

Student Application Form 2024-2025

Thank you for your interest in Community Options Early Childhood Services! Please note this application form is not a registration form, and is not a guarantee your child will receive an assessment or qualify for services through Community Options. Completing this application form will give us information about your child and their development, which can help us plan next steps. Next steps may include completing an assessment or registration in our program if appropriate.

Please complete this form, scan and email to ecs@communityoptions.ab.ca

PERSONAL INFORMATION

Child's full name:
(as on Birth Certificate) _____

Child's preferred name:
(if different than above) _____

Date of birth: _____ Please note children must be 3 years old by December 31 to be old enough for our services.

Gender: male female non-binary please indicate: _____

Pronouns: he/him she/her they/them please indicate: _____

Will your child be attending Kindergarten in September? YES NO

If YES, they are not eligible for our program. Please contact the school your child will be attending for access to additional supports. If NO, you may proceed with the rest of the application.

CONTACT INFORMATION

MAIN CONTACT:

Mother Father

Relationship: Foster Parent
 Kinship Care Provider
 other: _____

Full name: _____

Phone: _____

Email: _____

Please check if address is same as child's
Address: _____

City: _____

Postal code: _____

SECONDARY CONTACT:

Mother Father

Relationship: Foster Parent
 Kinship Care Provider
 other: _____

Full name: _____

Phone: _____

Email: _____

Please check if address is same as child's
Address: _____

City: _____

Postal code: _____

PARENTS/GUARDIANS

Are parents separated/divorced? YES (continue to questions below)
 NO (skip to next section)

If separated/divorced, who has custody of the child? _____

How often does each parent see the child? _____

What are legal instructions for sharing information/decision making? _____

Is the child currently in your custody through foster or kinship care?

YES (continue to questions below)
 NO (skip to next section)

What type of guardianship do you have with the child? Foster Parent
(if applicable) Kinship Care

How long has the child been in your care? _____

Case Worker Name: _____
contact information Phone: _____
(if applicable) Email: _____

What are legal instructions for sharing information/decision making?
Please provide contact information for the decision maker if not already provided.

SIBLINGS

Name: _____ Age: _____ Pronouns: _____

Name: _____ Age: _____ Pronouns: _____

Name: _____ Age: _____ Pronouns: _____

Name: _____ Age: _____ Pronouns: _____

PROGRAM INFORMATION

Is your child currently in a program: Daycare
 Preschool
 Other: _____
 None

Please note: if your child qualifies for services through Community Options they must be registered in a licensed daycare or preschool in September 2024.

Program name: _____

Days and time of attendance: _____
(include specific days and times of day)

What date did your child start at this program? _____

Contact person: _____ Teacher(s): _____

Phone: _____ Email: _____

Address: _____
(including city & postal code):

Any other important information: _____

Will your child be registered in a different program in September? YES NO

If your child is enrolled with another PUF provider (e.g., ABC Headstart, EPSB, 100 Voices, Seden Centre, etc), Community Options cannot also provide supports.

PAST ASSESSMENTS

In order to determine if your child qualifies to receive funding for our services, they must have an assessment completed that confirms their diagnosis and fits the eligibility criteria set by Alberta Education. If your child has not had an assessment completed after March 1, 2024, or did not receive a report with a diagnosis, we may have to complete a new assessment.

Note: If your child has a medical diagnosis, we do not require an additional assessment. Please provide documentation from your child's physician that confirms their diagnosis.

Has your child completed any professional assessments in the last year?

YES NO

If YES, who did you see? *(complete all that apply)*

Speech Language Pathologist

Alberta Health Services

School Board

when? _____

Private

Other: _____

PAST ASSESSMENTS (continued)

Occupational Therapist

Alberta Health Services

School Board

when? _____

Private

Other: _____

Psychologist

Elm Tree Clinic

CASA

when? _____

Private

Other: _____

Audiologist

Alberta Health Services

when? _____

Private

Other: _____

Diagnosis:

(if provided) _____

Please provide us with a copy of any assessment reports.

We will review assessment reports to determine if they fit the eligibility criteria or determine the need to complete additional assessment

Do you have any professional assessments scheduled through another organization?

(e.g., ABC Headstart, Over the Rainbow, Seden Centre, etc)

YES NO

Note: Having an assessment completed through another organization will not prevent your child from registering with Community Options, as we can accept reports from them if your child qualifies.

Is your child currently on the Infant and Preschool Assessment Services (IPAS) Clinic waitlist at the Glenrose Rehabilitation Hospital?

YES NO NOT YET, but will be referred by a doctor

If YES, please provide us with a copy of the waitlist confirmation.

LANGUAGE

The following questions will ask about the language(s) you speak at home. If you speak multiple languages at home other than English, we will ask you more questions about how you use English and how often you speak each language. This is to give us more information about what your child's language abilities are, and is especially helpful for the Speech Language Pathologists to understand how best to support your child's language development in any language they are learning. Questions are taken from the Alberta Language and Environment Questionnaire (ALEQ).

Primary language(s) spoken in the home: _____

The following questions are to be answered if English is not the only language in the home

When was your child first exposed to English (e.g., Birth, age 2, etc.): _____

Where does your child hear English (e.g., TV, daycare, home, etc.): _____

What language does your child understand best? _____

What language does your child speak most? _____

Circle one number on the rating scale for the following questions:

HL = Home Language

How well does the MAIN CONTACT speak/understand English?	1: not fluent in English <small>no understanding or speaking ability</small>	2: limited fluency in English <small>some understanding & can say short, simple sentences</small>	3: somewhat fluent in English <small>can talk about myself, my family, my home</small>	4: quite fluent in English <small>very good understanding, can speak in work & new situations</small>	5: very fluent in English <small>understand almost everything, comfortable with English in all situations</small>
How well does the SECONDARY CONTACT speak/understand English?	1: not fluent in English <small>no understanding or speaking ability</small>	2: limited fluency in English <small>some understanding & can say short, simple sentences</small>	3: somewhat fluent in English <small>can talk about myself, my family, my home</small>	4: quite fluent in English <small>very good understanding, can speak in work & new situations</small>	5: very fluent in English <small>understand almost everything, comfortable with English in all situations</small>
What language does the MAIN CONTACT speak to the child?	1: mainly/only home language (HL) <small>English: 0-20% HL: 80-100%</small>	2: usually HL/English sometimes <small>English: 30% HL: 70%</small>	3: HL & English equally <small>English: 50% HL: 50%</small>	4: usually English/HL sometimes <small>English: 70% HL: 30%</small>	5: mainly/only English <small>English: 80-100% HL: 0-20%</small>
What language does the child speak to the MAIN CONTACT?	1: mainly/only home language (HL) <small>English: 0-20% HL: 80-100%</small>	2: usually HL/English sometimes <small>English: 30% HL: 70%</small>	3: HL & English equally <small>English: 50% HL: 50%</small>	4: usually English/HL sometimes <small>English: 70% HL: 30%</small>	5: mainly/only English <small>English: 80-100% HL: 0-20%</small>
What language does the SECONDARY CONTACT speak to the child?	1: mainly/only home language (HL) <small>English: 0-20% HL: 80-100%</small>	2: usually HL/English sometimes <small>English: 30% HL: 70%</small>	3: HL & English equally <small>English: 50% HL: 50%</small>	4: usually English/HL sometimes <small>English: 70% HL: 30%</small>	5: mainly/only English <small>English: 80-100% HL: 0-20%</small>
What language does the child speak to the SECONDARY CONTACT?	1: mainly/only home language (HL) <small>English: 0-20% HL: 80-100%</small>	2: usually HL/English sometimes <small>English: 30% HL: 70%</small>	3: HL & English equally <small>English: 50% HL: 50%</small>	4: usually English/HL sometimes <small>English: 70% HL: 30%</small>	5: mainly/only English <small>English: 80-100% HL: 0-20%</small>

LANGUAGE (continued)

Are there any other adults living in the home? If so, who? _____

If there are other adults in the home, what language(s) do they speak to the child?	1: mainly/only home language (HL) English: 0-20% HL: 80-100%	2: usually HL/English sometimes English: 30% HL: 70%	3: HL & English equally English: 50% HL: 50%	4: usually English/HL sometimes English: 70% HL: 30%	5: mainly/only English English: 80-100% HL: 0-20%
What language(s) does the child speak to them?	1: mainly/only home language (HL) English: 0-20% HL: 80-100%	2: usually HL/English sometimes English: 30% HL: 70%	3: HL & English equally English: 50% HL: 50%	4: usually English/HL sometimes English: 70% HL: 30%	5: mainly/only English English: 80-100% HL: 0-20%

SIBLINGS

What language(s) do the siblings speak to the child?	1: mainly/only home language (HL) English: 0-20% HL: 80-100%	2: usually HL/English sometimes English: 30% HL: 70%	3: HL & English equally English: 50% HL: 50%	4: usually English/HL sometimes English: 70% HL: 30%	5: mainly/only English English: 80-100% HL: 0-20%
What language(s) does the child speak to them?	1: mainly/only home language (HL) English: 0-20% HL: 80-100%	2: usually HL/English sometimes English: 30% HL: 70%	3: HL & English equally English: 50% HL: 50%	4: usually English/HL sometimes English: 70% HL: 30%	5: mainly/only English English: 80-100% HL: 0-20%

DEVELOPMENTAL CONCERNS

The following questions will ask you to describe some of your concerns and indicate any risk factors for your child's development. This is to help us understand your child and plan next steps.

Stressful life events experienced by children can have a profound effect on their development. Has your child or family experienced any stressful events? Please provide any details you are comfortable sharing.

Are you concerned that your child has difficulties in any of the following areas?

If so, please provide a brief explanation beside any concerns that are checked off.

- Toileting: _____
- Feeding: _____
- Sleeping: _____
- Fine Motor Skills: _____
Smaller movements including holding utensils, holding a pencil, etc
- How your child moves their body: _____
Big movements like running, jumping, walking up/down stairs, etc
- Challenging Behaviour: _____
Behaviours such as frequent meltdowns, hitting, throwing objects, etc
- Social Skills: _____
How your child interacts with other adults and children

Please provide the name and contact information for any relevant professionals who have worked with your child.

Name: _____

Role: _____

Contact Information: _____

This consent to obtain and share information is valid from date of intake until August 31, 2025.

CONSENT FOR ASSESSMENT SERVICES 2024

Screening and assessments may be offered to children with developmental concerns that may qualify for Program Unit Funding (PUF) in the 2024-2025 school year. Assessment may involve observing and interacting with your child in play, completing one-on-one assessment tasks, asking families additional questions, asking educational staff questions about their concerns. Assessments may be offered at your child's current daycare or preschool program, at the Community Options offices, or virtually over Zoom.

Providing consent does not guarantee your child will receive an assessment or that your child will qualify for Community Options services.

I, _____ give consent for my child, _____
(Parent/guardian name) (Child's name)

to receive the following assessment services as recommended or provided by Community Options:

- Speech and Language Assessment
- Occupational Therapy Assessment
- Physical Therapy Assessment

_____ I give consent for my child to be assessed at their daycare/preschool program.
Initial

_____ I give consent for my child to participate in one-on-one assessment tasks with the Community Options team. (This may involve pulling your child out of their classroom to a quiet area of their daycare or preschool program.)
Initial

CONSENT TO COLLECTION, USE, AND DISCLOSURE OF PERSONAL AND HEALTH INFORMATION

I consent to the collection, use, and disclosure of my child's personal and health information and records in the course of the assessment and treatment of my child, including the collection of information and records from other health care professionals or organizations.

_____ I consent to disclose to employees of Community Options, persons contracted by Community Options, and any other health professionals caring for my child.
Initial

I understand that this consent is provided to employees of Community Options and any persons contracted by Community Options to provide assessment, screening and treatment services required. I understand that my consent is voluntary and effective upon signing of this document. I understand that my consent is only valid in relation to the disclosed assessment or treatment activities, and that I can revoke my consent at any time. I declare that I have read this consent or that this consent has been read and explained to me, and I fully understand the same.

_____ *Initial*

