



## Individualized Support Plan

### Policy

Ultimate School Agers (USA) will ensure that an updated individualized support plan (ISP) is in place for each child with special needs enrolled and will ensure that the program of the child care centre is structured so that it will accommodate the individual support plan of each child with special needs while ensuring that the program is inclusive of all children.

### Procedure

1. A child with special needs is defined by the Child Care and Early Years Act. Reg. 137/15, Part 1;1(1) as “means a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child”.
2. If a special need is identified during the course of enrollment or during the child’s tenure with USA, the parent/guardian will be informed about the USA individualized Support plan policy.
3. If the Parent/guardian’s verbal agreement, the ISP process will be initiated.
4. If the parent/guardian does not consent to have an ISP in place, the parent/guardian will sign the “Consent for the refusal to the development of an individual Support Plan.” This will be housed in the child’s records and the parents’ rights will be respected.
5. In preparation for the ISP Meeting, the designated RECE and Supervisor and/or Program Director will review available records, program observations and documentations to identify the child’s needs. This information will be shared with the ISP team at the meeting.
6. A meeting will be scheduled with the parent/guardian. An invitation to attend the meeting, with parental consent, will be provided to any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan. (Reg. 52(2)).
7. The parent/guardian, in conjunction with USA staff, will complete the initial ISP form.
8. The plan will include (as per Reg. 52(1)):
  - a) A description of how USA will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of USA.
  - b) A description of any support or aids, or adaptations or other modifications to the physical, social, and learning environment that are necessary to achieve clause (a); and this may include but is not limited to environmental supports (physical space, programming activities, and transitions, staffing supports (training, attitudes and perceptions) and skill building (supervision, mentoring, modelling)
  - c) Instructions relating to the child’s use of the supports or aids referred to in clause (b) or, if necessary, the child’s use of or interaction with the adapted or modified environment
9. The plan will be signed by the parent/guardian of the child to indicate their participation in the plan.
10. Plans will be reviewed by the Director at the next site visit, if not in attendance at the initial meeting.
11. The plan will be housed in the child’s file as per USA’s record keeping policy.
12. The strategies identified on the plan will be imbedded into the room programming, information from the plan may be utilized in documentation posted in the room without identifying information.
13. If requested, a copy of the plan may be provided to a service provider with parent/guardian written consent.
14. The plan will be reviewed at (1) month and (6) months from the date of the ISP Planning meeting for every child that is 0-3.8 years of age. All Kindergarten/School Age ISP’s will be reviewed as required, but no less than annually and will involve the school age child, when deemed appropriate.
15. USA staff will implement the individualized support plan of each child with special needs.

Please see the Parent Handbook and Program Statement for more information on USA’s Inclusion Policy.



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Consent For the **REFUSAL** to the Development of an Individualized Support Plan

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2. The plan will include (as per Reg. 52(1)):

d) A description of how USA will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of USA.

e) A description of any support or aids, or adaptations or other modifications to the physical, social, and learning environment that are necessary to achieve clause (a); and

This may include but is not limited to environmental supports (physical space, programming activities, and transitions, staffing supports (training, attitudes and perceptions) and skill building (supervision, mentoring, modelling)

f) Instructions relating to the child’s use of the supports or aids referred to in clause (b) or, if necessary, the child’s use of or interaction with the adapted or modified environment.

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I/We \_\_\_\_\_ have read the above information and **DECLINE** the  
 (Name of parent/guardian/individual)  
 development of an individualized Support Plan for my child \_\_\_\_\_.  
 (Name of Child)

\_\_\_\_\_  
(Signature of parent/guardian/individual)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature on behalf of Ultimate School Agers)

\_\_\_\_\_  
Date



Individualized Support Plan

**Authorization for Release of Information**

I (we) \_\_\_\_\_ of \_\_\_\_\_  
(Parent/Guardian Name) (Address)

**CONSENT** to the disclosure, transmittal, or examination of information in regard to developmental concerns regarding  
\_\_\_\_\_  
(Child's Name) (Date of Birth)

I/We hereby authorize communication between personnel of

\_\_\_\_\_  
(Name of Child Care Centre)

\_\_\_\_\_  
(Name of Agency/Individual)

The purpose of this disclosure is to assist in the development and well-being of the above named child in the inclusion  
program at \_\_\_\_\_.  
(Name of Child Care Centre)

Once the child has been withdrawn from the centre, this authorization becomes null and void.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
Date



Individualized Support Plan

## Early Learning Individual Support Plan

Child's Name		Date of Birth	
Caregiver's Name(s)			
RECE's Name		Supervisor's Name	
Date of Plan/Revisions			
Who Participated? (Staff and Agency Name)			

### Child's Profile:

Child's Strengths and Interests	Areas the team wants to focus on



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# Early Learning Individual Support Plan

Area of Developmental Focus	Goal Pertaining to child's area of need	Possible activities/ routine and/or equipment to support focus area/ developmental growth	How to use supports or aids	Who will be involved

## **Information Sheet Regarding Consent for Collection and Sharing of Personal Information**

### **What is the purpose of this Information Sheet?**

This information sheet will help you understand why you are being asked to provide consent for information about your child to be shared by the early learning program and Durham's Special Needs Resourcing (SNR) agencies.

### **Why are you asking for this consent?**

To provide the best service possible, early learning agencies will collect and use information about your child and your family. We only collect the information we need to provide the best service for your child and family, and we strive to ensure all records are accurate and complete. Agencies are required by law to protect any information you share.

To support your child and family, early learning programs may request that Special Needs Resourcing Services within the Durham Region work collaboratively to provide coordinated care and services to your child. This consent allows the sharing of necessary information between the early learning program your child attends and Special Needs Resourcing agencies that will be working with your child.

### **What information will be collected?**

The personal health information that could be collected and used may include your child's name, address, birth date, health history, assessment information, records of visits/meetings, information about your family and information about the supports and services you use or have used in the past. We will make sure you know what information is being collected/documented. At your request, we will provide you with access to the information in your record.

### **How will my child's personal health information be shared?**

To ensure the best support to your child, with your permission we will share information with specified SNR Agencies in order to access that service for your child. We will make sure you know why and with whom your information is being shared. If you do not consent to sharing information, we will respect your decision.

Before you give permission to collect, use, share and store your personal health information, we will talk to you about the following:

- What information is being collected, used, shared and stored.
- Why information is being collected, used, shared and stored.
- How information is being collected, used, shared and stored and with whom.
- That you may choose to give, withhold, withdraw or place limits on the consent you provide.

- That you may change your mind, at any time.
- The potential positive and negative consequences of giving, withholding, withdrawing or limiting consent.

To make the best decisions regarding consent, you will be given as much information as possible. We encourage you to ask questions about how your child or youth service providers will use and protect your family's information.

**What are the benefits of sharing information across agencies?**

Sharing of information allows for ease of accessing services from each SNR agency. It also reduces the need for you to provide information about your child's circumstances, copies of identification and other records multiple times.

**Where will my child's information be stored?**

Your early learning provider and SNR agencies have policies regarding the collection and secure storage of information about your child and family. Each provider/agency will share with you specific information about collection, storage and utilization of your information.

**Who can I contact if I have questions or change my mind about giving consent?**

You may ask questions, limit or withdraw this consent at any time by contacting the early learning program and agencies you have agreed to share information with:

Grandview Children's Centre – Privacy Officer, 905-728-1673 ext. 2259

Resources for Exceptional Children and Youth – Bev Cummins, Manager, Special Needs Resourcing, 905-427-8862 or 1-800-968-0066 ext. 357

Infant and Child Development – Susan Mace, 905-668-7711 ext. 2971

Durham Behaviour Management Services – Children Service Division general line, 1-800-387-0642

## Consent for Collection and Sharing of Personal Information

I/We \_\_\_\_\_  
am/are

(names of all guardians)

the custodial guardian(s) of the child named below. By signing below, I am acknowledging that I am authorized to make decisions for and to share information regarding the child named below and that there is no known opposition to the provision of services from any other authorized party.

I authorize the sharing of information between the following organizations as indicated below:

Special Needs Resourcing Support team, as identified by my initials:	Initial for Yes
Early Learning Program (add name)	
Durham Behaviour Management Services	
Grandview Children's Centre	
Infant and Child Development – Durham Region	
Resources for Exceptional Children and Youth	

### Regarding:

Child's Name	
Child's DOB	
Address	

I understand that in the event of joint custody, I am responsible to share relevant information with all other guardians named on this consent.

I understand that personal information and personal health information that is relevant to the service to be provided will be collected, recorded, stored and used by those Special Needs Resourcing agencies that make up my Early Learning team as noted above, and their respective staff and agents.



I consent to the ongoing use and disclosure of relevant personal information to and from the identified organizations as necessary to provide coordinated care and services.

I understand that it is my responsibility to notify my child’s early learning and child care centre of any changes to the above information. I also understand that this authorization shall remain in effect until I provide notice of change, or until the client is discharged from services.

**Consent Provided by:**

\_\_\_\_\_  
Name of parent/guardian                      Signature of parent/guardian                      Date (DD/MM/YYYY)

\_\_\_\_\_  
Name of parent/guardian                      Signature of parent/guardian                      Date (DD/MM/YYYY)

\_\_\_\_\_  
Signature of witness                      Name of witness and agency                      Date (DD/MM/YYYY)

**Notice with Respect to the Collection of Personal Information and Personal Health Information**

Personal information is collected under the authority of the Child and Family Services Act, The Child Care and Early Years Act, Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, for the purposes of providing ongoing care and coordinated services from Special Needs Resourcing agencies. For more information, or to discuss any concerns you may have, please contact your agency.

**This authorization may be rescinded or amended in writing at any time.**



If you require this information in an accessible format, please contact 1-800-387-0642.