

Appendix B: Transition Planning Form

TRANSITION PLANNING DEMOGRAPHICS

Name of Child _____

Date of Birth _____ Gender _____

MET # _____ PHIN # (9 digits) _____
(Assigned by Manitoba Education and Advanced Learning)

Parent or Legal Guardian/Agency _____
(For children in care of Child and Family Services, additional information is required. See page 41)

Primary Home Address _____

Phone _____ Fax _____

Cell/Mobile _____ Email _____

Form completed by _____

Date completed _____

TRANSITION PLANNING QUESTIONNAIRE

The purpose of the following questionnaire is to help school staff understand your child's abilities and needs, to support a smooth and positive transition into Kindergarten. Please share what you feel is important for the school to know. Include information that may affect the safety of your child in the school environment.

A. THE CHILD AND FAMILY/GUARDIANS

Tell us about your family (structure, culture, anything else the school would need to know).

What language is most commonly spoken at home?



Tell us about your child (strengths, needs, anything else the school would need to know).

Describe your child's goals and successes.

What are your hopes and priorities for your child?

B. PLAY

PLAY PREFERENCES

Does your child enjoy playing with other children his or her age?

How would you describe your child's play when around other children? (ex: alone, beside, together, etc.)

Does your child participate in imaginary play?

What are your child's favourite games/activities/toys? Describe any special talents or interests, your child may have.

How does your child respond to a new toy or game?

Does your child use technology? How?

INTERACTIONS AND RELATIONSHIPS

How does your child interact with adults during play?

How does your child interact with peers (children of the same age) during play?

Describe a play scenario that is typical of your child's interactions with peers (children of the same age).

Describe your child's friendships.

DECISION-MAKING/MAKING CHOICES

Describe your child's ability to make play choices (ex: who to play with, what to play with, where to play; with/without assistance).

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc., that are effective to support your child in this particular area.

C. COGNITIVE/CONCEPTS

Please outline the strengths and needs of your child in this area.

Would you say your child is interested in books and the meaning of written words?

Describe your child's ability to handle objects, such as books and toys, in the manner intended.

Describe your child's ability to recognize letters, numbers, neighbourhood signs and symbols.

Describe your child's attempts to write his/her name and/or letters and numbers.

Describe your child's special interests or skills in areas such as arts, athletics, reading, writing, mathematics or any other areas.

Describe your child's ability to understand and talk about the shape, size, (big/little) and location (behind, in front) of objects, and quantities (some, most, all).

How do you think your child learns best (ex: listening, watching, etc.)?

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support your child in this particular area.

D. COMMUNICATION

Please outline the strengths and needs of your child in this area.

PRIMARY LANGUAGE AND/OR MODE OF COMMUNICATION

- Speech
 - ASL (American Sign Language)
 - AAC (Assistive Augmentative Communication)
 - Other _____
-

RECEPTIVE

Describe your child's ability to understand language. For example, listening to a story; following one-step, two-step, three-step directions for familiar activities.

EXPRESSIVE

Does your child put several words together to share an idea or story? Are those words spoken clearly and generally understood by most listeners?

Describe your child's ability to ask questions and ask for help when needed. What does your child say to ask:

- for a drink or food _____
- to go outside _____
- for help _____
- to use the bathroom _____

Describe your child's ability to begin a conversation with an adult and to respond in a conversation started by an adult. Does your child talk about daily experiences and routines (ex: bathtime, shopping, lunch).

Describe your child's ability to communicate with same-age peers during play. What does your child say to the play partners?

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support your child in this particular area.

E. SELF-HELP

Please outline the strengths and needs of your child in this area.

EATING

Describe your child's ability to eat a prepared lunch independently and keep her/his eating area fairly clean (ex: open containers, open lunch bag, serve self cereal, etc.).

GROOMING

Describe your child's ability to wash and dry hands independently, wipe own nose, etc.

DRESSING

Describe your child's ability to dress and use fasteners such as buttons, snaps and zippers.

TOILETING

Is your child independent in using the washroom most of the time?

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support your child in this particular area.

F. MOBILITY

Please outline the strengths and needs of your child in this area.

GROSS MOTOR

Describe your child's ability to move around and between spaces or rooms and to avoid tripping over or running into objects.

Describe your child's ability to play with balls (throw, kick), to climb (on outdoor/indoor climbing equipment), to walk on balance beams, and to crawl through tunnels or other small spaces.

Describe specialized equipment used and/or equipment you anticipate using.

FINE MOTOR

Describe your child's ability to hold a pencil, crayon or paint brush.

Describe your child's ability to use scissors.

Describe your child's ability to use other small items (ex: Lego, Connex, stringing beads, train tracks, puzzles, etc.)

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support your child in this particular area.

G. SENSORY

Please outline the strengths and needs of your child in this area.

VISION

Vision is within normal range. If not, please explain.

HEARING

Hearing is within normal range. If not, please explain.

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support your child in this particular area.

H. SENSORY PROCESSING ABILITIES

Please outline the strengths and needs of your child in this area.

Has your child ever received a formal sensory profile? If yes, please explain.

TACTILE

Does your child have difficulty touching or playing with certain items (ex: play dough, finger paint, sand, water)?

Does your child have difficulty being touched?

LIGHTING

Describe if/how light affects your child (ex: bright sunlight, fluorescent and other)?

NOISE LEVEL

Describe your child's ability to cope with loud noises and noisy environments.

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support your child in this particular area.

I. SOCIAL/EMOTIONAL/BEHAVIOURAL

Please outline the strengths and needs of your child in this area.

Describe your child's typical demeanor/manner (ex: quiet/withdrawn, shy, loud, busy, aggressive, throws tantrums, self-harming, etc.)

SELF-REGULATION

Describe your child's behaviour when he/she is happy or excited.

Describe your child's ability to sit still for a reasonable amount of time.

Describe your child's behaviour when she/he is frustrated or upset.

Describe your child's ability to self-soothe (comfort him/herself) or be soothed (be comforted) when frustrated or upset. What does your child do to calm down? What do you do to help your child calm down?

Describe your child's ability to take on a task or activity (ex: listening to a story, following through on a task, take turns, wait for a turn).

TRANSITIONS

Describe how your child is able to handle transitions/shifts (ex: going from one activity/event to another).

Describe how your child is able to handle changes in expected routines or in the environment (ex: unfamiliar adult, location of furnishings/play centres).

BEHAVIOUR

Describe your child's ability to get along with and respect other children. Does your child use words or actions to change play or to engage adults/peers?

Describe any of your child's behaviours that concern you or other members of your family or other caregivers.

Describe triggers that affect your child's behaviour (ex: things that set him/her off).

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support your child in this particular area.

Examples:

- Pre-warning before transitions/shifts are going to take place
- Storytelling (social stories)
- Sensory tools (ex: "chewelry", chewies, fidget toys, noise-reduction ear muffs, sensory brush, etc.)
- Other (please explain)

J. HEALTH, SAFETY AND WELL-BEING

Please outline the strengths and needs of your child in this area.

Identify any safety concerns (playgrounds, park, walking, bus).

Describe your child's level of alertness/tiredness at different times of the day and his/her ability to participate in activities at that time. Explain any other tendencies related to the time of day.

Do you have any concerns about your child's sleep patterns?

Is there any information that the school should know about your child's history?

Has your child received a specific diagnosis? If so, please explain.

MENTAL HEALTH

Describe stressors (things that cause stress) that affect your child's health, safety and/or well-being.

Does your child have any particular fears? If so, what are they?

Describe strategies, prompts, interventions, equipment, environmental adaptations, tone of voice, etc. that are effective to support this child in this particular area.

K. HEALTH CARE NEEDS

Check the most appropriate item(s). Add comments, if necessary.

No health care interventions

Needs help to perform specific health care interventions during school hours; please describe.

Needs one or more of the following health care routines, performed by a non-health care professional who receives training and monitoring by a registered nurse (*Unified Referral Intake System [URIS] Group B*)

clean, intermittent (not constant) catheterization

gastronomy care, feeding and medication

emptying an ostomy bag and/or changing an established appliance

suctioning (oral and nasal)

responding to seizures when specific skills are required

assistance with blood glucose monitoring, requiring specific action (based on results)

responding to low blood sugar emergencies

administration of pre-set oxygen

administration of adrenaline auto-injector

other health care routines required by the child and approved by URIS (please explain).

- Requires complex medical procedures that must be performed by a registered nurse when apart from his/her family (*URIS Group A*)
 - ventilator care
 - tracheostomy care
 - suctioning (trachea/pharyngeal)
 - nasogastric tube care and/or feeding
 - complex administration of medication (ex: via infusion pump, nasogastric tube or injection (other than Auto-injector))
 - central or peripheral venous line intervention
 - other clinical interventions requiring judgements and decision-making by a medical or nursing professional

Please provide information about any services/supports your child is currently receiving.

MEDICAL

Primary Physician/Pediatrician _____

Phone _____ Email _____

Address _____ Postal Code _____

Medical Specialist(s) _____

Phone _____ Email _____

Address _____ Postal Code _____

Child Development Clinic _____

Phone _____ Email _____

Address _____ Postal Code _____

CHILDREN'S disABILITY SERVICES

Child Development Counsellor/Worker _____

Phone _____ Email _____

Address _____ Postal Code _____

Family Services Worker/Community Services Worker _____

Phone _____ Email _____

Address _____ Postal Code _____

Behaviour Psychology Services _____

Phone _____ Email _____

Address _____ Postal Code _____

CHILD CARE

Child Care Centre/Nursery School/Family Child Care Provider _____

Phone _____ Email _____

Address _____ Postal Code _____

Child Care Behaviour Specialist _____

Phone _____ Email _____

Address _____ Postal Code _____

OTHER SUPPORTS AND SERVICES

Speech-Language Pathologist _____

Agency _____

Phone _____ Email _____

Address _____ Postal Code _____

Occupational Therapist (OT) _____

Agency _____

Phone _____ Email _____

Address _____ Postal Code _____

Physiotherapist (PT) _____

Agency _____

Phone _____ Email _____

Address _____ Postal Code _____

**Society for Manitobans with Disabilities
(SMD) (Preschool Outreach) Contact** _____

Phone _____ Email _____

Address _____ Postal Code _____

Rehabilitation Centre for Children Contact _____

Phone _____ Email _____

Address _____ Postal Code _____

Autism Outreach Contact _____

Phone _____ Email _____

Address _____ Postal Code _____

Fetal Alcohol Spectrum Disorder (FASD) Services Contact _____

Phone _____ Email _____

Address _____ Postal Code _____

CNIB Contact _____

Phone _____ Email _____

Address _____ Postal Code _____

St. Amant Contact _____

Phone _____ Email _____

Address _____ Postal Code _____

Other Name/Agency _____

Phone _____ Email _____

Address _____ Postal Code _____

Service Coordination Consent for Sharing and Releasing Personal Information and/or Personal Health Information

Section 1: Purpose of the Consent

I consent to the sharing of my child's personal information and/or personal health information among the agencies I've listed below in Section 3. The purpose of sharing information is to allow service providers from each agency to discuss my child's situation and develop a plan that will support my child's transition to Kindergarten.

Section 2: Confidentiality

I understand that the information will be on a need-to-know basis only. It is also my understanding that each of the participating agencies will maintain confidentiality over the information in accordance with standard agency policies, legislation such as *The Freedom of Information and Protection of Privacy Act (FIPPA)*, *The Personal Health Information Act (PHIA)* and other applicable legislation.

Section 3: Organizations/Agencies Included in the Planning Process

Please specify organization/agency (ex: Manitoba Family Services, Winnipeg Regional Health Authority), program (ex: Home Care) within each organization/agency and name of service provider:

Name of Organization/Agency	Program	Service Provider's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 4: Expiration of Consent

This consent shall start on the date that I sign this form and **will automatically end one year later**. I know that I can withdraw my consent or make changes to it at any time by contacting **the school principal**. I also understand that none of the organizations/agencies can share my child's personal information or personal health information after one year, without obtaining another consent from me (unless required by law).

Section 5: Questions

If you have any questions about how your child's personal information is being used, please discuss your concerns with your school principal.

Print Name of Parent _____

Signature of Parent _____ Date Signed _____

Child and Family Services Information

If the child is in the care of Child and Family Services, please complete the following.

CHILD AND FAMILY SERVICES STATUS

Voluntary Placement Agreement

_____ (Date)

Voluntary Surrender of Guardianship

_____ (Date)

Extension of Care

_____ (Date)

Apprehension

_____ (Date)

Supervision Order

_____ (Date)

Temporary Order of Guardianship to

_____ (Date)

Permanent Order of Guardianship to

_____ (Date)

Expected length of placement
(emergency or longer-term)

APPROVAL FOR CONTACT

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

PLEASE CHECK OFF THE RELEVANT AUTHORITY

- General Child and Family Services Authority
- Southern First Nations Network of Care
- First Nations of Northern Manitoba Child and Family Services Authority
- Metis Child and Family Services Authority

Legal Guardian (parent or Agency name) _____

Mailing Address _____

Phone Number _____ Fax Number _____

Email _____

Child and Family Services Worker Name / Agency Name

Worker _____

Agency _____

Office Phone _____ Mobile _____

Fax Number _____ Email _____

Foster Parent(s) Name(s) _____

Phone Number _____ Email _____

Mailing Address _____

Residential Care Facility (organization name/location/contact person)

Organization _____

Contact person _____ Email _____

Mailing Address _____

Phone Number _____ Fax Number _____