

Application for *Children Communicating, Connecting and in Community Pilot*

Child Information			
Last Name:	First Name:	Middle Name:	
Child's Date of Birth (Day/Month/Year):			
Is your child deaf or hard of hearing? Yes No			
If yes, please attach a copy of the audiology report.			
If not, please explain the connection to the deaf and hard of hearing community.			
Family Information			
Parent Name:		Parent Name:	
Address:		Address:	
City/Town:		City/Town:	
Postal Code:		Postal Code:	
Contact Information			
Home #:		Home #:	
Cell #:		Cell #:	
Work #:		Work #:	
Email:		Email:	
What is the best method to contact you?			
Neighbourhood School Name (Where are you planning to have your child attend Kindergarten?):			
Are you able to arrange transportation for your child to and from the program? Yes No <i>Please note that transportation is not provided and is the responsibility of the family.</i>			

Background Information						
*Support Services will not be contacted until a consent to contact has been signed.						
Please indicate the support services that your child receives and the frequency of services	N/A	*Referral	Weekly	Monthly	Yearly	*Report Available
*Referral-referral has been made; awaiting appointment.						
*Report Available-a report has been completed and can be obtained for review.						
Speech-Language Pathologist (SLP) Name: _____ Phone/Email: _____						
Audiologist Name: _____ Phone/Email: _____						
Audio-Verbal Therapist Name: _____ Phone/Email: _____						
Early Childhood Intervention Program (ECIP) Name: _____ Phone/Email: _____						
Other support services (Physical Therapist, Occupational Therapist, Vision Specialist, Child and Youth Services, Autism Services Wascana Rehabilitation Center, Alvin Buckwold Child Development Program, etc.) Name: _____ Phone/Email: _____						
Name: _____ Phone/Email: _____						
Name: _____ Phone/Email: _____						
Name: _____ Phone/Email: _____						
Name: _____ Phone/Email: _____						
Name: _____ Phone/Email: _____						
Name: _____ Phone/Email: _____						
Name: _____ Phone/Email: _____						
Child Care Information						
Does your child attend a licensed child care centre/home? Yes No						
If yes, does your child receive Enhanced Accessibility (EA) Grant funding? Yes No						
Name of Child Care Facility: _____						
Phone number: _____						

Tell us about your child's development

Please outline the strengths and needs of your child in the following areas:

- Social/Emotional development (*playing with other children, interacting with adults, ability to identify and express emotions*) (Max. 1000 characters)
- Intellectual Development (*following directions, problem solving, creativity, anticipating, curiosity*) (Max. 1000 characters)
- Communication Needs: (*communication modality - sign language or oral, use of hearing aids or cochlear implants, describe scope of hearing loss, understanding of language etc.*) (Max. 1000 characters)
- Physical development (*walking, running, jumping, holding a crayon, catching a ball or using a spoon*) (Max. 1000 characters)

• Other developmental needs to be aware of? (e.g. *feeding, toileting, sensory*) (Max. 1000 characters)

• Is there anything else you would like to share about your child and/or family? (Max. 1000 characters)

• Please explain why you would like your child to participate in this early learning program.
(Max. 1000 characters)

Signature of Parent

Date of Application

Please send application for admission and accompanying documents, including an audiology report to confirm the existence and scope of the child's hearing impairment to:

Saskatchewan Deaf and Hard of Hearing Services

#3-511 1st Avenue North

SASKATOON SK S7K 1X6

Phone: 306-665-6575

Email: saskatoon@sdhhs.com

Following receipt of the application you will be contacted to gather additional information and discuss options for your child.