

# Student Application Form 2024-2025

Thank you for your interest in Community Options Early Childhood Services! Please note this application form is <u>not a registration form</u>, 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:<br>(as on Birth Certificate)   |   |  |  |
|---|---|--|--|
| Child's preferred name:<br>(if different than above)  |   |  |  |
| Date of birth: Please note children must be 3 years old by<br>December 31 to be old enough for our servic   |   |  |  |
| Gender: male female non-binar   | ry 🗌 please indicate:   |  |  |
| Pronouns: he/him she/her they   | ı∕them □please indicate:  |  |  |
| Will your child be attending Kindergarte<br>If YES, they are not eligible for our program. Please<br>access to additional supports. If NO, you may proc | e contact the school your child will be attending for                                       |  |  |
|   | NFORMATION  |  |  |
| MAIN CONTACT:<br>Mother Father<br>Foster Parent<br>Kinship Care Provider  | SECONDARY CONTACT:<br>Mother Father<br>Relationship: Foster Parent<br>Kinship Care Provider |  |  |
| Full name:  | other:<br>Full name:  |  |  |
| Phone:  | Phone:  |  |  |
| Email:  | Email:  |  |  |
| Please check if address is same as child's Address:   | Please check if address is same as child's Address:   |  |  |
| City:   | City:   |  |  |
| Postal code:  | Postal code:  |  |  |

|   | PAREN               | ITS/GUARDIA         | INS  |
|---|---------------------|---------------------|--|
| Are parents separate                    | ed/divorced?        |                     | ntinue to questions below)<br>to next section) |
| If separated/divorce                    | d, who has cust     | ody of the chi      | ld?  |
| How often does each                     | n parent see the    | child?              |  |
| What are legal instru                   | ctions for shari    | ng informatior      | n/decision making?                             |
|   |                     |                     |  |
|   |                     |                     |  |
| Is the child currently                  | in your custody     | -                   | ·  |
|   |                     |                     | tinue to questions below)<br>to next section)  |
| What type of guardia<br>(if applicable) | anship do you ha    | ave with the c      | hild? 🗌 Foster Parent<br>🗌 Kinship Care        |
| How long has the chi                    | ld been in your     | care?               |  |
| Case Worker<br>contact information      | Name:               |                     |  |
| (if applicable)                         | Phone:              |                     |  |
|   | Email:              |                     |  |
| What are legal instru                   |                     |                     |  |
| Please provide contact in               | formation for the a | lecision maker if i | not already provided.                          |
|   |                     |                     |  |
|   |                     |                     |  |
|   |                     |                     |  |
|   | S                   | IBLINGS             |  |
| Name:                                   |                     |                     | Pronouns:                                      |
| Name:                                   |                     | Age:                | Pronouns:<br>Pronouns:                         |
|   |                     | Age:<br>Age:        |  |

|   | PROGRAM INFORMATION  |
|---|--|
| Is your child currently in a program:               | Daycare Preschool Other: None  |
|   | qualifies for services through Community Options they must be registered reschool in September 2024.           |
| Program name:                                       |  |
| Days and time of atte<br>(include specific days and | ndance:  |
| Contact person:                                     |  |
| Phone:  |  |
| Address:  |  |
| (including city & postal co                         |  |
| Any other important i                               | information:   |
| Will your child be reg                              | istered in a different program in September? 🗌 YES 🗌 NO  |
| -   | th another PUF provider (e.g., ABC Headstart, EPSB, 100 Voices, Seden<br>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.

<u>Note</u>: 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 ASSESSME  | NTS (continued)  |
|--|--|
| <ul> <li>Occupational Therapist</li> <li>Alberta Health Services</li> <li>School Board</li> <li>Private</li> <li>Other:</li> </ul> | when?  |
| <ul> <li>Psychologist</li> <li>Elm Tree Clinic</li> <li>CASA</li> <li>Private</li> <li>Other:</li> </ul>                           | when?  |
| <ul> <li>Audiologist</li> <li>Alberta Health Services</li> <li>Private</li> <li>Other:</li> </ul>                                  | when?  |
| Diagnosis:<br>( <i>if provided</i> ) ————————————————————————————————————  |  |
| We will review assessment reports to determine if<br>need to complete additional assessment  |  |
| Do you have any professional assessmen<br>(e.g., ABC Headstart, Over the Rainbow, Seden Ce   | ts scheduled through another organization<br>entre, etc)   |
| Note: Having an assessment completed through a registering with Community Options, as we can ac                                    | nother organization will not prevent your child from<br>ccept reports from them if your child qualifies. |
| Is your child currently on the Infant and F<br>waitlist at the Glenrose Rehabilitation Ho  | Preschool Assessment Services (IPAS) Clini<br>spital?  |
| YES NO NOT YET, but will be re   |  |
| If YES, <u>please provide us with a copy of t</u>  | <u>he waitlist confirmation.</u>   |

### 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 <u>understand</u> best? \_\_\_\_\_

What language does your child <u>speak</u> most?

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

HL = Home Language

| How well does the<br>MAIN CONTACT speak/<br>understand English?        | English<br>no understanding or sc                                    | 2: limited fluency<br>in English<br>ome understanding & can<br>y short, simple sentences | 3: somewhat<br>fluent in English<br>can talk about myself,<br>my family, my home | 4: quite fluent in<br>English<br>very good understanding,<br>can speak in work & new<br>situations | 5: very fluent in<br>English<br>understand almost everything,<br>comfortable with English in all<br>situations |
|--|--|--|--|--|--|
| How well does the<br>SECONDARY CONTACT<br>speak/understand<br>English? | English<br>no understanding or sc                                    | 2: limited fluency<br>in English<br>ome understanding & can<br>y short, simple sentences | 3: somewhat<br>fluent in English<br>can talk about myself,<br>my family, my home | 4: quite fluent in<br>English<br>very good understanding,<br>can speak in work & new<br>situations | 5: very fluent in<br>English<br>understand almost everything,<br>comfortable with English in all<br>situations |
| What language does the<br>MAIN CONTACT speak<br>to the child?          | 1: mainly/only ho<br>language (HL)<br>English: 0-20%<br>HL: 80-100%  | 5  | times equally  | y HL sometii<br>0% English: 70   | mes English<br>% English: 80-100%  |
| What language does<br>the child speak to the<br>MAIN CONTACT?          | 1: mainly/only hou<br>language (HL)<br>English: 0-20%<br>HL: 80-100% | 5  | times equally  | y HL sometir<br>0% English: 70   | mes English<br>% English: 80-100%  |
| What language does the<br>SECONDARY CONTACT<br>speak to the child?     | 1: mainly/only ho<br>language (HL)<br>English: 0-20%<br>HL: 80-100%  | 5  | times equally  | y HL sometii<br>0% English: 70   | mes English<br>% English: 80-100%  |
| What language does<br>the child speak to the<br>SECONDARY<br>CONTACT?  | 1: mainly/only ho<br>language (HL)<br>English: 0-20%<br>HL: 80-100%  | •  | times equall   | y HL sometii<br>0% English: 70   | mes English<br>0% English: 80-100%   |

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

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

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:  |  |
|---|--|
| Eeding:   |  |
| Sleeping:   |  |
| <b>Fine Motor Skills:</b><br>Smaller movements including ho | lding utensils, holding a pencil, etc            |
| Big movements like running, jur                             | neir body:<br>nping, walking up/down stairs, etc |
| Challenging Behaviour:_ Behaviours such as frequent me      | Itdowns, hitting, throwing objects, etc          |
| Social Skills:<br>How your child interacts with oth         | ner adults and children                          |

| DEVELOPMEN  |        | ICERNS (cont         | inued)   |         |
|---|--------|----------------------|----------|---------|
| Social/Emotional Developmen<br>How your child manages their emotions a              |        | S                    |          |         |
| Safety:   |        |                      |          |         |
| Communication:<br>How your child understands and uses land                          | guage  |                      |          |         |
| How much of what your child says do you understand?                                 | 0-25%  | 25-50%               | ☐ 50-75% | 75-100% |
| Are there any sounds your child h<br>difficulty saying? If so, what soun            |        |                      |          |         |
| Has your child had their hearing t  | ested? | ] No<br>] Yes, when? |          |         |
| Is there any family history of developmental delays?                                |        |                      |          |         |
| (e.g., speech, language, learning difficulties, A<br>Additional comments or concern |        | D/ADD, hearing loss  | s, etc)  |         |
|   | ··     |                      |          |         |

## CONSENT

Once we review your application, our next steps may include contacting other professionals who work with your child, contacting your child's daycare or preschool program, and completing screening or assessment. In order to do this, we need your permission/consent. Consent must be provided by the legal decision maker for the child. If you are a foster guardian or kinship guardian, please check who is able to provide consent for these services. You may withdraw your consent at any time.

## CONSENT TO SHARE OR RECEIVE INFORMATION REGARDING STUDENT

This may be verbal reports, strategies, written reports, Individual Program Plans, or assessments. To understand your main concerns, determine the need for assessment, complete an assessment, and determine whether your child qualifies for services, we will need to communicate and share information with your child's current educational site staff, past service providers, doctors, specialists, and anyone else who may have relevant information about your child's development.

#### I give permission for Community Options to access and/or share relevant information from or with the staff from my child's educational site as well as the following professionals.

#### Initial

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

| Name:  |                |  |  |  |
|--------|----------------|--|--|--|
| Role:  |                |  |  |  |
| Contac | t Information: |  |  |  |

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, \_\_\_\_\_\_ (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 participate in one-on-one assessment tasks with the Community Options team. (This may involve pulling your child out of their

Initial

classroom to a quiet area of their daycare or preschool program.)

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

| Initial | <ul> <li>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.</li> <li>I consent to disclose to employees of Community Options, persons contracted by Community Options, and any other health professionals caring for my child.</li> </ul>  |
|---------|--|
| Initial | I understand that this consent is provided to employees of Community Options and<br>any persons contracted by Community Options to provide assessment, screening<br>and treatment services required. I understand that my consent is voluntary and<br>effective upon signing of this document. I understand that my consent is only valid<br>in relation to the disclosed assessment or treatment activities, and that I can revoke<br>my consent at any time. I declare that I have read this consent or that this consent<br>has been read and explained to me, and I fully understand the same. |

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

#### CONSENT TO COLLECTION, USE, AND DISCLOSURE OF INFORMATION (continued)

I understand that my child's personal and health information is confidential. However, Alberta's Health Information Act provides limited and specific circumstances where information may be shared, such as risks of harm to the health or safety of myself or my child, or risks of imminent danger to any member of my household.

This consent is valid from date of intake until August 31, 2025.

### **CONSENT FOR AUDIO RECORDING**

During assessment therapists may take audio recordings of your child speaking with the therapist. These recordings will be for the sole purpose of gathering information for the assessment (e.g., Recording a language sample for the SLP to review while writing a report), and will not be shared with anyone other than the assessment team. Recordings will be deleted as soon as the therapist has reviewed the recording and gathered the information needed for their report.

Please select and initial.

Initial

|         | 🗌 Yes |
|---------|-------|
|         | 🗌 No  |
| Initial |       |

I give consent for my child to be audio recorded for the purposes mentioned above.

This consent is valid from date of intake until August 31, 2025.

Parent/guardian signature

Date

We require a copy of your child's assessment or diagnosis from a qualified professional to be able to access funding for your child and provide support services.

Alberta Education also requires us to have a copy of your child's Birth Certificate and citizenship documents on file.

# Please note: your child's registration into our program will be on hold until full documentation is received.

Please email, fax, or mail to Community Options 12122 68 St NW Edmonton, AB T5B 1R1 ecs@communityoptions.ab.ca fax: 780-482-7758

#### Please provide: • Copy of birth certificate or citizenship status is included with registration

Any assessments pertaining to your child's development are included with registration

If your child was assessed by Community Options, we will already have a copy of your child's assessment report on file.