



Inclusion Support Program (ISP)

Confirmation of Participation Assessment Form

(April 1st, 2022- March 31st, 2023)

13664

Please read and refer to the Inclusion **Support Program Guidelines** before completing this application form.

To be eligible for funding renewal under the Inclusion Support Program a Confirmation of Participation Form must be completed for each child. In addition to meeting certain eligibility criteria, the Confirmation of Participation Form requires early learning and childcare facilities to meet best practices related directly to these inclusion principles: **access, participation, and support**.

All applicable sections must be completed to **confirm** continuation in the Inclusion Support Program, and to continue to receive funding for an Inclusion Support Worker.

Section 1: Facility Information - To be filled out by Operator Only

Early Learning and Childcare Facility Name:		Facility Licence #:	
Facility Operator/Administrator:		Email Address:	
Mailing Address:		School District:	
		<input type="checkbox"/> ASD-West <input type="checkbox"/> ASD-North <input type="checkbox"/> ASD-East <input type="checkbox"/> ASD-South <input type="checkbox"/> DSF-S <input type="checkbox"/> DSF-NO <input type="checkbox"/> DSF-E	
<input type="checkbox"/> Email: <input type="checkbox"/> Phone Number:		<input type="checkbox"/> Cell Number:	
<input type="checkbox"/> Inclusion Policy and Practices criteria has been completed.			
<input type="checkbox"/> Training requirements have been completed by Inclusion Support Worker who works directly with the child/ren involved in the program. The required Inclusion Support Webinars : <ul style="list-style-type: none"> • Creating and Implementing a Plan for Children with Additional Support Needs • Benefits of Inclusion in Early Childhood Environments • Best Practices for Supporting Transitions in Early Childhood Environments <i>All newly hired Inclusion Support Workers must complete these webinars within three months of their start date.</i>			
<input type="checkbox"/> Confirm that there is a Child Support Plan for the child named in Section 2. <i>Note: Child Support Plans are required for all children receiving individualized or shared support. If one is not developed, refer to the ISP Guidelines. The Early Learning Consultant with the ISP is available to provide support in developing a Child Support Plan.</i>			
Confirm Funding for the Inclusion Support Program:	<input type="checkbox"/> Individualized <input type="checkbox"/> Number of Hours:	<input type="checkbox"/> Shared <input type="checkbox"/> Number of Hours	Initials of other children receiving shared support: Child 1: Child 2: Child 3:
<input type="checkbox"/> Check this box if it is possible to shift to a shared support for the child named in Section 2. <i>Note: A completed confirmation of participation form or new application, if the child is not currently enrolled, is required for each child under the Shared Support. Contact Early Learning Consultant for more information about the shared support.</i>			

Section 2: Child Information - To be filled out by Parent(s)/Guardian(s)

Child First Name:	Last Name:
New Brunswick Education Number (NBEN)	
Age of Child: <input type="checkbox"/> Preschool <input type="checkbox"/> School Age	Date of Birth:
Does this child have a diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Diagnosis	
I have provided a referral letter from an external service provider recommending Intensive Inclusion Support (individualized or shared). <i>Note: If a referral letter is not provided or available, all Confirmation of Participation applications will have six months to update or obtain this letter.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Service Provider: Date of Referral Letter:
Where applicable, identify other service providers that are supporting your child's health or developmental needs (e.g. Autism Intervention Services, Occupational Therapy).	
Preschool Aged Children	
Anticipated Kindergarten start date:	
If the preschool child is receiving onsite intervention through Autism Intervention Services indicate how many hours per week.	
School Aged Applications Only	
If this child is school aged, do they currently have an Educational Assistant (EA) while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If this child has an Educational Assistant (EA) while attending school, check the type of supports given to the child. <input type="checkbox"/> Behavioural Needs <input type="checkbox"/> Medical Needs <input type="checkbox"/> Learning & Development <input type="checkbox"/> Other:	
What level of support does this child receive while attending school? <input type="checkbox"/> Full time one-on-one <input type="checkbox"/> Shared support with multiple children	

Parent(s)/Guardian(s) Signature - Certification of Applicants

Parent/Guardian 1:	
Address:	
Telephone:	Email:
Preferred method of Communication: <input type="checkbox"/> Telephone <input type="checkbox"/> Email	
<input type="checkbox"/> Confirmation that the parent/guardian is working or attending school to determine eligibility.	
Parent/Guardian 2:	
Address:	
Telephone:	Email:
Preferred method of Communication: <input type="checkbox"/> Telephone <input type="checkbox"/> Email	
<input type="checkbox"/> 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