

# Preschool Outreach Program (POP) Referral Package

## About the Preschool Outreach Program (POP)

POP supports licensed early learning environments by providing inclusive programs for children. Children attending a licensed early learning environment in the Durham region a minimum of two days/week with a developmental need identified by the child care provider are eligible for services from the program.

Child's name:	Date of birth:	Gender:
Child care name and location:	Date of questionnaire:	
Days/times in program:	At child care centre since:	
Outside and lunch times:	Classroom:	
Educator (name/title):	Email:	
Medical concerns/information (e.g., diagnosis, medications, allergies, etc.):		

## For parents/caregivers:

The educators have discussed their concerns and need for support with me. I have reviewed this document and consent to a referral to the Preschool Outreach Program.

<b>Printed name</b>	
<b>Date</b>	
<b>Address</b>	
<b>Phone number</b>	
<b>Signature</b>	

## Preschool Outreach Program (POP) Referral Package

### Criteria

- The client attends daycare a minimum of two days a week Yes  No
- The client has a developmental need identified Yes  No
- An Early Learning Inclusion Consultant has been made aware of concerns and discussed supports Yes  No
- The client has an Individual Support Plan Yes  No

### Reason(s) for referral including main area(s) of concern and areas where requiring support:

Explain:

### What strategies have been tried or are currently in place?

Explain:

### Do the areas of concern impact child's participation in program activities or their socialization?

Yes  No

Explain:

### Is there any other relevant information (e.g., upcoming transition to a new room, etc.)?

Explain:

### Other agencies providing support:

- Resources for Exceptional Children & Youth
- Durham Behaviour Management
- Infant and Child Development
- Other (please list): \_\_\_\_\_



# Preschool Outreach Program (POP) Referral Package

Please share concerns in the chart below and indicate if support is being requested.

Area of development	Details of concern
<p><b>Pre-Language and Social Communication</b></p> <ul style="list-style-type: none"> <li>• The child's ability to communicate and connect with others, including:</li> <li>• initiating interactions with adults and peers</li> <li>• eye contact, joint attention, response to name</li> <li>• turn-taking in a balanced interaction</li> <li>• imitation</li> <li>• attending/listening to others</li> </ul>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Speech/Articulation</b></p> <ul style="list-style-type: none"> <li>• How well do you and other adults understand the child?</li> <li>• Do their peers understand the child? Is their speech clear?</li> <li>• Are they clearer in single words than in sentences?</li> <li>• Examples of sound errors?</li> </ul>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Play skills</b></p> <p>How does the child play with others?</p> <ul style="list-style-type: none"> <li>• parallel, interactive, cooperative How does the child play with toys?</li> <li>• variety of toys</li> <li>• functional play, pretend play</li> <li>• atypical play (lining up spinning, attention to small parts, clutching)</li> </ul>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Behaviour</b></p> <ul style="list-style-type: none"> <li>• Is the child shy, withdrawn, compliant, easily frustrated, aggressive, other?</li> <li>• How is the child's attention span?</li> <li>• Does the child transition easily?</li> </ul>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>

# Preschool Outreach Program (POP) Referral Package

Please share concerns in the chart below and indicate if support is being requested.

Area of development	Details of concern
<p><b>Routines/Transitions</b>            How does the child do with routines?            • Lunch/group activities, toileting, dressing            How does the child do with transitions?            • Between rooms, tidy up, drop off</p>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Feeding</b>            Any feeding difficulties, including:            • chewing/swallowing            • (gagging/choking)/drooling            • picky eater/refuses to eat            • sensitive to certain textures, smells, etc.            • self-feeding (spoon, fork, cup) spilling?</p>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Fine Motor</b>            Describe the child's ability to:            • grasp small/thin items            • use a crayon/marker            • do puzzles            • shape sorters            • cut with scissors</p>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Sensory</b>            Describe the child's tolerance for:            • noise, lights, smells            • movement            • different textures (clothing, play, food)            How is the child's balance?</p>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Self-Care</b>            Describe the child's independence with:            • dressing            • undressing            • hand washing            • toileting</p>	          Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Preschool Outreach Program (POP) Referral Package

**Please share concerns in the chart below and indicate if support is being requested.**

Area of development	Details of concern
<p><b>Gross Motor</b> Describe concerns with the child's:</p> <ul style="list-style-type: none"> <li>walking</li> <li>running</li> <li>climbing</li> <li>sitting</li> </ul> <p>Is any equipment currently being used?</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Support requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	



**For Grandview Kids' Service Navigation Team only:**

**POP-OT**      
 **POP-PT**      
 **POP-SLP**

## **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
Name of Early Learning Program: _____ (add name)	
Durham Behaviour Management Services	
Grandview Children's Centre	
Infant and Child Development – Durham Region	
ELI -Early Learning Inclusion Consultant (from RFE CY)	

### Regarding:

<b>Child's Name</b>	
<b>Child's DOB</b>	
<b>Address:</b>	
<b>Parent Phone Number:</b>	

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