



## Section C – Plan/Strategies for Safety

Document the strategies to be used and the training plan to address the behaviours related to **safety** issues.

<b>WHAT IS THE ISSUE/NEED?</b> (specify behaviour that results in a safety issue)	<b>WHAT STRATEGIES ARE YOU CURRENTLY USING?</b> (be specific)	<b>WHAT IS THE PLAN OF ACTION?</b> (be specific)	<b>DURING WHAT SPECIFIC TIMES OR ROUTINES IS SUPPORT REQUIRED?</b>
Examples: -bites other children/staff -runs out of classroom & playground	Examples: -redirection -provide sensory integration/fidget kit -close doors and gates -visual supports (STOP signs)	Examples: -Autism training for staff -rotate staff in room for 1 to 1 support during transitions	Examples: -free play time 9 to 10 a.m. -play time -outdoor time

**Section C – Plan/Strategies for Mobility**

Document the strategies to be used and the training plan to address the special need(s) related to **mobility** issues.

<b>WHAT IS THE SPECIAL NEED?</b> <small>(that results in a mobility issue)</small>	<b>WHAT STRATEGIES ARE YOU CURRENTLY USING?</b> <small>(be specific)</small>	<b>WHAT IS THE PLAN OF ACTION?</b> <small>(be specific)</small>	<b>DURING WHAT SPECIFIC TIMES OR ROUTINES IS SUPPORT REQUIRED?</b>
Examples: -child is immobile; other children walk over child -child has visual impairment; a lot of stairs in program	Examples: -child is positioned in a safe area of the room -closely monitored -child's hand is held when using the stairs	Examples: -research strategies, assisted devices, etc. that will support the child with table tasks and floor activities -rotate staff to implement and practice stair climbing exercise	Examples: -free play time -transitions

**Section C – Plan/Strategies for Health**

Document the strategies to be used and the training plan to address the special need(s) related to **health** issues.

<b>WHAT IS THE SPECIAL NEED?</b> <small>(that results in a health issue)</small>	<b>WHAT STRATEGIES ARE YOU CURRENTLY USING?</b> <small>(be specific)</small>	<b>WHAT IS THE PLAN OF ACTION?</b> <small>(be specific)</small>	<b>WHAT SPECIFIC TIMES, ROUTINES OR SUPPORT ARE REQUIRED?</b>
Examples: -choking at mealtimes -child has seizures	Examples: -child sits beside teacher -encouraged to take small bites of food -monitor and observe; implement seizure management techniques	Examples: -encouraged to eat a little bit at a time -OT consultation -First Aid training for Enhanced Funding Worker/all staff	Examples: -meal and snack times -ongoing

## Section D – Community Supports

1. Document all support services currently involved with the child.

Agency Name	Contact Person	Phone Number	Level of Service

2. List past and future training opportunities for staff to support inclusive practices.

Type of Training	Date of Training	Number of Staff Involved

3. Existing supports and resources MUST already have been investigated before applying for funds. List all of your contacts/attempts.

Agency Name	Contact Person	Phone Number	Dates of Contact

## Section E – Enhanced Funding Request

Please check applicable funding period:    January to June       July to December

Funding Start Date: \_\_\_\_\_ Funding End Date: \_\_\_\_\_

Total # of days for funding period (add # of days from start to end dates): \_\_\_\_\_

Total hours required per day:    Mon     Tues     Wed     Thurs     Fri     Alt. Fri

Is extra support required on PA days/school breaks?    Yes    Number of Hours: \_\_\_\_\_     No

