

# Aspire Special Needs Resource Centre

## EARLY ACCESS TO SUPPORTIVE EDUCATION (EASE)

### PRESCHOOL APPLICATION FORM



#### Family Information

##### Child's Full Name

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Birth Date (Month/Day/Year): \_\_\_\_\_

☐ Male ☐ Female ☐ Other \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

##### Child's Home Address:

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

##### Parent/Guardian (primary contact):

Name: \_\_\_\_\_

Relationship to Child:

☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Adoptive Mother

☐ Father ☐ Stepfather ☐ Foster Father ☐ Adoptive Father

☐ Paternal Grandfather ☐ Maternal Grandfather

☐ Paternal Grandmother ☐ Maternal Grandmother

Contact Phone Number: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

##### Parent/Guardian Name (secondary contact):

Name: \_\_\_\_\_

Relationship to Child:

☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Adoptive Mother

☐ Father ☐ Stepfather ☐ Foster Father ☐ Adoptive Father

☐ Paternal Grandfather ☐ Maternal Grandfather

☐ Paternal Grandmother ☐ Maternal Grandmother

Contact Phone Number: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Others Living in the Child's Home:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age (if child): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age (if child): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age (if child): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age (if child): \_\_\_\_\_

#### Parental Relationship and Custody Status:

It is important for us to know the status of the parental relationship in order to ensure we have consent for assessment from the custodial parent(s). Please state the status of your parental relationship below. Please provide a custody agreement if applicable.

☐ Single

☐ Married/Living Together

☐ Separated/Divorced

☐ Widowed

☐ Sole custody (please provide copy of custody agreement)

☐ Joint/Shared custody (please note that both parents will be required to consent to services if not living at the same address as the child)

☐ Retained custody (in the case of death or desertion of one parent)

☐ Alternating/Divided custody (please provide copy of custody agreement)

☐ Third party custody (please provide copy of custody agreement)

## Community Services

Please take the time to complete in full.

| Service/Professional                                  | Name | Clinic/AddressPhone | Involvement   |
|---|------|---------------------|---|
| Family Doctor   |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Pediatrician  |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Psychologist  |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Occupational Therapist                                |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Speech Language Pathologist                           |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Physical Therapist                                    |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Audiologist   |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Neurologist   |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Psychiatrist  |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| FSCD (Family Supports for Children with Disabilities) |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Child Development Consultant/ Behaviour Specialist    |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Early Intervention Staff (AHS)                        |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |
| Other   |      |                     | <input type="checkbox"/> Past<br><input type="checkbox"/> Current |

## Community Resources

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Does your child receive funding through Alberta Aids to Daily Living? (e.g., diaper reimbursement, specialized equipment etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child seen by the Early Intervention Program through Alberta Health Services?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a contract with Family Supports for Children with Disabilities (FSCD) through Disability Services?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child attended any daycares, pre-schools, or play groups in the past?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Concerns

I have concerns for my child in these area(s) - (check all that apply):

- ☐ Articulation (speech sounds)
- ☐ Language (understanding and expression of self)
- ☐ Social skills (interacting with peers and adults)
- ☐ Fine motor (using hands to manipulate small objects, print, write and draw)
- ☐ Gross motor and coordination (crawling, walking, running, jumping, balance)
- ☐ Self-help (dressing, eating, toileting)
- ☐ Behaviour (adapting to change, complying with expectations)

Please expand on any concerns you have for your child that has brought you to apply for services.

## Diagnostic Information

Has your child ever been given a formal diagnosis? ☐ yes ☐ no

If yes, please share the diagnosis and if there is an additional diagnosis you are wondering about.

If no, is there a diagnosis you are wondering about or that has been queried?

**Our Aspire team will contact you once your application is received and will talk through the services ensuring you have applied for the service that best meets your needs.**

## Referent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Agency/Clinic: \_\_\_\_\_

If not referred, how did you hear about Aspire?

☐ Involved with Aspire in the past

☐ Website

☐ Social media

☐ Newspaper/magazine

☐ Other: \_\_\_\_\_

## Person requesting services (if not the parent)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School /Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment of Fees: \_\_\_\_\_

## To complete your application, please submit the following:

- This application form
- All reports and assessments that have been completed with your child
- Copy of the custody agreement (if applicable)
- Copy of birth certificate or passport
- A photo of your child

As part of the Aspire family you will now be receiving communication from Aspire through email about family events and our e-newsletter.

If you do not want to receive emails, please indicate that by checking the box.

☐ No emails please

## Guardian - Please Sign Here

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and I will keep Aspire Special Needs Resource Centre advised of any changes.

\_\_\_\_\_  
Parent/Guardian Name (Print Name)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Parent/Guardian Name (Print Name)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

Aspire Special Needs Resource Centre complies with all relevant privacy legislation. All information collected will be compiled for the exclusive use of Aspire Special Needs Resource Centre and will not be available for any other organization.

If you have any questions or concerns regarding privacy, you may contact Jordan MacDonald, Privacy Officer at: [jmacdonald@aspirepecialneeds.ca](mailto:jmacdonald@aspirepecialneeds.ca) or 403-340-2606.