hrs/week)

How long will child require shared support? ☐ 6 Months ☐ 12 months

Please indicate any changes in hours during December, March Break or Summer:

How many children will benefit from Shared Support?	
☐ One additional child ☐ Number of Hours: ☐ Initials of the child:	☐ Three children ☐ Number of Hours: ☐ Initials of the child:
☐ Two children ☐ Number of Hours: ☐ Initial of the child:	IMPORTANT: Please fill out separate applications for each child participating in shared support.

Parent/Guardian 1:	
Address:	
Telephone:	Email:
Preferred method of Communication: ☐ Telephone ☐ Email	
☐ Confirmation that the parent/guardian is working or attending school to determine eligibility.	
Parent/Guardian 2:	
Address:	
Telephone:	Email:
Preferred method of Communication: ☐ Telephone ☐ Email	
☐ Confirmation that the parent/guardian is working or attending school to determine eligibility.	

We, the undersigned, do hereby certify that all the information provided is true and complete to the best of our knowledge and belief.

Signature of Parent(s)/Guardian(s)	Print Name:	Date:

Informed Parental Consent for the Collection and Use of Personal Information

The personal information requested on this form is collected under the authority of, and will be used for the purpose of administering, the New Brunswick *Early Childhood Services Act*. The Department of Education and Early Childhood Development collects, uses, retains, discloses and disposes of personal information in accordance with the *Right to Information and Protection of Privacy Act* (RTIPPA), and all other applicable legislation, regulation and policy.

All information collected is to determine eligibility and level of support required for the Inclusion Support Program.

Information Collected

- Parent(s)/guardian(s) name and contact information; name and date of birth of child; level of intervention required, support needs and over all progress and information of the child who is enrolled in the Inclusion Support Program.

- To ensure your child receives appropriate support, department staff will observe your child at their early learning and childcare facility and document recommendations.

Reasons:

- To help address your child's needs in an early learning and childcare facility.

Signature of Parent(s)/Guardian(s)	Print Name:	Date:

Once this form is complete, please mail or email (a scanned version) to:

Inclusion Support Program
Department of Education and Early Childhood Development
250 King Street, Place 2000
P.O. Box 6000
Fredericton, NB E3B 5H1

If you have any questions about the Inclusion Support Program, please contact the Department of Education and Early Childhood Development.

Or, contact Early Childhood Services Early Learning Consultant for the Inclusion Support Program in your District.

Telephone: 1-833-453-6645
Email: **ISP.PAI@gnb.ca**

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