

No current social/emotional concerns.

If there are social/emotional concerns, please describe:

Description	Frequency

The above concerns are evident across living/learning environments.

Please describe resources/interventions/support staff/specialized equipment identified in the student's plan to address needs in this domain:

IV. Self-Management

Age-appropriate self-management skills (as outlined below)

If not, describe current functioning in the relevant area(s):

i. Eating

ii. Grooming

iii. Dressing

iv. Toileting

v. Other self-management concerns (e.g., safety)

Please describe resources/interventions/support staff/specialized equipment identified in the student's plan to address needs in this domain:

V. Special Health Care Needs

No special health care needs

If there are special health care needs, please describe:

Please describe resources/interventions/support staff/specialized equipment identified in the student's plan to address needs in this domain:

VI. Motor Skills

Age-appropriate motor skills.

If not, please describe:

i. Gross Motor Skills/Mobility:

ii. Fine Motor Skills:

Please describe resources/interventions/support staff/specialized equipment identified in the student's plan to address needs in this domain:

VII. Sensory

i. Vision

Vision within normal range.

If not, please describe:

ii. Hearing

Hearing within normal range.

If not, please describe and attach a recent audiogram:

iii. Other sensory needs – Please describe:

Please describe resources/interventions/support staff/specialized equipment identified in the student's plan to address needs in this domain:

VIII. Behaviour

No behaviours that are dangerous to self or others.

If there are concerns, please describe behaviour that is dangerous to self and/or others:

Behaviour Description	Frequency of Behaviour

The above or similar behaviours are evident across living/learning environments.

Also include 2 or 3 recent examples of the most serious/violent behaviours including: date, precipitating incident (if known), specific behaviour and outcome or impact of violence.

In the team’s opinion, state the relevant life experiences and/or other factors underlying or causing the identified behaviours:

Please describe resources/interventions/support staff/specialized equipment identified in the student’s plan to address needs in this domain:

IX. Additional Student Information

Other relevant student information:

2. RESULTS OF MOST RECENT FORMAL DIAGNOSIS/ASSESSMENT

Date	Professional (name and title)	Results of Diagnosis/Assessment

3. ATTENDANCE

Days Attended	
Days Possible	
Percentage (highlight, press F9 to refresh)	%

If days attended are less than 70% of days possible, please give reasons and a detailed plan to improve attendance:

If daily programming provided is less than a full day, please give reasons and a detailed plan to increase to a full programming day:

I certify that the information contained in this application is true and accurate.

Student Services Administrator

Principal

Date: _____

Date: _____

NOTE: LEVEL III COSTS ARE NOT REQUIRED TO BE REPORTED UNLESS THE APPLICATION IS EITHER URIS GROUP A OR EBD III.

**NOTICE TO and CONSENT about PERSONAL INFORMATION
and PERSONAL HEALTH INFORMATION**

I UNDERSTAND THAT:

- the school division or private school (the "Applicant") is collecting personal information and personal health information about _____ and needs to share this information in a funding application with Manitoba Education, Citizenship and Youth, to determine funding eligibility on the basis of this application, under the Government of Manitoba's Special Needs Categorical Funding (Level II and III), pursuant to regulations under the Public Schools Act.
- only personal information reasonably necessary to support it's request for funding 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. 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 by a school division 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 personal information and personal health information by the Department of Manitoba Education, Citizenship and Youth must be authorized under *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.
- Manitoba Education, Citizenship and Youth will not disclose the personal information or personal health information provided in the application without my consent, unless the disclosure is authorized under *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.
- this personal information and personal health information which is being collected by the Applicant for the submission to Manitoba Education, Citizenship and Youth is protected by *The Freedom of Information and Protection of Privacy Act* or *The Personal Health Information Act*.

On behalf of my minor age child/ward,
I CONSENT to the collection, disclosure and use of my child's personal information and personal health information for purposes and under the conditions noted above.
I HAVE BEEN INVOLVED in an individual planning process for above named child and agree to the proposed plan and funding application to Manitoba Education, Citizenship and Youth.

 ___ Parent ___ Legal Guardian

 Date

I am 18 years of age or older and,
I CONSENT to the collection, disclosure and use of my personal information and personal health information for purposes and under the conditions noted above.
I HAVE BEEN INVOLVED in an individual planning process and agree to the proposed plan and funding application to Manitoba Education, Citizenship and Youth.

 ___ Student

 Date

**Please refer questions to: Student Services Administrator - Funding Process/Application
 Freedom of Information & Protection of Privacy Coordinator - About this consent form.**