



Inclusive Child Care Program

PROGRAM REQUEST FOR SUPPORT

(Program staff completed. Should accompany Referral Form)

Child's Name: _____ Date: _____

Primary Staff: _____
(please print)

DEVELOPMENTAL OBSERVATIONS

Attention/Memory Skills Development: (how the child responds to visual and auditory information)

appears to be age-appropriate

appears to need additional support: _____

Gross Motor Skills: (refers to the ability to control and coordinate the large muscles of the body)

appears to be age-appropriate

appears to need additional support: _____

Fine Motor Skills: (hand/finger movements including puzzles, coloring, etc.)

appears to be age-appropriate

appears to need additional support: _____

Speech and Language Skills: (how the child communicates his wants/needs)

appears to be age-appropriate

appears to need additional support: _____

Self-Help Skills: (things the child does to promote independence)

appears to be age-appropriate

appears to need additional support: _____

Social / Emotional Skills: (how the child relates to adults and other children)

appears to be age-appropriate

appears to need additional support: _____

If the child is being referred due to behavioural concerns, provide examples of the behaviors impacting their success in your child care program. (Attach extra page if necessary)

Is this child is at risk of losing their placement with your program due to behavioral concerns? No Yes

If yes, has parent been made aware their child's placement is at risk? No Yes

Primary Staff Signature(s): _____

Program Supervisor Signature: _____
(if applicable)