

# Inclusion Support Program (ISP) Transfer Form



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

To be eligible for funding transfer under the Inclusion Support Program a Transfer Form must be completed for each child. In addition to meeting certain eligibility criteria, the Transfer 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** transfer into your facility, 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:	Early Learning Consultant Name:
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-NE
<input type="checkbox"/> Email:	
<input type="checkbox"/> Phone Number:	
<input type="checkbox"/> Cell Number:	
<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 <b>Inclusion Support Webinars and First aid &amp; CPR</b> <i>All newly hired Inclusion Support Workers must complete these Inclusion Webinars within three months of their start date.</i>	
Confirm Funding for the Inclusion Support Program: <input type="checkbox"/> Individualized <input type="checkbox"/> Share	

## 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	
<b>Individual Support Only</b>	
I have provided a referral letter from an external service provider recommending Intensive Inclusion Support (individualized).	<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. VIVA Therapeutic Services , Occupational Therapy).	
<b>Preschool Aged Children</b>	
Anticipated Kindergarten start date:	
<b>Fill in how many VIVA hours if the preschool child is receiving onsite intervention through VIVA Therapeutic Services indicate how many hours per week.</b>	
<b>School Aged Applications Only</b>	
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	



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

Parent/Guardian Name:	
Address:	
Telephone:	Email:
<input type="checkbox"/> Confirmation that the parent/guardian is working or attending school to determine eligibility.	
Parent/Guardian Name:	
Address:	
Telephone:	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.**

## 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.

### 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](mailto:ISP.PAI@gnb.ca)