

## CIRCLE OF CARE TREATMENT PLAN FOR LEVEL III EBD FUNDING APPLICATION

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### **Date of Application:**

#### **1. Identifying Information:**

Student name:

Birth date:

Grade:

Gender:

Caregivers: [may include parents, foster parents, special placement, group home]

School division/district:

School:

Agencies and personnel involved: [CCAMH; Family Services; Youth Justice]

Legal status: [permanent ward, temporary ward, voluntary placement, court pending, living with parents]

#### **2. Description of Concerning Emotional/Behavioural Problems:**

Specify the student's behavioural/emotional problems, how they endanger self/others, their persistence over time, and their pervasiveness in the student's environments at home, at school, and in the community.

#### **3. Development and Function of Student's Emotional/Behavioural Problems:**

In this section the multisystem team details the developmental context in which the child learned the current emotional/behavioural coping style.

The team summarizes those relevant events, including experiences with caregivers, family dynamics, trauma, and any significant occurrences that may account for the student's present coping style and the factors that maintain and drive present behaviours.

#### **4. Diagnostic Information:**

Summarize formal diagnostic information completed to date by school clinicians, social services and health personnel, identifying critical factors to be considered in developing the multisystem (Circle of Care) plan.

Information related only to school planning is provided in the Individual Education Plan (IEP).

#### **5. Summary of School Performance:**

This information should be provided in the student's IEP.

## 6. Identification of Treatment/Educational Goals

**Treatment (Shared Service) Goals** include:

List the goals in order of priority, keeping in mind that these goals direct caregiver's interventions in each of the student's living/learning environments

**Note:** These are **not** "goals" for the student (e.g., they are not student specific outcomes), they are goals for the systems to coordinate and direct their interventions.

**Educational Goals** are included in the student's I.E.P.

## 7. Proposed Multisystem Treatment/Educational Plan:

**Treatment Plan** (Circle of Care): See attached Circle of Care Plan

**Safety Plan:** See Attached

**Educational Plan:** See I.E.P.

## 8. Case Management Process:

- Identify the team members for the school and each of the other service systems involved.
- Identify services provided by each of the service systems to implement the multisystem education/treatment plan.
- Identify the case manager for both the school and other service systems.
- Outline how the services provided by the multisystem team will be coordinated and evaluated.

## 9. Implementation Costs:

Detailed school division/district costs of implementing the school component of the multisystem education/treatment plan are attached.

Check here if the attendance information, parent/legal guardian and administrator signatures, and signed consent form requested below are already included in an attached funding application form.

**Note school attendance for previous 12 months and reasons for absences. If student has not been attending full time in the school, please attach attendance sheet indicating full and part-time days in school, arrangements and services for out-of-school periods, and plan for full time re-entry into school.**

*Days attended / Total days possible for the [specify which school year(s)] school year(s). Reasons are given for absence if the student has been out of school for more than 20% or clarification of the present plan if they are not in school at this time.*

**I certify that the above information is true and accurate.**

\_\_\_\_\_  
Student Services Administrator

\_\_\_\_\_  
Principal

Date:

Date:

I have been involved in a multisystem planning process for my child and agree to the proposed plan and funding application to Manitoba Education, Training and Youth.

\_\_\_\_\_  
Parent/Legal Guardian

Date:

## NOTICE TO AND CONSENT ABOUT PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION

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### I UNDERSTAND THAT:

- The school division, school district or private school is collecting personal information and personal health information about my child and needs to share this information with Manitoba Education, Training and Youth, in order for the Department of Manitoba Education, Training and Youth to determine whether the Applicant is eligible to receive funding and the level of that funding respecting me, under the Government of Manitoba's Special Needs Categorical Funding.
- Personal information is being collected by the Applicant under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act of Manitoba*. My personal health information is being collected by the Applicant under the authority of subsection 13(1) of *The Personal Health Information Act of Manitoba*.
- Any other disclosure of personal information or personal health information about me by a school division or school district must be authorized under *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.
- Any other collection or use of my personal information and personal health information by the Department of Manitoba Education, Training and Youth must be authorized under *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.
- Personal information and personal health information about me which is being collected by the Applicant is protected by *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.

I CONSENT to the collection, disclosure and use of my child's personal information and personal health information.

\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date

I CONSENT to the collection, disclosure and use of my child's personal information and personal health information.

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Student

\_\_\_\_\_

Date

<p>If you have any questions about the collection of my personal information or personal health information by the Applicant, please contact the school division's Assistant Superintendent of Student Services.</p>
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