GREATER SASKATOON CATHOLIC SCHOOLS

Application for Early Learning Intensive Support Pilot

Child Information		
Last Name:	First Name:	Middle Name:
Child's Date of Birth (DD/MM/YR):		Catholic: Yes No
Name of Parish:	Date Baptized:	

Family Information			
Parent Name:		Parent Name:	
Address:		Address:	
City/Town:		City/Town:	
Postal Code:		Postal Code:	
Contact Information			
Home #:		Home #:	
Cell #:		Cell #:	
Work #:		Work #:	
Email:		Email:	
What is the best method to contact you?			
Neighborhood School Name:			
Do you have any other school aged children If so, which school do they attend?			

Background Information

***Support Services will not be contacted until a consent to contact has been signed.**

Please indicate the support services that your child receives and the frequency of services ***Referral-**referral has been made; awaiting appointment. ***Report Available-**a report has been completed and can be obtained for review.		N/A	*Referral	Weekly	Monthly	Yearly	*Report Available
Speech-Language Pathologist Name:	Phone/Email:						
Physical Therapist Name:	Phone/Email:						
Occupational Therapist Name:	Phone/Email:						
Psychologist Name:	Phone/Email:						
Hearing Specialist Name:	Phone/Email:						

Vision Specialist Name: Phone/Email:						
Child and Youth Services Name: Phone/Email:						
Autism Services Name: Phone/Email:						
Ability in Me(AIM) Name: Phone/Email:						
Alvin Buckwold Child Development Program/Kinsmen Children Center Wascana Rehabilitation Center Name: Phone/Email:						
Early Childhood Intervention Program(ECIP) Name: Phone/Email:						
Socialization, Communication and Education Program(SCEP) Agency Contact:						
Cognitive Disability Program						
Counsellor/Social Worker Agency Contact:						
Other(please add any other support services not listed above)						

Does your child attend a Licensed Child Care Facility? Yes No
Name of Facility:
Phone number:

Does your child receive Enhanced Accessibility Grant funding? Yes No

Tell us about your child's development

Please outline the strengths and needs of your child in the following areas:

• Social/Emotional development (playing with other children, interacting with adults) *(Max. 800 characters)*

• Intellectual Development (talking clearly, listening, following directions, using complete sentences) *(Max. 800 characters)*

• Physical development (like running and jumping, holding a crayon, catching a ball or using a spoon) *(Max. 700 characters)*

Mobility: Describe how your child moves from one place to another:

Scooting	Crawling
Walking	Wheelchair
Lifting required: Yes No	Weight of child: lbs./kg.

Medical Needs*: (e.g., oxygen, g-tube fed, seizures, etc.) (Max. 400 characters)*

Feeding Needs: *(allergies, food preferences, texture preferences, etc.) (Max. 400 characters)*

Visual Needs*: (glasses, visual devices, braille, etc.) (Max. 400 characters)*

Sensory Needs: *(sounds, lighting, touch, smell, etc.) (Max. 400 characters)*

Hearing Needs*: (hearing aid, sign language, etc.) (Max. 400 characters)*

Toileting Needs*: (Max. 400 characters)*

Other Needs*: (Max. 400 characters)*

Is there anything else you would like to share about your child and/or family? *(Max. 800 characters)*

Signature of Parent ____________________ Date of Application ____________________

The information provided will be used for the purposes of determining your child's eligibility to participate in the Early Learning Intensive Support Pilot program and non-identifying information may be used to evaluate the pilot program.

Please send application for admission and accompanying documents to:

Student Services Team
studentservicesadmin@gscs.ca 420-22nd Street East SASKATOON SK S7K 1X3 Phone: 306-659-7047
Fax: 306-659-2010

Following receipt of the application you will be contacted to gather additional information and discuss options for your child.

**Please note that transportation is the responsibility of the family.