Idren's Centre School Authority

School Age Program Application

Child'sLast Name			**Child's First Name**		
Gender	☐ **M**	☐ **F**	**Date of Birth (yyyy/mm/dd)**		
Medical Diagnosis (If applicable)					
Mother/Guardian Name			**Father/Guardian Name**		
Home Address			**City**	**Postal Code**	
Home Phone Number			**Cell/Work Phone Number**	**E-mail**	
Home (Community) School			**Phone Number**		
Teacher/ Resource Teacher			**School Board Affiliation**	**DSBN** ☐ **NCDSB** ☐	**Other:**
Daycare/ Preschool			**Phone Number**		
Family Physician Name			**Phone Number**		
Specialist Name			**Phone Number**		
Specialist Name			**Phone Number**		

Office Use Only

Referral Received _____ Observation/Tour _____ Referral Complete Y N

For questions/additional information please contact:

Jennifer Gibbs, Special Education Consultant, NCCSA
(905) 688-1890 ext. 232 or at
jennifer.gibbs@niagarachildrenscentre.com

Catherine Hodson, Principal, NCCSA
(905) 688-1890 extension 230 or at
catherine.hodson@niagarachildrenscentre.com

Child's Name: _____ Date of Birth: _____

FAMILY INFORMATION AND CONSENT

(Must be completed by the parent/legal guardian for all applications):

	YES	NO
A. I have seen the entire application package being submitted on behalf of my child.	☐	☐
B. I understand that members of the Admissions Committee (composed of Niagara Children's Centre School Authority Staff, and/or Niagara Children's Centre Therapists) may observe my child in their current school setting for the purpose of determining program eligibility and class placement. I consent to this observation.	☐	☐
C. Are the concerns identified by the school staff also observed at home?	☐	☐
D. Please indicate any additional concerns and/or comments.		
E. I am willing to attend assessment and/or follow-up visits at school.	☐	☐
F. I am willing to attend school therapy sessions, parent education and engagement sessions, or group sessions, if recommended as part of my child's services.	☐	☐
G. I am willing to follow through with home programming recommendations.	☐	☐

Name of Parent/Legal Guardian: _____

Signature: _____

CONSENT TO USE, SHARE and DISCLOSE PERSONAL INFORMATION

**Personal information includes personal, health and educational information*

By signing and dating below, I/We understand that this **two-way** exchange of information is to be used to inform the Full-Day Learning Program admissions process at Niagara Children's Centre School Authority (NCCSA). I/We understand that my/our child's personal information will be disclosed between organizations and this information will be held in confidence and maintained securely in accordance with Ontario's privacy law.

I/We _____

Print First and Last Name of Parent(s)/Legal Guardian(s)

Of _____ _____ _____

Street City Postal Code

Email address: _____ Phone number:_____

hereby consent to an exchange and release of information (written and verbal) between the Niagara Children's Centre School Authority and relevant staff from the following agencies:

- ☐ District School Board of Niagara
- ☐ Niagara Catholic District School Board
- ☐ Niagara Children's Centre
- ☐ School Based Rehabilitation Services (SBRS)
- ☐ Contact Niagara
- ☐ HCCSS (LHIN)
- ☐ Bethesda
- ☐ Community Living
- ☐ Niagara Support Services
- ☐ Other (Specify): _____

of the following information:

1. Sharing assessments, reports and recommendations
2. Sharing strategies that assist with daily programming
3. To schedule a school observation in conjunction with the in-school team

NCCSA Admissions Committee members may:

1. Interact and engage with your child during an observation in their classroom and/or school

In respect of: _____ _____

Name of Student Date of Birth (dd/mm/yyyy)

I understand the purpose for collecting and disclosing this information noted above. I understand consent may be revoked at any time and that if not revoked, this consent is in effect for one year. I understand that I can refuse to sign this consent.

_____ _____

Signature of Parent/Guardian Relationship to Student

Dated this _____ Day of _____, _____.

(Month) (Year)

Personal information contained in this form is collected pursuant to the Education Act and the Municipal Freedom of INformation and Protection of Privacy Act. Questions about the collection and use of this personal information should be directed to Human Resources at the Niagara Children's Centre School Authority at 905-688-1890.

niagara children's centre school
Weaving education and therapy together for student success.

PROGRAM APPLICATION

Child's Name: _____ Current Grade: _____

Students must meet the following eligibility criteria to be considered for admission:

1. Children entering our school are between the ages of 4 (by December 31st, 2024) and 21.
2. Children must reside in the Regional Municipality of Niagara.
3. The child must require a multidisciplinary team approach for academics and therapy.
4. Children must have complex needs and meet the criteria for active intervention in two or more of the following therapy areas*:

Therapy Area	Area of Need
Physiotherapy	Moderate to Severe impairment in gross motor development
Occupational Therapy	Moderate to Severe impairment in fine motor development and functional or daily living skills
Speech Language Pathology	Moderate to Severe impairment in receptive, expressive language and/or speech development
Augmentative and Alternative Communication	Exhibits face to face communication needs and/or written communication needs

* children who require speech language intervention as well as development of an alternative or augmentative communication system would be considered as having needs in 2 areas

The potential student:

- Has the ability to tolerate a full-day in a classroom setting
- Can attend to a range of activities for a short period of time
- Can participate in a shared support environment (without direct, one-to-one support for significant amounts of time)

PLACEMENT GOALS:

Please describe the rationale for this application, including identifying any goals to enhance participation in the school setting.

niagara children's centre school
Weaving education and therapy together for student success.

CURRENT EDUCATIONAL PROGRAM INFORMATION

Date Completed: _____ Completed by:_____

***NOTE: Please attach a copy of all current reports where "YES" is indicated.**

SECTION A: CURRENT EDUCATIONAL INFORMATION

	YES	NO
Student has an Individual Education Plan.	☐	☐
Student has been identified through the IPRC process. Identification: _____	☐	☐
Student receives educational assistant support.	☐	☐
If yes, details of EA Support: ☐ Shared ☐ Individual	☐ Duration _____ ☐ Frequency _____ ☐ Any additional Information:	
The following school board resources are currently involved in supporting this student:	☐ Learning Resource Teacher ☐ ABA Facilitator ☐ Central EA / Facilitator ☐ Consultant / Coordinator	☐ Board Speech Language Pathologist ☐ Social Worker / CYW ☐ Other: _____
Student is on a modified day.	☐	☐
If yes, rationale:		
Days/Times Attending (Please check all that apply):	☐ AM Only	☐ PM Only ☐ Full Day
☐ Monday ☐ Tuesday	☐ Wednesday	☐ Thursday ☐ Friday
Student has a current positive behaviour support plan.	☐	☐
Student has a current safety plan.	☐	☐

Please attach a copy of the student's current IEP, or if an IEP is not currently in place, provide a brief overview of the student's current academic skills and program areas of focus in terms of literacy and numeracy below (eg., Letter/sound recognition, decoding skills, encoding skills, counting, patterning, etc.), as well as any alternative program areas being developed.

niagara children's centre school
Weaving education and therapy together for student success.

SECTION B: CURRENT EQUIPMENT

SEA Equipment:	☐ Stander	☐ Walker	☐ Specialized Feeding
☐ Slings	☐ Transfer Belt	☐ Specialized Seating	☐ Sensory
☐ Other :			
ADP Equipment:	☐ Wheelchair	☐ Walker	☐ Orthotics
☐ AAC Device	☐ Writing Aid	☐ Other:	

SECTION C: CURRENT SBRS THERAPY INFORMATION

Discipline	Therapist's Name	Status		Report/Notes Available	
☐ **OT**		☐ Active	☐ Waitlist	☐ Yes	☐ No
☐ **PT**		☐ Active	☐ Waitlist	☐ Yes	☐ No
☐ **SLP**		☐ Active	☐ Waitlist	☐ Yes	☐ No

SECTION D: OTHER AGENCY SUPPORT/INVOLVEMENT

Agency	Provider / Contact Name	Phone Number / Email
☐ **Bethesda**		
☐ **Pathstone**		
☐ **Community Living**		
☐ **FACS**		
☐ **Blind/Low Vision Program** ☐ **VLRO**		
☐ **HCCSS**		
☐ **ABA Provider** _____		
☐ **Private Therapy Services** _____		
☐ **OTHER** _____		
Please provide additional details (Eg., days attending/receiving service, number of hours/week, etc.) for any services currently active.		

niagara children's centre school
Weaving education and therapy together for student success.

SECTION E: OTHER CONSIDERATIONS

Personal Care:	☐ Toilet Trained	☐ Not toilet trained	☐ Toilet seat/commode required
☐ Change table required	☐ Stands to change	☐ Catheterization	☐ Other
Health/Medical:	☐ Seizures	☐ Diabetic	☐ Allergies:
☐ Asthmatic	☐ Hearing Concerns	☐ Vision Concerns	☐ Other:
☐ Medication Required at school	☐ Nursing Required at school (Oxygen, Tube feeds, Suctioning, etc) Details: _____		

SECTION F: ASSESSMENTS IMPACTING LEARNING

Assessment Type	Date of Most Recent Assessment		Recommendations
☐ Vision Assessment			Followed by: _____
Wears Glasses	☐ Yes	☐ No	
☐ Hearing Assessment			Followed By: _____
Hearing Aids	☐ Yes	☐ No	
Cochlear Implants	☐ Yes	☐ No	
☐ Educational Psychology Assessment			
☐ Other _____			

niagara children's centre school
Weaving education and therapy together for student success.

SECTION G: FUNCTIONAL SKILLS

COMMUNICATION: (check any that apply)

Student requires development/revision of communication strategies for classroom participation.		☐ Yes	☐ No
Student requires trialing and prescription of equipment in the areas of:	☐ Face to Face Communication		☐ Writing Aid
Please indicate the student's current status with the AAC Clinic.	☐ Active	☐ Waitlist	☐ N/A
AAC Device	☐ Prescribed	☐ Currently being trialed	☐ N/A

Articulation (production of speech sounds)	**Comments / Additional Information:**
☐ Hoarseness ☐ Nasality ☐ Dysfluency (Stuttering)	
Receptive Language (Oral Comprehension)	
☐ Understands Oral vocabulary & directions ☐ Understands verbal messages/stories ☐ Understands Basic Concepts (spatial, quantity) ☐ Responds Appropriately to Oral Questions/Follows Directions ☐ Responds to name	
Expressive Language (Spoken Language)	
☐ Demonstrates oral grammar/sentence structure ☐ Uses appropriate vocabulary to label objects ☐ Organizes/sequences messages ☐ Is able to tell stories orally	
Conversation Skills	
☐ Initiates conversation ☐ makes/maintains Eye Contact ☐ maintains Topic ☐ takes turns	
Other	
☐ Uses a visual schedule or graphic	

niagara children's centre school
Weaving education and therapy together for student success.

SECTION G: FUNCTIONAL SKILLS

MOTOR AND SELF-HELP SKILLS (check any that apply)

Student requires development/revision of strategies for classroom participation in the areas of:			
☐ Mobility / Gross Motor Function	☐ Fine Motor Function	☐ Self-Care / Activities of Daily Living	☐ Self-regulation
Student requires trialing and prescription of equipment in the areas of:		☐ Mobility ☐ Positioning	☐ N/A
☐ Other:			

	Skill not developed	With assistance	Independent	
Gross Motor Function:				**Comments**
Sitting				
Standing				
Walking (without assistive device)				
Mobility (with assistive device)				
Exhibits protective reactions				
Balance on Indoor surfaces				
Balance on Outdoor surfaces				
Fine Motor and Self-Help Skills:				**Comments**
Bilateral Manipulation of objects				
Dressing				
Feeding				
Self-Regulation	**Always**	**Sometimes**	**Never**	**Comments**
Follows routines/teacher requests				
Aggressive towards adults				
Aggressive towards peers				
Aggressive towards self				
Throws objects				
Easily over stimulated				
Learning Readiness Skills	**Always**	**Sometimes**	**Never**	**Comments**
Interacts socially with peers				
Exhibits age appropriate play skills				
Plays with objects demonstrating their function				
Plays comfortably in a small group of children				
Attends to activity within a small group				
Transitions well between activities				
Safety Concerns:	**Always**	**Sometimes**	**Never**	**Comments**
Mouths inedible objects				
Leaves classroom without warning				
Puts self in danger				
Climbs stairs independently				
Plays safely on playground equipment				