New Nouveau Brunswick
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Department of Social Development

Standards for Agencies Delivering Intervention Services for Preschool Children with Autism Spectrum Disorder

Revised

June 2008

June 2008

Date of Approval

Edith Doucet

Edith Doucet,
Assistant Deputy Minister
Program Development and
Monitoring Division

G P Baiani

Géraldine Poirier Baiani,
Assistant Deputy Minister
Program Delivery Division

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1 Overview

Autism Spectrum Disorder (ASD) is a neurobehavioral disorder that makes it difficult for people to understand what they see, hear or sense. It affects reasoning, social interaction and communication. It can affect the functioning and development of the brain and is usually evident before a child turns three years old. It is a spectrum disorder, which means there is a wide variation in how it affects children.

ASD occurs in approximately 1 in 166 children and is four to five times more common in boys than girls. The causes are still unknown. For now there is no cure for ASD. There are however interventions and education approaches that may reduce some of the challenges of ASD. These interventions can result in global gains and improve the long term outcome in children in the areas of social, adaptive and behavioral functioning.

In response to the research, Department of Social Development has approved seven agencies across the province to provide early intensive intervention to preschool children with a diagnosis of Autism Spectrum Disorder. This document establishes a standard of service and service delivery of intervention services by these approved agencies for preschool children with autism spectrum disorder.

These standards only apply to approved agencies and where services are requisitioned by the Department of Social Development for preschool aged children with a diagnosis of Autism Spectrum Disorder.

1.1 Definitions / Terms

Autism Spectrum Disorder (ASD) - is a group of related but separate lifelong neurological disorders that affects the way a person develops and the way the brain processes information. The primary disorders are Autism/Autistic Disorder, Asperger's Syndrome and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS).

The disorders are characterized by challenges in communication, social interaction and learning, as well as by unusual behavior, interests and activities. The term spectrum refers to a continuum of developmental severity. (See Appendix A for the definition and criteria for Autism and other Pervasive Developmental Disorders as outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-1V).

Intensive Intervention Services - evidence based services provided at an appropriate level of intensity to help children with autism better function in keeping with their age group. Research

- indicates that behavioral intervention provides the most optimal treatment for young children with ASD
- demonstrates the effectiveness of interventions based upon developmental approaches
- verifies that all intervention services must be evidence based and thus fall under two categories, that is, empirically supported interventions and best practices

Empirically supported interventions is the range of different practices proven effective though convincing scientific evidence. These practices may include the following interventions

- **Social interventions** includes social stories, peer-mediated instruction, social script training, and theory of mind training

- **Language and communication approaches**
  - Augmentative Communication
  - Picture Exchange Communication system (PECS)

- **Intervention for challenging behavior** enhance learning of communication and social skills and assist with redirecting, or replacing or otherwise decreasing problematic behavior. These interventions may include positive behavioral supports, medications as an adjunct to behavioral treatment, environmental supports, picture activity schedules, and visually cued instruction

- **Intensive behavioral intervention** - is based on principles and techniques of applied behavior analysis and evidence based practices. This intervention

    - Involves a combination of learning strategies that includes an educational or skill development orientation, together with some therapeutic interventions for problem behaviors
    - Often uses one-to-one or small group instruction and can occur in various settings
    - Is provided for many hours per week depending on the child's needs
    - Requires a multi-discipline team
    - Involves the development of a coherent curriculum addressing the full range of emerging skills of the child
    - Involves daily data collection to document child's progress

Best Practices Include approaches that may be used in the treatment of autism in conjunction with proven therapies, but may not yet have sufficient published evidence to empirically support their effectiveness.

When using approaches in this category, practitioners must ensure that the tenets of best practices are addressed, that is, approaches must

- be individualized to a child's needs and current developmental level
- be based on current knowledge of child development
- address the core components of ASD
- be based upon a variety of sources
- be consistent with theories and principles associated with effective treatments
- be based upon evaluation of existing evidence

Intervention Team is the group of professionals providing services to the child/family as outlined in the child's Individualized Program Plan.

This team may include

- parents
- Clinical Supervisors, Senior Therapist and Autism Support Workers
- rehabilitation professionals through Regional Health Authorities, for example, Speech and Language Pathologist, Occupational Therapist, Physiotherapist
- private clinicians, for example, psychologists
- pediatricians
- community resources, for example, child care facilities

Clinical Supervisor the individual on the team responsible for the design and development of the individualized intervention plan and for the ongoing supervision of that plan

Senior or Lead Therapist: the individual on the team that participates in the design and development of the individualized intervention plan and for the ongoing supervision of that plan, in close consultation with the clinical supervisor

Autism Support Worker the person who implements the intervention plan on a one on one basis

Individual Program Plan is a plan developed with parental input that promotes developmental growth with both broad and specific goals related to improving daily living skills and increasing independence in a social or school environment and at home

Service Providers/agencies are non-government individuals/agencies that have been approved by the Department of Social Development. These approved agencies provide services through a contract with the Department of Social Development.

1.2 Providing Intervention Services

These services must

- incorporate a process for case management and coordination
- include a multi-disciplinary assessment for the development of a program, based on individual developmental goals;
- establish an appropriate level of intensity to achieve identified goals for the child. The intensity is a clinical determination based on a number of child and family characteristics, that is, age, severity of symptoms, rate of progress, other health considerations, tolerance for the interventions and family participation;
- deliver supportive and structured interventions using a variety of strategies with positive behavioral support;
- be delivered and supervised by qualified personnel;
- improve the communication, academic, social and behavioral skills. This Improvement must enable children to move into the community and educational system and function with less intensive support
- integrate supports and professional services into the service plan as recommended by the assessing health professionals, for example, psychology, speech/language services, occupational therapy and physiotherapy;
- deliver intervention on at least a 1 to 1 ratio initially, with a gradual reduction in the child to adult ratio;
- incorporate the family as an integral part of the team. The team must involve the family in the training, reinforcing and generalizing of the child's skills;
- include a transition plan to support the child's transition to the school system. Develop this plan with parents, other professionals and school personnel. Parents must sign the transition to school plan developed for their child;
- include ongoing case review to determine appropriateness of individualized program plan; and
- demonstrate measurable gains and achievement of identified goals.

2 Program Eligibility

The Department of Social Development (SD) uses the following criteria to determine eligibility for services.

The child must

- be five years of age or under as of December 31st of the current application year, and not attending school;
- be diagnosed with autism or related conditions that are included within the Pervasive Developmental Disorder (PDD) classification. Diagnosis must be by one of the following: pediatrician, physician, pediatric neurologist, psychologist or psychiatrist; and
- be resident of New Brunswick, including children living on First Nations reserves.

2.1 Referral for Services

The Early Childhood and School-Based Services Branch (ECSBS), Central Office, the Department of Social Development, (SD) will process all requests for Intervention Services for Preschool Children with Autism Spectrum Disorder.

The diagnosing practitioner provides the parents of a newly diagnosed child with a Confirmation of Diagnosis Form (Appendix B), which the parents must send to SD Central Office, ECSBS branch. Attached to this form is a brochure that explains to parents how to access services for their child.

Process for referral

1. The parents send the *Confirmation of Diagnosis Form* to SD.
2. The family retains a copy of the *Confirmation of Diagnosis Form* to present to the autism service agency.
3. Upon receipt of this form, the family is contacted by SD and provided the names of approved service providers in their area.
4. The service provider selected by the family verifies the acceptance by returning the completed *Funding Application for Intervention Services*

for Pre-school Children with Autism Spectrum Disorder to SD (Appendix C)

5. SD registers the requisition for a maximum of 12 months and sends the service provider Service Requisition Profile report

6. SD updates the requisition as required every 12 months

7. SD is notified of service termination or change in service provider by the agency.

Note

Families entering the province with a child already diagnosed with Autism Spectrum Disorder can be approved by providing a report confirming a diagnosis of ASD from a qualified practitioner.

Full intervention services should be in place within 3 months of the service requisition date.

3. In accordance with Section 1.2 Providing Intervention Services, the service provider is responsible for the management and coordination of all components of Intervention Services.

The service providers must provide:

A developmental assessment, completed by a multidisciplinary team of skilled professionals;

An individual program plan based on the child's identified developmental goals, strengths and needs, while considering the family's capacity to support the program;

A case review and monitoring of individual program plan; and

A school transition plan to assist in the child's transition to school.

3.1 Developmental Assessment

The developmental assessment should not duplicate any completed and valid assessments/or components of an assessment. At the least, the assessment must include assessment of skills in the following areas.

- Cognitive;
- Communication;
- perception and social;
- emotional regulation;and
- motor skills

Helpful Information

There are many assessment tools and practices that can be used to complete a developmental assessment. The choice of assessments depends on the child's skills and characteristics.

Examples of tools are:

- cognitive assessment (for example, Wechsler Intelligence Scale for Children (WISC), WPPSI, Bayley, Standord Binet, Mullen);
- adaptive level (for example, Vineland Adaptive Behavior Scales, Social behavior Competence Evaluation, Child Development Inventory);
- language and communication (for example, Rosetti Infant-Toddler Language Scale, Preschool Language Scale);
- Functional/Curriculum/Behavioral (for example, Adaptive Behavior Language and Learning Scale ABLLS, and/or Psycho-Educational Profile-Revised PEP-R, and/or Brigance, Portage);and
- Other assessments if warranted (for example, sensory motor dysfunctions)

The service providers must:

- develop the child's Individual Program Plan based on a complete developmental assessment;

- complete this developmental assessment at the beginning of intensive intervention services. The assessment can be delayed, if the team feels that the child is too young or is not able to be assessed due to behavior;

- coordinate this developmental assessment with an assessment by a licensed psychologist. As well, coordinate the appropriate assessments provided through the Regional Health Authorities by rehabilitation professionals; and

- develop a clear communication process with the rehabilitation professionals in the Regional Health Authorities communities to facilitate timely assessments.

Helpful Information

Regional Health Authorities fund rehabilitative professionals. Thus, there is no charge to the service provider for these components of the developmental assessment.

If rehabilitative professionals are not available through the Regional Health Authorities, service providers may have to purchase assessments from private practitioners within the approved funding amount. This would be an exception as in most areas of the province; families have access to Speech and Language Pathology, Occupational Therapy and Physiotherapy through the Regional Health Authorities.

3.2 Individual Program Plan

The service providers must:

- develop an Individual Program Plan outlining individualized goals and objectives;
- review the child's Individual Program Plan at least every six months with members of the child's intervention team;
- modify plan to meet the child's changing needs.

Helpful Information

The individual program plan does not need to be a separate document and can be inclusive of the signed service agreement that the agency has with the family outlining the parameters /conditions of service along with binders that contain all individual programs, acquisition and maintenance programs and performance data.

The Individual Program Plan must:

- describe the targeted goals that guide the day-to-day programming;
- be in accordance with the role of the family, corresponding rehabilitation, health, and community services, for example, child care centers;
- describe the optimum services for the child, based on the child's strengths, needs and the available services and supports in the community;
- identify attainable goals for the child;
- indicate the level of intensity, the appropriate settings and duration of intervention;
- include transition planning for the child's next environment, usually to preschool or school;
- include a six month transition plan prior to school entry, in collaboration with each child's school personnel; and

- be signed by the parents, service provider and, when appropriate, rehabilitation professionals and other community service providers (for example, daycares involved in the implementation of the plan).

Important Information

There is no fixed formula or research based decision making process for determining optimal intensity, setting(s) or duration of intensive programming. These are clinical decisions made by the Clinical Supervisor, members of the child's intervention team, and the family and are based upon the individual needs of the child. These decisions should be based upon a number of factors as described below:

Intensity
The amount of intervention and/or therapy any child requires is a clinical decision best made by qualified professionals involved in the child's case plan. These professionals should consult with the family and consider the child's

- Age, tolerance for intervention, and/or other health factors. For example, very young children may not be able to tolerate as many hours as older children;
- Developmental level, severity of autism and interfering behaviors;
- Stage of therapy and the rate of progress. For example, some children may commence with one-to-one intensive intervention but progress to a group setting, with less one-to-one services and only for a few hours per week; and
- Level of family participation in the interventions. The family should be part of the intervention themselves and be able to extend the work of the intervention team.

Agencies are funded to provide an average 20 hours of direct intervention per week, per child. However, the exact number of hours is a clinical determination based upon the individual needs and strengths of the child. Families may make arrangements to supplement the services approved under the available funding. However, families must assume the additional cost above the allotted 20 hours.

Note: Agencies are not obligated to replace intervention hours missed due to staff illness for a maximum of 1 ¼ day per month (which cannot be accumulated), statutory holidays, storm days and or up to two weeks per year for vacation. When scheduling vacation for an ASW, the parent's schedule should be considered.

Setting
Effective interventions can be delivered in a variety of settings, including, home, clinic, community, child care settings or a combination of these settings. Service providers can use a variety of these settings based on a clinical decision, which reflects the child's ability to effectively learn and function in these settings:

The service provider selects the settings of each child's program in consultation with the child's parents and clinical team. Considerations in selecting the settings are the

- availability of options for settings depending on their community and location;
- most appropriate setting given the child's developmental needs. For example, if the child requires a high degree of one-to-one, then consider a home-based or clinic-based program. Once the child masters basic skills essential for group learning and social interaction, intervention may progress to a child care or other group setting;
- principle of placing children in the most natural setting for learning;
- principle of generalization of skills/learning across various settings and individuals; and
- current settings and how to maximize their benefits. For example, assume a child is placed in a supportive child care center. Here, part of the intervention, particularly social skills promotion and group learning, can take place in the child care setting and be supplemented by home-based individual work.

If home is the appropriate setting, parents, or the designated guardian, must be at home during all intervention sessions. As the child progresses, a component of the intervention can happen within child care and/or community setting such as clinics offered under the directions of the Agency. This allows the intervention to focus on group/inclusion learning, social skill development and generalization of skills.

Important Information (con't)

In situations where both parents work outside the home and parents select a day care as their child care setting, service providers may provide the full intervention at the childcare setting. While providing services in the daycare, the Autism Support Worker must adhere to the policies and regulations of the daycare setting. The goals and objectives for the child while at daycare is a clinical determination made by the intervention team, the childcare centre and the family. The service providers and the childcare centre agree on the hours of support/intervention provided by the Agency.

If the child requires additional hours of assistance from a child care worker to remain in the childcare setting, the center/family may qualify for additional funding through the Support Worker Program. In such cases, the childcare centre must contact SDCentral Office at (506) 453-2950.

In this situation, the parent must pay the day care tuition costs. Parents who are working and/or in training, may qualify for financial assistance (depending on their family net income) with the Day Care Assistance Program through the Department of Social Development. In order to apply the family must contact their regional office of the Department of Social Development.

Please refer to Appendix F (Guidelines for Children Receiving Autism Intervention Services In a Child Care Facility)

Duration

Children are eligible to receive services until they are of age to enter the formal school system.

A child's service needs change over time. The intervention team must review the child's progress at regular intervals. This review may result in increased or decreased intensity based on the progress and needs of the child.

Agencies are not required to provide additional services above what they are currently funded to provide through the Department of Social Development. Even if a parent is willing to pay for the additional hours of services, they should discuss options and the agency's ability to meet their requests with the owner of the Autism Agency.

3.3 Integrated Day Care

Intensive intervention with many of these children commence in the home or an alternative child care arrangement on a one-to-one basis. However, as a child makes progress, then the agency establishes opportunities for these children to generalize and utilize their skills with other children and in different settings.

One such setting can be an integrated daycare placement which provides an excellent opportunity for intervention to focus on group/inclusion learning, social skill development and generalization of skills. This is especially important for the child as he becomes closer to school entry age.

When it is determined that a child is ready for an inclusive setting, Integrated Daycare Funding can be accessed in two ways:

i) The autism service agency can apply for the integrated daycare funding directly through the Early Childhood Services Coordinators (see Appendix G - Inclusive Daycare Funding Application Form). To receive this funding the agency collaborates with the daycare and family as to the number of hours and the content of the programming provided to the child while attending the daycare for inclusive learning. Through this funding option, it is estimated that children can be supported at the daycare facility by an Autism Support Worker funded by the agency for approximately 6-8 hours per week; or

ii) The Day care applies for the integrated daycare funding through a referral initiated by an Early Childhood Initiatives (ECI) Public Health Nurse. In this case, the daycare hires and funds an aide to support the child at the daycare setting. Under this option, the autism service agency is not responsible for the programming for the child while at the daycare but may provide consultation to the childcare facility if requested.

Helpful information: Under either option parents may qualify for financial assistance toward tuition costs of Integrated Daycare through the Daycare Assistance Program.

Note: Please refer to Appendix F (Guidelines for Children Receiving Autism Intervention Services in a Child Care Facility)

3.4 Case review, data collection and analysis

At least every six months, the service provider must review the child's individual program plan with members of the child's clinical team and family.

The service must have data collection and analysis processes in place to measure and track the child's progress on an ongoing basis. Program and instructional adjustments must be made to meet the child's changing needs.

Helpful Information

Data collection and analysis are very important component of a competent intervention program for children with an ASD.

Data collection and analysis:

- are ongoing daily activities supplements the initial development assessments and follow-up assessments;

- allow the family and the intervention team to assess the effectiveness of their programs; and

- provide important feedback for program modification, that is, when a goal is not met in a timely fashion or when a goal is met and it is time to move on to a new phase of programming.

Data collection must be entered in a detailed form and be collected frequently. Typically, intervention teams record responses during acquisition phases and later in the maintenance and generalization phases.

The type of data collection varies depending on the nature of the child's program. For example, when using structured behavioral approaches, such as discrete trials, the following types of data may be collected / recorded.

- only correct, or incorrect and/or response
- prompted versus non prompted trials
- the percentage correct responses for each work period or per day

Other methods of data recording may include

- frequency of behavior in a given time period
- the interval method that indicates if a behavior did or did not occur in an observation interval
- the duration method that records how long a behavior lasts

All methods

- must be checked for reliability across observers
- must be objective measures
- must be valid for the behavior being observed

Data collection must be supported by meaningful data analysis, which is usually done by the Clinical Supervisor. Data analysis may involve graphing procedures and tables of means and standards deviations to a complete statistical analysis.

3.5 Transition to school planning

Transitions that involve new places, new people and new expectations are exceptionally difficult for children with ASD. Transition to school planning should

- commence at least six months prior to a child's entering the school system;
- be part of the child's Individual Program Plan; and
- start with the service provider and be developed in collaboration with the parents and local school personnel

As part of the transition plan, the service provider/agency must:

- develop a profile of the child that includes diagnostic, developmental and functional assessment information that may be useful in the planning processes;
- invite personnel from the school to meet prior to the child's transition to allow key participants to exchange information, for example, effective instructional practices, positive behavioral supports, methods of communication that best suit the child;
- review the range of programs, resources and services the child is currently using;
- discuss the range of services available in the school environment;
- offer opportunities for the school personnel to observe the child's intervention program prior to school entry;
- establish activities that facilitate the actual transition, for example, visits to the school to build familiarity with the setting, introduce/practice important routines identified by the school such as lunchtime routines, introduce the child to their classroom, their teacher, school boundaries and designated play areas.

Any exchange of information between the service provider/agency and the school must be done in accordance with privacy legislation and with regard for confidentiality.

Helpful Information

Schools and school districts may have specific policies regarding the presence and participation of non-school board personnel in the school environment. Consequently, service provider agencies must work with the schools to develop protocols for non-school personnel when in school.

Guidelines supporting the transition from the service agency to school is provided in Appendix G "Transition to School Department of Education Guidelines for the transition of children with ASD"

4 Compliance with Legislation

Service provider agencies must comply with relevant laws and regulations. They include, but are not limited to:

- Family Services Act;
- Health Act;
- Human Rights Act;
- Employment Standards Act;
- Occupational Health and Safety Act;
- Personal Information Protection and Electronic Documents Act (PIPEDA);
- Protection of Personal Information Act;
- Workers' Compensation Act; and
- Official Language Act

Helpful Information

Copies of all legislation are available at most public libraries, Queen's Printer or on the internet. Refer to http://www.gnb.ca/0062/acts/acts-e.asp

4.1 Administrative and Service Delivery Policies

Service providers must have administrative and service delivery policies in place that address:

- maintenance of up-to-date client records and reports. Agencies must maintain the following information on every child:
  - name, date of birth, telephone number and address;
  - Medicare number;
  - name, address, and telephone number of contact persons for client;
  - copy of service requisitions including any revisions;
  - signed service agreement with parents and all information pertaining to the Individual Program Plan i.e program binders, acquisition and maintenance binders etc.;
  - copies of progress reports and monitoring data;
  - signed parental consent forms for the service provider/agency to access and/or release any client information.

- confidentiality of client information;

- security of client files;

- parental consent for the service providers to access and/or release any assessment results and reports;

- hiring practices that abide by the Human Rights Act and established labor codes of New Brunswick;

- compliance with the terms of the SD Record Check and Criminal Record Check Policy (Appendix D);

- reporting requirements of staff as set out in the Child Victims of Abuse Protocols of the Province of New Brunswick. Follow the procedures outlined in the Child Victims of Abuse and Neglect Protocols for the reporting of child abuse/neglect http://www.gnb.ca/0017/protection/Child/index-e.asp;

- multi agency collaboration, that is, school districts, daycare centers, rehabilitative services through hospital and Extramural Program. For example, licensed child care facilities are governed by regulations and standards established by SD under the Family Services Act. Thus, any service provided at a daycare facility must be in accordance with the regulations, standards and policies of that facility;

- quality assurance of service delivery that includes evaluating the effectiveness of:
    - individual programs in addressing client needs;
    - Autism Support Worker and Lead/Senior Therapist performance in accordance with the service needs of the individual;
    - Clinical supervisor performance in accordance with the supervision of the Autism Support Worker and Lead/Senior Therapist in the development and monitoring of the Individual Program Plan;

- acceptance of gifts and gratuities from families;

- harassment that staff may experience from clients or from client families;

- complaints from clients;

- termination of services;

- sick days, vacation days, snow days; and

- notification of families due to unexpected schedule changes.

4.1.1 Retention of Files

Agencies are required to retain all client files for a period of five years post service termination after which time the Agency must purge the files in a manner that protects clients' confidentiality e.g. shredding services

4.2 Staffing

Service providers must have access to a range of staff/service providers to address all of the components of the child's program plan.

All staff/service providers must comply with the terms of the SD Record Check and Criminal Record Check Policy.

Clients must receive services in their language of choice in accordance with the Provincial Official Language Act. Service providers can only accept clients if they can meet their linguistic needs.

4.2.1 Core Staff

Agencies are expected to have a staff complement of which 75% of the staff meet the criteria as stated below.

Autism Support Workers

- certification of completion or registered in the Autism Support Worker training through UNBCEL, or equivalent;
- post-secondary diploma related to early childhood or two years of post-secondary studies in a related field; and
- minimum of one year working with preschool children, children with developmental delays, and parents of young children.

Clinical Supervisors

- certification of completion or registered in the Clinical Supervision training through UNBCEL or equivalent;
- licensed within health related professions such as Psychologists, Speech and Language Pathologists, Occupational Therapists and Physiotherapists or
- have a graduate degree or equivalent; and
- have at least two years experience working with children and youth.

Senior therapist (optional)

- certification of completion or registered in the Autism Support Worker training through UNBCEL, or equivalent;
- Undergraduate degree in a related field; and
- Minimum of 2 years working specifically with autistic children.

When hiring new staff, agencies are required to hire staff that meets the entrance requirements of the Autism Intervention Training Program. Staff should be in a position to register to the training as the opportunity becomes available.

4.2.2 Other Services, Supports, Private Agencies and Practitioners

Service providers must access, collaborate, link, coordinate with other services, programs and supports available to the child and family, for example:

- child care programs and services, including special needs resources;
- RHA based multidisciplinary diagnostic and assessment services;
- RHA and extramural based rehabilitation and developmental services;
- family support, counseling and respite services;
- family resource centers;
- autism community centers;
- school programs; and
- private practitioners, specifically psychologists for developmental assessments and psychological/behavioral support.

4.2.3 Funding

- funding per child is approved up to a 12 month period based upon the submission of the Funding Application by the service provider (Appendix C);

- agencies are funded at the end of each month per child. For a partial month, funds are provided at a per diem rate;

- agencies are to maintain detailed financial records for each child/family (refer to Appendix E-Chart of Accounts that defines classifications of expenditures and revenues);

- agencies are required to have year end financial statements (a minimum of a financial review). As a condition of the contract these statements will be submitted to the Department of Social Development on an annual basis;

- as of March 31, 2008, the year-end date for the agencies will be in line within Government's fiscal year end of March 31;

- when applicable, revenue and expenditures relating to services provided to a client that is not funded by the Department of Social Development under "Intervention Services for preschool Children with Autism Spectrum Disorder", is to be reported separately in agency's financial records;

- agencies are to maintain records to support hours of direct and indirect hours (as defined below) of service for each child. The Department of Social Development provides *Record of Service Hour (Appendix H)* as a guideline for recording hours of direct/indirect service provided by the autism support worker, lead/senior therapist (when applicable) and clinical supervisor;

  <u>Direct hours</u>
  - o Direct intervention by the autism support worker, senior/lead therapist and clinical supervisor to a child either within the home, child care setting, clinic or community setting identified within the child's case plan. This includes the immediate preparation and clean up time for the intervention sessions (this would be estimated at (15-30 minutes per session)

- any direct assessment and/or observation time by the clinical supervisor with the child for assessment and/or monitoring purposes
- time of the clinical supervisor or lead/senior therapist with an ASW while with a child doing direct therapy

Indirect Hours

- program writing, review and program modifications by the clinical supervisor for the child;
- team meetings, transition meetings, meetings/contact with external resources (rehab professionals, daycare staff) six month reviews;
- progress notes, updates etc;
- parent orientation and/or training;
- ASW orientation and/or training; and
- material development

- agencies may be requested to submit semi-annul reports outlining the number of hours of service provided per child based upon the *Record of Service Hours Form.* These reports shall include the total number of direct and indirect hours of service per child per month by the ASW, Clinical Supervisor and when applicable a lead /senior therapist, and missed therapy due to child being unable to attend therapy sessions due to illness, etc.

Helpful information

When a child misses scheduled intervention time due to illness or by the choice of the parent this should be reported as missed therapy/intervention hours in the note section of the *Record of Service Hours Form*. If the ASW does prep work related to child during this period those hours should be as indirect hours toward that child.

5 Accountability to Families

Service providers are accountable to the families they serve for the quality of their services. They are required to develop procedures/processes for:

- involving families in program decisions that affect their child, as well as for obtaining fully informed consents in writing;
- involving parents in the development of the Individual Program Plan;
- informing families of the services and a schedule of delivery for these services;
- providing mechanisms that families can use to provide feedback on the services they receive, for example, satisfaction surveys or interviews, as well as establishing mechanisms for regular ongoing communication and information;
- notifying clients prior to any unexpected changes to service delivery, for example, time, amount, nature of service, change of Autism Support Worker; and
- notifying clients prior to any temporary schedule changes due to time-off or illness of staff.

5.1 Accountability to Government

Service providers are accountable to the Department of Social Development for the management of the program and services offered by their agency, in accordance with government policies, service contract requirements and standards.

The Department of Social Development can conduct reviews/audits of
- o intervention and clinical practices; and
- o financial practices

Contracts or continuation of service approval is contingent on the outcomes/results of these annual audits.

5.1.1 Audit/Review of intervention and clinical practice

The review/audit is based on the Elements of Intervention Services listed in Section 1.2 and on the following components/practices

- child and family progress/outcome measures;
- quality and extensiveness of programming;
- documentation of review and monitoring processes;
- ability to provide year round, intensive intervention to children and their families;
- quality of staff;
- utilization of highly supportive and structured approaches. These approaches incorporates a variety of behavioral strategies to facilitate skill acquisition, generalization and maintenance;
- utilization of multiple and integrated therapy modalities;
- effectiveness of collaboration with other professionals and resources external to the agency;
- effectiveness of processes to integrate children with typical children, for example, pre-school, child care, or other settings;
- the effectiveness of transition planning;
- functional and proactive approaches to problem behavior; and
- level and effectiveness of strategies for family involvement in training and intervention.

5.1.2 Financial Audit/Review

Service providers must maintain detailed financial records and documentation supporting the invoices submitted for payment to the Department of Social Development for each child/family.

As part of an audit, the Department of Social Development can review and copy all relevant materials, including originals. These materials support the submission of invoices and include, accounting records, findings, software, data, reports and documents, whether completed or not, without limitation.

Appendix A

AUTISM-DEFINITION

Autism is a pervasive developmental disorder which is characterized by impairments in communication and social interaction, and restricted, repetitive and stereotypic patterns of behaviour, interests, and activities (American Psychiatric Association (APA), 1994). It is a complex neurological disorder that affects the functioning of the brain.

Autism is referred to as a spectrum disorder, which means that the symptoms can be present in a variety of combinations, and can range from mild to severe. Multiple abilities can be affected, while others are not (Bristol et al., 1996: Minshew, Sheeney, and Bauman, 1997).

- Some individuals may have a severe intellectual disability, while others have normal levels of intelligence.

- There may be a range of difficulties in expressive and receptive language and communication. It is estimated that up to 50% of individuals with autism do not develop functional speech. For those who do, speech may have unusual qualities and be limited in terms of communicative functions.

- There are problems with attention and resistance to change.

- All individuals with autism have difficulties with social interaction, but the extent and type of difficulties with social interaction, but the extent and type of difficulty may vary. Some may be very withdrawn, while others may be overly active an approach others in peculiar ways.

- They may respond differently to sensory stimuli and may exhibit odd behaviours such and hand flapping, spinning, or rocking. They may also demonstrate unusual use of objects and attachments to objects.

- Although individuals with autism share some common features, not tow individuals are the same. In addition, the pattern and extent of difficulties may change with development. The common characteristics help us to understand general needs associated with autism, but there is a need to combine this information with knowledge of the specific interests, abilities, and personality of each student.

DIAGNOSIS

The diagnosis of autism is made by a physician or clinical psychologist with expertise in the area of autism. Assessment and diagnosis typically involve a multidisciplinary team comprised of a pediatrician or psychiatrist, a psychologist, and a speech and language pathologist (SLP). The psychologist administers assessments to gather information on developmental level and behaviour, and the SLP assesses speech, language, and communicative behaviours. The medical assessment is conducted to rule out other possible causes for the symptoms, as many of the characteristics associated with autism are also present in other disorders. In addition, a medical and developmental history is taken through discussion with the parents. This information is combined with the assessments to provide the overall picture, and to rule out other contributing factors.

Parents who are seeking additional information regarding diagnosis can contact health professionals in their community.

Autism is diagnosed by the presence or absence of certain behaviours, characteristic symptoms, and developmental delays. The criteria for autism and other Pervasive Developmental Disorders are outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994) and the *International Classification of Diseases* (ICD-10) (World Health Organization, 1993).

The DSM-IV, which is most commonly used in North America, classifies autism within the category of Pervasive Departmental Disorders (PDD). PDD is an umbrella term for disorders which involve impairments in reciprocal social interaction skills, communication skills, and the presence of stereotyped behaviors, interests, and activities. The onset of the symptoms occurs before the age of three years. The conditions classified as PDD's are:

- Autism
- Childhood Disintegrative Disorder (CDD)
- Rett's Disorder
- Asperger's Disorder
- Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)

Autism has, historically, been the most well-defined diagnosis within the category of PDD. At times, some of these diagnostic terms appear to be used interchangeably within the literature and by practitioners. The term *Autism Spectrum Disorders* is sometimes used to refer to autism and other conditions which are included within the PDD classification. PDD is sometimes used to refer to all conditions within the category of PDD, and at other times it has been used to refer to PDD-NOS.

It is important to note that all of the disorders within the PDD classification have some common features and may benefit from the same instructional strategies, but there are differences in some areas such as the number of symptoms, age of onset, and developmental pattern. Following is the diagnostic criteria for each disorder, outlining key characteristics.

DSM-IV Criteria for Autistic Disorder
Rett's Disorder
Childhood Distintigrative Disorder
Asperger's Disorder Pervasive Development Disorder – Not Otherwise Specified

DSM-IV Criteria for Autistic Disorder (299.00)

A) A total of a least six items from (1), (2), and (3), with at least two from (1), and one from (2) and (3):

(1) Qualitative impairment in social interaction, as manifested by a least two of the following:
   a) Marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
   b) Failure to develop peer relationships appropriate to developmental level
   c) Markedly impaired expression of pleasure in other people's happiness.

(2) Qualitative impairments in communication as manifested by at least one of the following:
   a) Delay in or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime).
   b) In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others.
   c) Stereotyped and repetitive use of language or idiosyncratic language
   d) Lack of varied spontaneous make-believe play or social imitative play appropriate to developmental level.

(3) Restricted repetitive and stereotyped patterns of behaviours, interests, and activities, as manifested by at least one of the following:
   a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
   b) Apparently compulsive adherence to specific nonfunctional routines or rituals.
   c) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).
   d) Persistent preoccupation with parts of objects.

B) Delays or abnormal functioning in at least one of the following areas; with onset prior to age three years.

(1) social interaction,
(2) language as used in social communication, or symbolic or imaginative play.

C) Not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

Reprinted, with permission, from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, (1994). Washington, DC: American Psychiatric Association, pp. 70-71.

Rett's Disorter

Rett's Disorder, also referred to as Rett syndrome, is a condition that is found only in females. Physical and mental development is essentially normal for the first 6 to 8 months of life. This is followed by a slowing or cessation in achieving developmental milestones. By 15 months of age, about half of the children with Rett syndrome demonstrate serious developmental delays. By age three, there is generally a rapid deterioration of behaviour evidenced by loss of speech and excessive levels of hand patting, waving, and involuntary hand movements (Van Acker, 1997).

DSM-IV Diagnostic criteria for 299.80 Rett's Disroder

A) All of the following:
(1) apparently normal prenatal and perinatal development;
(2) apparently normal psychomotor development through the first 4 months after birth;
(3) normal head circumference at birth.

B) Onset of all of the following after the period of normal development:

(1) deceleration of head growth between ages five and 48 months;
(2) loss of previously acquired purposeful hand skills between ages five and 30 months with the subsequent
(3) development of stereotyped hand movements (e.g., hand-wringing or hand washing);
(4) loss of social engagement early in the course (although often social interaction develops later);
(5) appearance of poorly coordinated gait or trunk movements;
(6) severely impaired expressive and receptive language development with severe psychomotor retardation.

Reprinted, with permission, from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition, (1994). Washington, DC: American Psychiatric Association, pp. 72-73.

Childhood Disintegrative Disorder

For individuals with CDD, there may be several years of reasonably normal development which if followed by a loss of previously acquired skills. In approximately 75% of cases, the child's behaviour and development deteriorate to a much lower level of functioning. The deterioration stops, but there are minimal developmental gains past this point in the progression of the disorder. In addition, there is the development of various autistic-like features (Volmar, Klin, Marans, & Cohen' 1997).

DSM-IV Diagnostic criteria for 299.10 Childhood Disintegrative Disorder

A) Apparently normal development for at least the first two years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behaviour.

B) Clinically significant loss of previously acquired skills (before age 10 years) in at least two of the following areas:

(1) expressive or receptive language;
(2) social skills or adaptive behaviour;
(3) bowel or bladder control;
(4) play;
(5) motor skills;

C) Abnormalities of functioning in at least two of the following areas:

(1) qualitative impairments in social interaction (e.g., impairment in nonverbal behaviours, failure to develop peer relationships, lack of social or emotional reciprocity);
(2) qualitative impairments in communication (e.g., delay or lack of spoken language, inability to initiate or sustain a conversation, stereotyped and repetitive use of language, lack of varied make-believe play);
(3) restricted, repetitive and stereotyped patterns of behaviour, interests, and activities, including motor stereotypes and mannerisms.

D) The disturbance is not better accounted for by another specific Pervasive Developmental Disorder or by Schizophrenia.

Reprinted, with permission, from the *Diagnostic and Statistical Manual of Mental Disorders,* 4th Edition, (1994) Washington, DC: American Psychiatric Association, pp. 74-75.

Asperger's Disorder

Asperger syndrome has many features common to autism. The distinguishing criteria are that there are not clinically significant delays in early language development, and no clinically significant delays in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour, and curiosity about the environment in childhood. The DSM-IV uses the term Asperger's Disorder. In this document we use the term Asperger syndrome, which is consistent with the literature in the area.

DSM-IV Diagnostic criteria for 299.80 Asperger's Disoder

A) Qualitative impairment in social interaction, as manifested by at least two of the following:

(1) Marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
(2) Failure to develop peer relationships appropriate to developmental level
(3) A lack of spontaneous seeking to share enjoyment, interest, or achievements, with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
(4) Lack of social or emotional reciprocity.

B) Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:

(1) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
(2) Apparently inflexible adherence to specific, nonfunctional routines or rituals
(3) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, complex whole body movements)
(4) Persistent preoccupation with parts of objects.

C) The disturbance causes clinically significant impairment in social, occupation, or other important areas of functioning.

D) There is no clinically significant general delay in language (e.g., single words used by age two years, communicative phrases used by age three years).

E) There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood.

F) Criteria are not met for another specific Pervasive Development Disorders or Schizophrenia.

Reprinted, with permission, from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, (1994). Washington, DC: American Psychiatric Association, p. 77.

Pervasive Developmental Disorder Not Otherwise Specified (Including Atypical Autism)
This diagnosis is used when an individual demonstrates impairments in the development of reciprocal social interaction or verbal and nonverbal communication, or when the repetitive and stereotyped behaviours are present, but the criteria are not met for Autistic Disorder, Asperger's Disorder, Rett's Disorder, or other specific conditions (DSM-IV, 1994).

Intervention Services for Preschool Children with Autism Spectrum Disorder

New Nouveau Brunswick

CONFIRMATION OF DIAGNOSIS FORM

Appendix B

Social Development
Tel: (506) 453-2950

CHILD'S INFORMATION (To be completed by Physician or Psychologist)

Name: _____

Medicare #: _____ Birth Date: ____/____/_____ (mm / dd / yyyy)

Family Physician: _____

Diagnosis:
- ☐ Asperger's Syndrome
- ☐ Pervasive Development Disorder – Not Otherwise Specified (PDD-NOS)
- ☐ Autism Spectrum Disorder (ASD)

DIAGNOSING PROFESSIONAL'S INFORMATION (To be completed by Physician or Psychologist)

Profession:
- ☐ Physician: _____ (Speciality)
- ☐ Psychologist

Name: _____

Address: _____ (suite, number, building, street)

_____ (city/town/village)

_____ (province) (postal code)

Telephone #: _____ Signature: _____ Date: ____/____/_____ (mm / dd / yyyy)

APPLICATION FOR SERVICES (To be completed by parent(s)/guardian)

Mother's (Guardian's) Name: _____

Mailing Address:

_____ (apt., number, street)

_____ (city/town/village)

_____ (province) (postal code) (telephone #)

_____ Date: ____/____/_____
Mother's (Guardian's) Signature (mm / dd / yyyy)

Father's (Guardian's) Name: _____

Mailing Address:

_____ (apt., number, street)

_____ (city/town/village)

_____ (province) (postal code) (telephone #)

_____ Date: ____/____/_____
Father's (Guardian's) Signature (mm / dd / yyyy)

Note: Parents or guardian will be asked to provide a copy of the diagnostic report to the service providers.

Parental or guardian signature above indicates agreement with the information provided above and provides consent to be contacted by Social Development = regarding services.

Once completed, mail to: ➔

Social Development
Early Childhood and School-Based Services
PO Box 6000
Fredericton, NB E3B 5H1

This form is also available for print on the FCS web-site at: http://www.gnb.ca/0017/index-e.asp

01/03/2006

Appendix C

Funding Application for Intervention Services for Pre-school Children with Autism Spectrum Disorder

An application must be submitted yearly for this funding.

This **application requires the participation of an authorized representative of the agency providing Intervention Services for Pre-school Children with Autism Spectrum Disorder** and the parents / legal guardians of the child for whom the application for funding is being made.

Please Note: The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the New Brunswick Family Services Act. Disclosure of personal information is subject to the provisions of the New Brunswick protection of Personal Information Act.

Child's name: _____ (Last)	_____ (First)
Date of Birth:	Medicare #
Parent(s) Information:	
Name(s):	
Address:_____	Postal Code_____
Telephone # _____ (Home)	_____ (Work)

Services requested for 1 year period commencing _____ (yyyy/mm/dd) and ending _____ (yyyy/mm/dd)

Service Agency Name:
Service Agency Director:
Service Agency Mailing Address:
Telephone Number:

We the undersigned do hereby certify that all the information provided is true and complete to the best of our knowledge and belief.

_____ _____

Signature of Service Agency Representative Date: (yyyy/mm/dd)

_____ _____

Parent Signature Date (yyyy/mm/dd)

_____ _____

Parent Signature Date (yyyy/mm/dd)

Please forward application to:

Department of Social Development
Early Childhood and School-Based Services
P.O. Box 6000
Fredericton, New Brunswick
E3B 5H1

For office use only

Approved ❒ for _____ to _____
Date Date

Not approved ❒

Signature: _____ _____
Authorized representative of Dept. of Social Development Date

Note: Form available for print on FCS Website
http://www.gnb.ca/0017/index-e.asp

Appendix D

New Nouveau Brunswick

SD RECORD CHECK AND CRIMINAL RECORD CHECK

Social Development

POLICY AND PROCEDURES

Updated: January 2002

TABLE OF CONTENTS

1.0 POLICY

1.1 Preamble

This policy has been developed to ensure that programs and services funded and/or approved by SD (Social Development) establish and maintain practices which protect children and vulnerable adults from being physically, sexually or financially abused by persons associated with these services. This policy applies to both facility and in home services, and includes an SD record check and a criminal record check.

1.2 Policy Statement

Any individual

a) against whom a court order has been made under the *Family Services Act* in relation to a child's security or development under paragraph 31(1)(e) and/or an adult's security under paragraph 37.1(1)(e)*; or

b) who has been found, as the result of a documented investigation under subsection 31(2) of the Act, to endanger the security or development of a child in accordance with paragraph 31(1)(e) and who has been informed, under paragraph 30(8)(b), of the findings and conclusions of the investigation*; or

c) who has been found, as the result of a documented investigation under subsection 35(1) of the Act, to endanger the security of an adult in accordance with paragraph 37.1(1)(e) and who has been informed of the findings and conclusions of the investigation*; or

d) who has been found, in accordance with section 27 (4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user*; or

e) who has a criminal record as outlined in Appendix B

shall not be permitted to

f) operate or work in a day care facility, adult residential facility, child placement facility (for example, a foster home or group home), in an AFLA, or at Adult Development Activities, Program & Training (ADAPT)

g) live in a day care facility, an adult residential facility, an AFLA or a child placement facility operated out of a personal residence

h) become an adoptive parent; or

i) provide home support services such as attendant care and homemaker.

* See Appendix A

1.3 Scope of the Policy

a) This policy **applies** to all individuals who

i) operate, apply to operate, or are employed or volunteer in:

* a Day Care Facility
* an Adult Residential Facility
* a Child Placement Facility
* Adult Development Activities Program & Training
* an Adult Day Centre; or
* an AFLA

ii) apply to become an adoptive parent; or

iii) provide in home support services; or

iv) who are adult occupants (ex. spouse, boarders, relatives) living in a special care home, an AFLA, foster home, prospective adoptive home or a day care which is operated out of a personal residence.

These individuals are to be screened for SD involvement under the *Family Services Act* as defined in section 1.2(a) to 1.2(d) of this policy. Those individuals having no such involvement with the Department are then to be screened for Criminal Code convictions as defined in section 1.2(e) of this policy.

b) This policy **does not** apply to:

i) individuals hired directly by a client or their family

ii) SD clients who have been placed in a facility as part of a case plan.

1.4 Non-compliance with the Policy

Refusal to undergo any of the procedures inherent to this policy will result in any of the following actions against the individual:

a) not being approved as an operator or, if already in business, the approval being revoked

b) not being permitted to live in a day care facility operated out of a personal residence

c) not being permitted to live in an AFLA, an adult residential facility or child placement facility

d) not being hired, or, if already employed, being dismissed or reassigned to a job where he/she does not have direct contact with clients and/or residents

e) being disqualified to adopt or foster.

If an operator, board or agency

f) fails to have a non suitable occupant move
g) proceeds to hire an individual who has refused to comply with this policy; or
h) fails to dismiss or re-assign such an employee

their approval will be revoked and, where applicable, their funding withdrawn .

2.0 PROCEDURE FOR SD RECORD CHECK:

The SD Record Check will be undertaken, at a minimum, every five years or as stipulated in regulations, or when there is reason to believe that an individual has been involved with the Department as outlined in Section 1.2 of this policy. This check can only be conducted by Social Development with the written consent of the individual. The procedure for conducting an SD Record Check is as follows:

2.01 Individuals are asked to complete the SD Record Check Consent Form (Appendix D) provided by the operator/service provider or the Department of Social Development.

2.02 The completed form is forwarded to the designated address of the Department of Social Development for processing. Generally, this will be processed within two weeks.

2.03 Once the SD Record Check has been processed, the individual, employing agency, operator or service provider will be notified by receiving a copy of the completed SD Record Check Consent Form (Appendix D). This process applies to all adult occupants as described in the Scope of the Policy, section 1.3 of this policy.

2.04 If the completed SD Record Check Consent Form indicates "no contravention" as outlined in Section 1.2 of this policy, the Criminal Record Check can then be initiated.

2.05 If the SD Record Check Consent Form indicates a contravention as outlined in section 1.2 of this policy, the policy is to be applied.

2.06 If a contravention is indicated, SD completes the FSA Contravention Record Form (Appendix E) which will be retained in the SD file.

2.07 Individuals can be considered for exemptions to section 2.05 if a period of at least 3 years has passed since the most recent contravention.

This determination should be based upon an assessment of the factors outlined in Appendix "C", Guidelines For Exemptions of Contraventions under the SD Record Check.

2.08 If the region grants an exemption, the criminal record check can then be initiated. Authority for this exemption rests with the Regional Director.

3.0 PROCEDURE FOR CRIMINAL RECORD CHECK:

The criminal record check will be undertaken, at minimum, every five years or as stipulated in regulations or when there is reason to believe, through hearsay or newspaper articles, that an individual has been convicted of a criminal offence under any section of the Criminal Code of Canada as listed in Appendix "B". Criminal record checks involving local police forces should go back a minimum of five years. The procedure for a criminal record check is as follows:

3.01 Individuals are asked to complete the Consent For Disclosure of Criminal Record Information form provided by the operator/service provider or the Department of Social Development.

3.02 Your local police agency will determine which one of the following two processes need to be followed:

a) The individual will bring the completed form and two pieces of identification to the local police agency, or

b) The individual will mail the completed Consent for Disclosure of Criminal Record Information to the local police agency.

Note: The police agency may charge a fee for conducting a criminal record check.

3.03 Once the criminal record check is processed by the police, the individual retains the original and submits for verification to the employing agency, operator or service provider who will retain a copy. This process applies to all adult occupants as described in the Scope of the Policy, section 1.3 of this policy.

Note: SD is responsible for retaining a copy of the criminal record check for foster parents, for adoptive parents, for operators of special care homes and day cares.

3.04 If the completed criminal record check indicates no record of criminal convictions as outlined in Appendix "B", the application process continues.

3.05 If the completed criminal record check indicates that a criminal record may exist:

a) and the individual denies having a record and wishes to proceed, he/she is required to go to the police to be fingerprinted. This is necessary in order to establish whether or not he/she does in fact have a record. If a record does not exist, the application process continues.
b) or the individual confirms having a criminal record and wishes to proceed, he/she is required to :

   i) discuss the nature of the conviction with the employing agency, operator or contract service provider.
   ii) provide written description of the offence(s) and conviction(s) that should include such details as type, circumstances, date, age of the victim and sentence. If the conviction occurred within the province, the individual's name and date of birth (specify Y/M/D) are to be sent to the designated Provincial Consultant in the Services to Adults with Disabilities and Seniors Services Unit who will send the information to the Department of Justice for verification. If the conviction occurred outside the province, the individual must contact the agency where the conviction occurred for details of the offence.

3.06 If after verification, the criminal conviction is one which is included in Appendix "B", the policy is to be applied.

3.07 Individuals having a criminal record, which is in contravention of the policy, are to be advised that they may seek a pardon. While awaiting the outcome of an application for a pardon the individual is to be considered to still have a criminal record. This process can take up to a year.

3.08 If a pardon is granted, the individual is no longer considered to have a criminal record relating to the offence.

APPENDIX "A"

Relevant Sections Under FSA

27(4) Where, upon completion of the evaluation referred to in subsection (1), the Minister is of the opinion that a community placement resource is

(a) operating without the Minister's approval;
(b) disregarding the criteria for admission to and discharge from the community placement resource or the program or physical requirements prescribed by the Minister or by regulation;
(c) of inadequate quality; or
(d) dangerous, destructive or damaging to the user of the community placement resource,

(e) the Minister shall direct the operator of the community placement resource immediately, or within such time as is specified in the directive, to do any or all of the following, namely

(f) to make changes recommended by the Minister with respect to the community placement resource;
(g) to suspend operation of the community placement resource until the recommendations of the Minister are complied with;
(h) to terminate operation of the community placement resource; or
(i) to remove the residents or participants from the community placement resource under conditions acceptable to the Minister.

30(8) Upon completion of any investigation undertaken by the Minister as a result of any information provided by any person, the Minister may so advise the person who provided the information, and shall inform

(a) the parent;
(b) any person identified during the investigation as a person neglecting or ill-treating the child; and
(c) the child, if in the opinion of the Minister he is capable of understanding.

as to the findings and conclusions drawn by the Minister.

27(4) Le Ministre, lorsqu'il est convaincu, après avoir effectué l'évaluation prévue au paragraphe (1), que le centre de placement communautaire

(a) fonctionne sans son agrément;
(b) méconnaît les critères d'admission ou de sortie, ou les exigences relatives aux programmes ou aux installations qu'il a, ou que les règlements ont prescrits pour ce centre;
(c) est d'une qualité insuffisante; ou
(d) est dangereux, destructif ou dommageable pour ses usagers,

(e) ordonne au responsable du centre de prendre immédiatement ou dans le délai prévu par la directive, l'ensemble ou une partie des mesures suivantes, qui consistent à

(f) effectuer les changements recommandés par le Ministre au sujet du centre de placement communautaire;
(g) suspendre le fonctionnement de ce centre tant que les recommandations du Ministre ne sont pas respectées;
(h) mettre fin au fonctionnement du centre; ou
(i) faire sortir du centre les pensionnaires et les participants, dans des conditions acceptables aux yeux du Ministre.

30(8) Dès que l'enquête entreprise par le Ministre à la suite des renseignements fournis par une personne est terminée, le Ministre peut en aviser la personne ayant fourni les renseignements, et doit informer

(a) le parent;
(b) toute personne identifiée lors de l'enquête comme négligeant ou maltraitant l'enfant; et
(c) l'enfant, si le Ministre estime qu'il est capable de comprendre,

de ses constatations et des conclusions qu'il a tirées de l'enquête.

30(8.1) Notwithstanding subsection (8), the Minister shall not inform any person referred to in paragraphs (8)(a) to (c) of the findings and conclusion drawn by the Minister if

(a) in the opinion of the Minister, the giving of the information would have the effect of putting the child's well-being at risk.
(b) in the opinion of the Minister, the giving of the information may impede any criminal investigation related to the neglect or ill-treatment of the child, or
(c) in the case of a person identified during an investigation as neglecting or ill-treating the child, the person has not been contacted as part of the Minister's investigation.

31(1) The security or development of a child may be in danger when

(e) the child is physically or sexually abused, physically or emotionally neglected, sexually exploited or in danger of such treatment.

31(2) Where the Minister receives a report or information about any situation that causes him to suspect that the security or development of a child may be in danger, he shall investigate and shall take such steps as the Minister considers necessary to determine whether the security or development of the child is in danger.

31(2.1) The Minister shall advise the parent of a child in respect of whom an investigation is being conducted under this section of the steps to be taken, being taken or that have been taken by the Minister in relation to the investigation, giving reasons wherever possible, at such times as are practicable and where the Minister believes that to do so would not impede the investigation or place the security or development of the child in danger.

30(8.1) Nonobstante le paragraphe (8), le Ministre ne doit pas informer une personne visée aux alinéas (8)(a) à (c) de ses constatations et des conclusions qu'il a tirées de l'enquête

(a) s'il estime que la fourniture de ces renseignements aurait pour effet de mettre le bien-être de l'enfant en danger,
(b) s'il estime que la fourniture de ces renseignements pourrait gêner toute enquête criminelle sur la négligence ou les mauvais traitements dont l'enfant est victime, ou
(c) si, dans le cas d'une personne identifiée lors d'une enquête comme négligeant ou maltraitant l'enfant, la personne n'a pas été contactée dans le cadre de l'enquête du Ministre.

31(1) La sécurité ou le développement d'un enfant peuvent être menacés lorsque

(e) l'enfant est victime de sévices ou d'atteintes sexuelles, de négligence physique, matérielle ou affective ou d'exploitation sexuelle, ou est menacé de tels traitements.

31(2) Lorsque le Ministre reçoit un signalement ou des renseignements sur des faits l'amenant à soupçonner que la sécurité ou le développement d'un enfant peuvent être menacés, il doit effectuer une enquête et prendre les mesures qu'il estime nécessaires pour déterminer si la sécurité ou le développement de l'enfant est menacé.

31(2.1) Le Ministre doit aviser le parent d'un enfant à l'égard duquel une enquête est effectuée en vertu du présent article, des mesures qui seront ou qui sont ou ont été prises par lui relativement à l'enquête, en donnant les raisons dans tous les cas où cela est possible, aux moments praticables et lorsque le Ministre croit que cela ne gênera pas l'enquête, ou ne menacera pas la sécurité ou le développement de l'enfant.

31(2.2) The Minister may make an *ex parte* application to a court for an order authorizing the Minister to conduct or to continue to conduct an investigation in relation to a child under this section where

(a) access to the child, or to any premises or area where the child is, is impeded or denied, or
(b) the Minister has reason to believe that access to the child, or to any premises or area where the child is, will be impeded or denied.

31(2.3) For the purpose of subsection (2.2), the court may grant an order authorizing the Minister to do all or any of the following in an investigation in relation to the child named in the order:

(a) to enter and to conduct in any specified premises or area, a physical examination of or an interview with the child, or both;
(b) to enter any specified premises or area and to remove the child from the premises or area, to a place to be determined by the Minister, for the purposes of having the child undergo a medical examination or so that an interview with the child may be conducted, or both;
(c) to enter and search any specified premises or area and to take possession of anything that the Minister has reasonable and probable grounds to believe is evidence that the security or development of the child is in danger; and
(d) to take any other steps on such terms and conditions as the court may order to determine whether the security or development of the child is in danger.

31(2.2) Le Ministre peut faire une demande *ex parte* à la cour pour l'obtention d'une ordonnance l'autorisant à mener une enquête ou continuer une enquête relativement à un enfant en vertu du présent article

(a) lorsque l'accès à l'enfant, ou l'accès aux locaux ou secteur où se trouve l'enfant est, gêné ou refusé, ou
(b) lorsque le Ministre a des raisons de croire que l'accès à l'enfant, ou l'accès aux locaux ou secteur où se trouve l'enfant sera gêné ou refusé.

31(2.3) Aux fins du paragraphe (2.2), la cour peut rendre une ordonnance autorisant le Ministre à prendre l'une ou l'ensemble des mesures suivantes lors d'une enquête relativement à l'enfant nommé dans l'ordonnance:

(a) entrer dans tous les locaux ou secteur spécifiés et procéder à un examen physique de l'enfant ou avoir un entretien avec lui, ou y faire les deux;
(b) entrer dans tous locaux ou secteur spécifiés et d'en faire sortir l'enfant et l'envoyer dans un endroit à être déterminé par le Ministre afin que l'enfant puisse subir un examen médical ou que l'on s'entretienne avec lui, ou pour ces deux raisons;
(c) entrer dans des locaux ou secteur spécifiés et les perquisitionner et prendre possession de toute chose pour laquelle le Ministre a des motifs raisonnables et probables de croire qu'elle constitue une preuve que la sécurité ou le développement d'un enfant est menacé; et
(d) prendre toutes autres mesures selon les modalités et conditions que la cour peut ordonner afin de déterminer si la sécurité ou le développement de l'enfant est menacé.

31(2.4) Notwithstanding subsections (2.2) and (2.3), the Minister may enter and search any premises or area where a child is, for the purpose of conducting or continuing to conduct an investigation under this section, without an order of the court and by force if necessary, where the Minister has reasonable and probable grounds to believe that the security or development of the child would be seriously and imminently in danger as a result of the time required to obtain an order of the court.

31(2.4) Nonobstant les paragraphes (2.2) et (2.3), le Ministre peut entrer et perquisitionner tous locaux ou secteur où un enfant se trouve, aux fins de mener ou de continuer une enquête en vertu du présent article, et ce sans une ordonnance de la cour et par la force si nécessaire, lorsque le Ministre a des motifs raisonnables et probables de croire que la sécurité ou le développement de l'enfant serait sérieusement et de façon imminente menacé dû au délai requis pour obtenir une ordonnance de la cour.

31(2.5) Where during an investigation conducted under this section, the Minister has reason to believe that the security or development of the child is in danger, the Minister may

(a) enter into an agreement with the parent of the child that specifies what is and what is not to be done to ensure that the security or development of the child is adequately protected,
(b) where the parent of the child is unable or unwilling to enter into an agreement referred to in paragraph (a) or the Minister determines that the security or development of the child can not be adequately protected by an agreement of that nature, apply to the court under subsection 51(2) for an order regarding the child, or
(c) in the circumstances described in subsection 32(1), place the child under protective care.

31(2.5) Lorsque pendant une enquête menée en vertu du présent article, le Ministre a des raisons de croire que la sécurité ou le développement d'un enfant sont menacés, il peut

(a) conclure une entente avec le parent de l'enfant qui spécifie ce qui doit être fait et ce qui ne doit pas être fait afin d'assurer que la sécurité ou le développement de l'enfant soient protégés de manière adéquate,
(b) lorsque le parent de l'enfant ne peut pas ou ne veut pas conclure une entente au sens de l'alinéa (a) ou si le Ministre détermine que la sécurité ou le développement de l'enfant ne peuvent être protégés de façon adéquate par une entente de cette nature, il peut faire une demande à la cour en vertu du paragraphe 51(2) pour l'obtention d'une ordonnance à l'égard de l'enfant, ou
(c) dans les circonstances décrites au paragraphe 32(1), placer l'enfant sous un régime de protection.

31(2.6) Where during an investigation conducted under this section, access to any record or document relevant to the security or development of the child is denied to the Minister, the Minister may make an *ex parte* application to a court for an order requiring the production of the record or document.

31(2.6) Lorsque pendant une enquête menée en vertu du présent article, l'accès à tout dossier ou document pertinent à la sécurité ou au développement d'un enfant est refusé au Ministre, il peut faire une demande *ex parte* à une cour pour l'obtention d'une ordonnance obligeant la production du dossier ou du document.

31(2.7) No action lies against a person who in good faith provides information, records or documents to the Minister or who in good faith otherwise assists the Minister in an investigation under this section.

31(2.7) Aucune action ne peut être intentée contre une personne qui, de bonne foi, fournit des renseignements, des dossiers ou des documents au Ministre ou qui, de bonne foi, aide autrement le Ministre dans une enquête en vertu du présent article.

35(1) Where the Minister has reason to believe that a person is a neglected adult or an abused adult, he shall cause an investigation to be made and, if he considers it advisable, may request and authorize a medical practitioner to examine and report on the physical and mental condition of the person and the care and attention he is receiving.

35(1) Lorsque le Ministre a des raisons de croire qu'une personne est un adulte négligé ou maltraité, il doit faire mener une enquête et s'il le juge souhaitable, il peut ordonner et donner l'autorisation à un médecin d'examiner cette personne et de faire un rapport sur son état physique et mental et sur les soins et l'attention qu'elle reçoit.

37.1(1) For the purpose of subsection (2), the security of a person may be in danger when

(e) the person is physically or sexually abused, physically or emotionally neglected, sexually exploited or in danger of such treatment;

37.1(1) Aux fins du paragraphe (2), la sécurité d'une personne peut être en danger lorsque

(e) la personne est physiquement ou sexuellement maltraitée, négligée physiquement ou affectivement, exploitée sexuellement ou risque de subir un tel traitement;

APPENDIX "B"

CRIMINAL CODE		CODE CRIMINEL	
Section	General Description of Offence	*Article*	**Description générale de l'infraction**
151	Sexual interference	151	Contacts sexuels
152	Invitation to sexual touching	152	Incitation à des contacts sexuels
153	Sexual exploitation	153	Personnes en situation d'autorité
153.1	Sexual exploitation of person with disability	153.1	Personnes en situation d'autorité
	Incest	155	Inceste
155	Anal intercourse	159	Relations sexuelles anales
159	Bestiality	160	Bestialité
160	Corrupting morals	163	Corruption des moeurs
163	Child pornography	163.1	Pornographie juvénile
163.1	Immoral theatrical performance	167	Représentation théâtrale Immorale
167	Mailing obscene matter	168	Mise à la poste de choses obscènes
168	Parent or guardian procuring sexual activity	170	Père, mère ou tuteur qui sert d'entremetteur
170	Householder permitting sexual activity	171	Maître de maison qui permet des actes sexuels interdits
171	Corrupting children		Corruption d'enfants
172	Indecent acts	172	Actions indécentes
173	Causing disturbance, indecent exhibition, loitering	173	Troubler la paix, etc.
175	Abandoning child	175	Abandon d'un enfant
	Criminal negligence	218	Négligence criminelle
218	Causing death by criminal negligence	219	Le fait de causer la mort par négligence criminelle
219	Causing bodily harm by criminal negligence	220	Causer des lésions corporelles par négligence criminelle
220	Murder, manslaughter and infanticide	221	Meurtre, homicide involontaire coupable et infanticide
221	Counseling or aiding suicide	229-240	Fait de conseiller le suicide ou de l'aider
229-240	Neglect to obtain assistance in child birth	241	Négligence à se procurer de l'aide lors de la naissance d'un enfant
241	Concealing body of child	242	Suppression de part
242	Causing bodily harm with intent-firearm	243	Fait de causer intentionnellement des lésions corporelles – arme à feu
243	Causing bodily harm with intent – airgun or pistol	244	Fait de causer intentionnellement des lésions corporelles – fusil ou pistolet à vent
244	Administering noxious things	244.1	Fait d'administrer une substance délétère
244.1	Overcoming resistance to commission of offence	245	Fait de vaincre la résistance à la perpétration d'une infraction
245	Uttering threats	246	Proférer des menaces
246	Assault		Voies de fait
	Assault with a weapon or causing bodily harm	264.1	Agression armée ou infliction de lésions corporelles
264.1	Aggravated assault	265, 266	Voies de fait graves
265, 266		267	
267		268	
268			

	CRIMINAL CODE		CODE CRIMINEL
Section	General Description of Offence	*Article*	**Description générale de l'infraction**
269	Unlawfully causing bodily harm	269	Lésions corporelles
269.1	Torture	269.1	Torture
270	Assaulting a peace officer	270	Voies de fait contre un agent de la paix
271	Sexual assault	271	Agression sexuelle
272	Sexual assault with a weapon, threats to a third party or causing bodily harm	272	Agression sexuelle armée, menaces à une tierce personne ou infliction de lésions corporelles
273	Aggravated sexual assault	273	Agression sexuelle grave
273.3	Removal of child from Canada	273.3	Passage d'enfants à l'étranger
279-283	Kidnapping, hostage taking, abduction	279-283	Enlèvement, prise d'otage et rapt
318	Advocating genocide	318	Encouragement au génocide
319	Public incitement of hatred	319	Incitation publique à la haine
330	Theft by person required to account	330	Vol par une personne tenue de rendre compte
331	Theft by person holding power of attorney	331	Vol par une personne détenant une procuration
336	Criminal breach of trust	336	Abus de confiance criminel
343-346	Robbery and extortion	343-346	Vol qualifié et extorsion
356	Theft from mail	356	Vol de courrier
363	Obtaining execution of valuable security by fraud	363	Obtention par fraude de la signature d'une valeur
368	Uttering forged document	368	Emploi d'un document contrefait
374	Drawing document without authority	374	Rédaction non autorisée d'un document
380	Fraud	380	Fraude
423	Intimidation	423	Intimidation
430	Mischief	430	Méfait
433-436	Arson	433-436	Incendie criminel
446	Causing unnecessary suffering (cruelty to animals)	446	Faire souffrir inutilement un animal

APPENDIX "C"

Guidelines for Exemptions of Contraventions

SD RECORD CHECK

A thorough examination of the SD records is required to determine if an individual qualifies for exemptions under Section 2.07 of the policy.

This determination should be based upon consideration of the following:

a) The relevance of the recorded incident or pattern of incident(s) to the duties and responsibilities of the designated position.

b) The probability that behavior which is incompatible with employment in the designated position will or will not occur. Questions to consider should include:

   i) What were the circumstances of the contravention? Were there extenuating circumstances?

   ii) Are there reasons to suggest that the behavior would be repeated? If the behavior were repeated, would it pose a threat to the ability to provide services safely and efficiently? Is there evidence of rehabilitation?

   iii) How old was the individual at the time of the contravention? How much time has elapsed since the contravention? What has the individual done in the interim?

Please return to: **APPENDIX "D"**

Name of Agency/Service: _____

Address: _____ **Telephone:** _____

Full Name of Applicant: _____
Surname *First Name* *Middle Name*

Maiden Name: _____ **Other surnames:** _____

Date of Birth: _____ **Sex:** _____
Year *Month* *Day*

Current Address: _____

Previous Addresses (within past five years): _____

1.0 SD Record Check Consent Form

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting an SD Record Check & disclosing information obtained through that record check to the aforementioned care provider.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the Family Services Act.

Any individual

a) against whom a court order has been made under the Family Services Act in relation to a child's security or development under paragraph 31(1)(e) and/or an adult's security under paragraph 37.1(1)(e); or
b) who has been found, as the result of a documented investigation under subsection 31(2) of the Act, to endanger the security or development of a child in accordance with paragraph 31(1)(e) and who has been informed, under paragraph 30(8)(b), of the findings and conclusions of the investigation; or
c) who has been found, as the result of a documented investigation under subsection 35(1) of the Act, to endanger the security of an adult in accordance with paragraph 37.1(1)(e) and who has been informed of the findings and conclusions of the investigation; or
d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user

shall not be permitted to;

- operate or work in a day care facility, adult residential facility, child placement facility (for example, a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence;
- provide home support services, such as attendant care, and homemaker;
- become an adoptive parent.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization.

X _____ Dated this ____ day of _____, 20_____
Signature of Applicant

TO BE COMPLETED BY SD

[ ] Contravention not indicated **[[Contravention indicated** **Signature _____ Date _____**

COPY OF THIS PAGE TO BE PROVIDED TO AGENCY/SERVICE FOR ITS RECORD.

<u>DETAILS OF CONTRAVENTION TO BE RECORDED ON THE ATTACHED FORM.</u>

APPENDIX "E"

FSA Contravention Recording Form

(For SD Use Only)

Name of applicant: _____ Date of Birth: _____

Name of Agency/Service: _____

_____ Contravention indicated Details/Results _____

_____

_____

_____

COMPLETED BY _____
Signature

DATE _____

CHART OF ACCOUNTS – AUTISM AGENCIES / PLAN COMPTABLE DES ORGANISMES OFFRANT DES SERVICES AUX ENFANTS AUTISTES

SUMMARY / SOMMAIRE

FIXED ASSETS / IMMOBILISATIONS (1500 – 1690) (con't / suite)

1540 Other Depreciable Property / Autres biens amortissables
1550 Leasehold Improvements / Améliorations locatives
1560 Buildings / Bâtiments
1570 Building Improvements / Améliorations aux bâtiments
1650 Land / Terrain
1600 Accumulated Depreciation – Office Furniture & Fixtures / Amortissement cumulé – Mobilier et accessoires de bureau
1610 Accumulated Depreciation – Computer Equipment / Amortissement cumulé – Matériel informatique
1620 Accumulated Depreciation – Computer Software / Amortissement cumulé – Logiciels
1630 Accumulated Depreciation – Vehicles / Amortissement cumulé – Véhicules
1640 Accumulated Depreciation – Other Depreciable Property / Amortissement cumulé – Autres biens amortissables
1650 Accumulated Depreciation – Leasehold Improvements / Amortissement cumulé – Améliorations locatives
1660 Accumulated Depreciation – Buildings / Amortissement cumulé – Bâtiments
1670 Accumulated Depreciation – Building Improvements / Amortissement cumulé – Améliorations aux bâtiments

OTHER ASSETS / AUTRES ACTIFS (1900 – 1990)

1900 Deposits / Dépôts
1920 Goodwill / Fonds commercial
1930 Incorporation Costs / Coûts de constitution
1940 Accumulated Depreciation - Incorporation Costs / Amortissement cumulé – Coûts de constitution

CURRENT LIABILITIES / PASSIF À COURT TERME (2100 – 2690)

2100 Accounts Payable – Trade / Créditeurs – Commerce
2110 Accounts Payable – Private Clients / Créditeurs – Clients privés
2120 Accounts payable – FCS / Créditeurs – SFC
2130 Bank Loan – Current period / Prêt bancaire – Exercice courant
2140 Bank Advances / Avances bancaires
2150 Credit Card Payable / Paiements de cartes de crédit
2160 Corporate Taxes Payable / Impôt sur le revenu des corporations à payer
2170 Vacation Payable / Vacances à payer
2180 EI Payable / Cotisations à l'assurance-emploi à payer
2185 CPP Payable / Cotisations au RPC à payer
2190 Federal Income Tax Payable / Impôt fédéral sur le revenu à payer
2230 WHSCC Payable / Cotisations à la CSSIAT à payer

CURRENT LIABILITIES / PASSIF À COURT TERME (2100 – 2690) (con't / suite)

2240 Group Health Payable / Cotisations au régime collectif de soins médicaux à payer
2250 Group Life Insurance Payable / Cotisations au régime collectif d'assurance-vie à payer
2370 HST Charged on Sales / TVH perçues sur les ventes
2380 HST Adjustments / Rajustements au titre de la TVH
2390 Interest Expense / Intérêts débiteurs
2460 Prepaid Sales / Deposits / Ventes prépayées et dépôts
2620 Bank Loans – Current Portion / Prêts bancaires à payer – Versement exigible à court terme
2630 Mortgage Payable – Current Portion / Prêt hypothécaire à payer – Versement exigible à court terme
2680 Loan From Shareholder – Shareholder 1 / Prêt d'actionnaire – Actionnaire 1
2682 Loan From Shareholder – Shareholder 2 / Prêt d'actionnaire – Actionnaire 2

LONG TERM LIABILITIES / PASSIF À LONG TERME (2700 – 2790)

2700 Bank Loans Payable – Long Term / Prêts bancaires à payer à long terme
2740 Mortgage Payable – Long Term / Prêt hypothécaire à payer à long terme

EQUITY ACCOUNTS / COMPTES DE CAPITAL (3350 – 3590)

3350 Common Shares / Actions ordinaires
3390 Preferred Shares / Actions privilégiées
3560 Retained Earnings – Previous Year / Bénéfices non répartis – Exercice précédent

REVENUE ACCOUNTS / COMPTES DE PRODUITS (4100 – 4390)

4100 Intervention Fees – FCS / Honoraires d'intervention – SFC
4150 Revenue – Private Clients / Recettes – Clients privés
4200 Administrative Fees – FCS / Frais administratifs – SFC
4300 Revenue – Miscellaneous / Produits divers
4350 Travel Allowance - FCS / Indemnité de déplacement – SFC
4400 Revenue – Interest / Revenus d'intérêts

EXPENSES / DÉPENSES OPERATIONAL / FONCTIONNEMENT (5100 – 5390)

5100 Clinical Supervision – Contracted / Surveillance clinique à forfait
5120 ASW & Senior Therapist- Contracted / TSA et thérapeute principal à forfait
5130 Child Assessment – Contracted / Évaluation de l'enfant à forfait
5140 Speech Assessment – Contracted / Évaluation de la parole à forfait

EXPENSES / DÉPENSES OPERATIONAL / FONCTIONNEMENT (5100 – 5390) (con't / suite)

- 5150 Other Professional Support – Contracted / Autre soutien professionnel à forfait
- 5170 Daycare / Early Intervention Services – Contracted / Services de garderie et d'intervention précoce à forfait
- 5190 Family Training & Material / Formation de la famille et documents
- 5200 Wages and Salaries – Autism Support Workers / Salaires et traitements – Travailleurs de soutien en autisme
- 5220 Wages and Salaries – Senior Therapist / Salaires et traitements – Thérapeute principal
- 5230 Wages and Salaries – Clinical Supervision / Salaires et traitements – Surveillance clinique
- 5300 CPP Expense / Dépenses associées au RPC
- 5310 EI Expense / Dépenses associées à l'assurance-emploi
- 5320 WHSCC Expense / Dépenses associées à la CSSIAT
- 5330 Group Health Expense / Dépenses associées au régime collectif de soins médicaux
- 5340 Group Life Expense / Dépenses associées à l'assurance-vie collective
- 5350 Group RRSP Expense / Dépenses associées au REER collectif
- 5360 Training – Employee / Formation des employés
- 5370 Training Material – Employee / Matériel de formation des employés
- 5380 Intervention / Therapy Materials – Child Related / Matériel pour l'intervention ou la thérapie de l'enfant
- 5385 Assessment / Testing Material / Matériel pour les évaluations et les tests
- 5390 Toys / Books – Child Related / Jouets et livres pour les enfants
- 5395 Transportation – Child Related / Transport pour les enfants

ADMINISTRATION / ADMINISTRATION (5400 – 5990)

- 5400 Administrative Wages and Salaries / Salaires et traitements – Administration
- 5405 Administrator Bonus / Prime de l'administrateur
- 5410 Administrative Wages – Contracted / Salaires du personnel administratif à forfait
- 5420 Maintenance Wages & Salaries / Salaires et traitements – Entretien
- 5430 CPP Expense / Dépenses associées au RPC
- 5450 EI Expense / Dépenses associées à l'assurance-emploi
- 5470 Employee Benefits / Avantages sociaux des employés
- 5500 Accounting & Legal / Frais comptables et juridiques
- 5520 Advertising & Promotions / Publicité et promotion
- 5540 Amortization Expense / Amortissement
- 5560 Bad Debts / Créances irrécouvrables
- 5580 Bank Charges / Frais bancaires
- 5590 Charitable Contribution Expense / Dons de bienfaisance

ADMINISTRATION / ADMINISTRATION (5400 – 5990) (con't / suite)

5600 Cleaning Supplies / Articles de nettoyage
5620 Courier & Postage / Courrier et poste
5640 Credit Card Purchases / Achats par carte de crédit
5660 Dues and Subscriptions / Cotisations et abonnements
5700 Electricity / Électricité
5720 Income Taxes / Impôt sur le revenu
5740 Insurance / Assurance
5750 Leasehold Improvements / Améliorations locatives
5760 Office Supplies / Fournitures de bureau
5780 Other Expenses / Charges diverses
5790 Property Taxes / Impôt foncier
5800 Rent / Loyer
5820 Repair & Maintenance / Réparations et entretien
5840 Telephone/Fax/Cable / Téléphone, télécopieur et télévision par câble
5900 Travel – Accommodations / Déplacement – Hébergement
5910 Travel – Meal Allowance / Déplacement – Indemnité pour les repas
5920 Travel – Kilometers / Déplacement – Kilomètres
5940 Snow Removal / Déneigement
5960 Vehicle Lease / Location de véhicule
5980 Vehicle Gas & Repairs / Essence et réparation du véhicule

A guide for Provincial Autism Agencies and Approved Child Day Care staff

March 2008
Department of Social Development

Autism Spectrum Disorder (ASD) occurs in approximately 1 in 166 children and is four to five times more common in boys than girls. There are highly effective treatments and intervention methods that are available to help individuals and their families manage this disorder. These interventions can result in global gains and improve the long term outcome in children in the areas of social, adaptive and behavioral functioning.

In New Brunswick, intensive intervention for all preschool-aged children with a diagnosis of Autism Spectrum Disorder is provided by seven agencies across the province. These agencies are approved and funded by the Department of Social Development.

The intensive intervention (approximately 20 hours per week) may occur in the child's home, a clinic or in an alternate child care setting. If the intervention is to be in an approved child care facility everyone involved must ensure that the environment serves as a positive and supportive environment for that child.

This document is intended to support a strong collaborative working relationship between the staff of the approved autism agency, the approved child care facility and the parents. The agency and child care facility are encouraged to use this document to meet their operating needs by developing clear policies and procedures on how to collaborate in providing intervention services to preschool aged children with autism.

Each child day care facility and autism agency is accountable to the Department of Social Development (SD) offered by their facility in accordance with government policies, standards and service contract. Therefore the policies and procedures must be in accordance with both programs operating standards.

"Building positive working relationships between service providers and parents is essential"

Roles and Responsibilities

The Parent
The parent plays the most important role in supporting, nurturing and caring for their child. The parent is the child's primary caregiver and must be incorporated as an integral part of the intervention team.

Intervention Services for Preschool Children with Autism Spectrum Disorder
These are non-government individuals/agencies that have been approved to provide Intervention Services for preschool aged children with autism through a contract with the Department of Social Development. The Clinical Supervisor (CS) and Autism Support Worker (ASW) are both employed by the autism agencies

Clinical Supervisor (CS)
The individual on the team responsible for the design and development of the individualized intervention plan and for the ongoing supervision of that plan

Autism Support Worker (ASW)
The Autism Support Worker role is to implement the direct intervention programs with the child at the agency, home and/or at the child care facility.

Child Day Care Facility
Is a facility which is approved by the Department of Social Development and must provide learning opportunities in an environment that is positive, stimulating, safe and accessible to all children.

The Director of the Child Day Care Facility
This person is responsible for the management and supervision of all staff. Responsibilities also include the monitoring of all programs, activities and decisions which relates to the operation of the child day care facility.

The Early Childhood Educator (ECE)
The Early Childhood Educator is the individual employed by the child day care facility who is responsible for the care and supervision of a group of children including the developmental and implementation of appropriate programming and activities.

The Support Worker (SW)
Is a person who is hired by the child daycare facility to provide additional supports to a child who has been diagnosed with a disability or is developmentally challenged?

Individual Program Plan (IPP)
Is a plan developed with parental input that promotes developmental growth with both broad and specific goals related to improving daily living skills and increasing independence in a social or school environment and at home^

Intervention Team
Is the group of professionals providing services to the child/family as outlined in the child's Individual Program Plan developed by the Autism Agency? This team may include:

- *Parents*
- *Clinical Supervisors, Senior Therapist and Autism Support Workers*
- *Rehabilitation professionals through Regional Health Authorities, for example, Speech and Language Pathologist, Occupational Therapist, Physiotherapist*
- *Private clinicians, for example, psychologists*
- *Pediatricians*
- *Director of the Child Day Care Facility*
- *Community resources*

Developing a Service Agreement between the Child Care Facility, Parents and Autism Agency

The Autism Agency is responsible for developing the child's *Individual Program Plan* which:

- describes the targeted goals that guide the day-to-day programming
- must be in accordance with the role of the family, corresponding rehabilitation, health, and community services, for example, child day care facilities
- describes the optimum services for the child, based on the child's strengths, needs and the available services and supports in the community
- identifies attainable goals for the child
- indicates the level of intensity, the appropriate settings and duration of intervention
- includes transition planning for the child's next environment, usually to preschool or school

In many cases a portion or all of a child's programming may occur within a child day care facility. In order to promote effective practices, it is suggested that a service agreement be developed that documents the responsibility/ties of each service and the parents in relation to the individual program plan of the child while attending the child care facility. This agreement should be in place and agreed upon by all parties before services begin at the child day care facility.

The agreement should reflect:

- an understanding of each program's operating standards
- a sharing of all information pertinent to meet the needs of the child in the child day care facility.
- discussions between the child day care facility, autism agency and parent as to how to meet the goals and objectives for the child
- the specific responsibilities of the parent and each professional while the child is attending the child care facility. This would include such areas as:
    - What happens with planned outings/activities within the facility
    - Responsibilities for toileting
    - Behavioral Management Policies
    - Cancellation of the agency's intervention services
    - Team membership/Participation of team meetings
    - Usage of material and equipment at facility
    - Confidentiality issues
    - Communication with Parents
    - Program Inquiries
    - Program Complaints
- the processes required to support collaboration between the agency, the child care facility and the parents..

Suggestions to facilitate a mutual understanding of services:

- Facilitate a general tour of the child day care facility and of the autism agency and discuss what is to be expected in their environments on a daily basis.
- Invite each other to a staff meeting in order to present information on services and service delivery system
- Extend an invitation to attend mutually beneficial professional development or training sessions, e.g. some agencies offer sessions to parents and staff on behavior management, this information could be valuable for child care facility staff.

Possible scenarios

There are three situations in which a preschool aged child with Autism Spectrum Disorder may attend an approved child day care facility.

Scenario 1

A preschool aged child with autism may be attending a child day care facility because his/her parent(s) are working or in training. In this case intensive intervention services may be provided at the child day care facility.

Roles and responsibilities

- The child day care facility may have been previously chosen by the parent or in consultation with the Autism Agency
- Once a space is secured, the Director and CS will meet and discuss arrangements required to support interventions services for that child in the facility
- The Director or designate of the child day care facility will become a member of the child's Intervention Team.
- The CS will be responsible for the design and development of the individualized program plan and ongoing supervision of the plan.
- The ASW will provide one on one intervention services in an available space provided within the facility for up to 20 hours per week
- The Director of the child day care facility in conjunction with the parents will decide if additional supports are required for the child to attend the facility outside of the 20 hours of one on one intervention services provided by the autism agency.
- If additional supports are required, the child day care facility will request funding under the Integrated Daycare Program (IDC). Note*: As an option, the Autism Agency can apply for the IDC funding to provide intervention support toward inclusion of the child within the child care classroom.
- If the parents are working or in training, the child day care facility may also apply for additional funding under the Support Worker Program.
- The child care staff and Support Worker are responsible for the child's programming at the child day care facility when intervention services are not being provided by the Autism Agency.

Funding

- Parents are responsible for the tuition fees of the child day care facility.
- Parents may access the Day Care Assistance Program to help cover some of their costs
- The 20 hours of one on one intervention is funded directly to the agency by the Department of Social Development
- Funding under the IDC program for the additional supports in the child day care setting is funded directly to the child care facility or the Autism Agency by the Department of Social Development.
- Additional funding required for the Support Worker under the Support Worker Program, must be requested by the child care facility and is funded directly to the facility by the Department of Social Development.

Scenario 2

A preschool aged child with autism may attend a child care facility under the Integrated Daycare Program because he or she would benefit from being integrated in a child care setting to generalize skills and to prepare for their transition to school

Roles and Responsibilities

- The Autism Agency in conjunction with the parents determines when the child is ready to benefit from an inclusive child care setting.
- Together with the parents, the Autism Agency will review potential child care facilities in their area to find a facility that meets the child's needs for intervention services.
- Once a space is secured, the child care facility, Autism Agency and parents will meet and discuss arrangements required to support interventions services for that child in the facility.
- The child day care facility (director and/or ECE) will then become a member of the intervention team.
- The Autism Agency in consultation with the child care facility will be responsible for the development of the individualized program plan (in consideration of the Early Learning and Care curriculum) and the on-going monitoring of that plan.
- The ASW will implement programs to support inclusion of the child in a group setting at the facility (approximately 6-8 hours per week)
- The Director/Designate of the child care facility will work closely with the CS and ASW in order to ensure the service provided in the facility meet the child's developmental goals as outlined in the individualized program plan
- The Director/or designate of the child day care facility will provide support to his/her staff as they work together with the CS and AWS to integrate the child with his/her peers
- The ASW will continue to provide 20 hours of one on one intervention services in the child's home or at the clinic

Funding

- Parents are responsible for the tuition fees of the child day care facility.
- Parents may access the Day Care Assistance Program to help cover some of the tuition cost.
- The Integrated Daycare funding would be funded directly to the agency through the Department of Social Development
- The 20 hours per week of intervention services provided in the child's home or clinic are funded directly to the agency by the Department of Social Development

Scenario 3

A preschool aged child with autism may need to attend a child day care facility because it is not feasible to provide the intervention services in the child's home or a clinic setting is not available. The child day care facility then becomes the appropriate setting for the intervention services.

Roles and Responsibilities

- Together with the parents, the Autism Agency will review potential child care facilities in their area to find a facility that meets the child's needs for intervention services.
- Once a space is secured, the child day care facility, Autism Agency and parents will meet and discuss arrangements required to support interventions services for that child in the facility.
- The child day care facility will then become a member of the intervention team.
- The Autism Agency is responsible for the design and development of the individualized program plan and ongoing supervisor of that plan.
- The ASW will provide one on one intervention services in an available space provided by the child care facility
- The child would not be attending the child care facility outside of their 20 hours of one on one intervention until it was determined that the child could benefit from integration with his/her peers.

Funding

- Parents are responsible for the tuition fees of the child day care facility.
- Parents may access the Day Care Assistance Program to help cover some of the tuition cost.
- The 20 hours of one on one intervention is funded directly to the agency by the Department of Social Development.

*Integrated Day Care Program (IDC)

This program is to provide funding for additional supports to a child who has been diagnosed with a disability or has been assessed as demonstrating a functional developmental challenge. This child is not able to participate in a child care setting without additional resources.

Under the IDC program, there are two funding options for children who have autism:

1. The child care facility applies for the IDC funding through a referral initiated by an Early Childhood Initiatives (ECI) Public Health Nurse.
    - In this case, the Director receives funding provided by the Department of Social Development to hire a SW in order to support the child at the facility
    - Under this option, the Early Childhood Educator or the SW is responsible for the programming for the child while at the facility.
    - The Autism Agency may provide consultation to the child care facility if requested.

2. The Autism Agency can apply for the IDC funding directly through the Regional Early Childhood Services Coordinators
    - To receive this funding the Autism Agency collaborates with the Director and parents as to the number of hours and the content of the programming provided to the child while attending the facility for inclusive learning.
    - This funding is allocated directly to the agency to support approximately 6-8 hours per week.
    - The Autism Agency in consultation with the child care facility will be responsible for the development of the individualized program plan (in consideration of the Early Learning and Care curriculum) and the on-going monitoring of that plan.
    - The Autism Support Worker is responsible for the implementation of the programs to support the child's inclusion with his/her peers in a child care setting.

"These children need our support and guidance"

Department of Social Development Contacts

Sheila Bulmer
Provincial Advisor, Department of Social Development
Intervention Services for Preschool Children with Autism Spectrum Disorder
506-453-2290

Diane Lutes
Provincial Consultant, Department of Social Development
Day Care Services
506-869-6878

Rachel Brown
Provincial Program Consultant, Department of Social Development
Early Childhood and School Based Services
506-453-3352

Funding Application Form
Inclusive Day Care Services for Children with Autism Spectrum Disorder

_____ **Date Funding Begins:** _____

Name of Child:

Date Funding Ends: _____

Date of Birth: _____

Agency Information

Name of Agency: _____

Address: _____

_____Postal Code _____ Telephone #: _____

Agency Funding Requirements

Hourly Rate: $_____
Hours per week: _____x
weeks per year: _____x
TOTAL: =_____

NOTE: Please submit a copy of the child's inclusive program plan.

Day Care Information

Name of Day Care Facility: _____

Telephone Number: _____ **Number of Approved Spaces**: _____

Enrollment by ages served (at time of this application) _____

Infants _____ 2 year olds _____ 3 year olds _____

4 year olds _____ 5 year olds _____ 5 to 12 year olds _____

Number of other children with *developmental delays* currently enrolled and receiving funding: _____

Number of Primary Staff _____ Number of Support Staff _____

Agency Support

Autism Support Worker Scheduled Time:	Monday	Tuesday	Wednesday	Thursday	Friday
	___to___	___to___	___to___	___to___	___to___

Name of Autism Support Worker: _____

Signature of the operator of the day care facility: _____ _____
Date

Signature of parent(s) / guardian(s): _____ _____
Date

Signature of Agency: _____ _____
Date

Approval
(Regional Office use only)

Funding Approved _____÷ _____ months = $ _____ / month

Approved by: _____ Date :_____
Early Childhood Services Coordinator

Approved by : _____ Date : _____
Supervisor

This funding is effective from _____ to _____ inclusive

If renewal required, send Renewal Funding Application to coordinator by: _____

Department of Education

Transition of Students with Autism Spectrum Disorder from Pre-school Agencies into New Brunswick Schools

Educational Services Division
2008

Transition of Students with Autism Spectrum Disorder from Pre-school Agencies into New Brunswick Schools

The transition from an early intervention program into kindergarten, as well as between grade levels, can be especially challenging for students with a diagnosis of Autism Spectrum Disorder. It is, therefore, important that transition planning begin early and be part of the Special Education Plan (SEP) process. The following are some guidelines that will help in facilitating a smooth transition:

Transition to School Plan

Step 1: Sharing Information

- Six months prior to school entry, the student's early intervention team/agency will contact the local school district where the child will be entering kindergarten.
- Agencies should keep in mind that some school districts might require this information as early as January 1, as transition case conferences often begin in February/March.
- Agencies will forward a "Transition to School" form (see Appendix A) to each district; this form includes the name of the child and parent(s), date of birth, service providers, and other pertinent information. The intervention service agencies will require consent from parents to share documents or information about a child with the school.
- Names of newly diagnosed children and/or children who have recently moved to the area, who are receiving services from an agency and who will enter kindergarten in the fall, will be provided to the school district as soon as possible.

Step 2: Parent Information Meeting

- In order to alleviate some of the anxiety families may be experiencing as their children transition from an early intervention program to school, a general information meeting for parents of children with ASD *may* be held at each school district.
- These meetings will be coordinated by the district Resource Teacher - Autism, in collaboration with the district Learning Specialist for Student Services, and an invitation will be sent to parents once the contact information has been received from agencies.
- Meetings will be open to parents of children with an ASD entering kindergarten in the fall, agency personnel, and appropriate district representatives.

- In some cases, it may be helpful for agency personnel and district representatives to meet prior to the information session in order to discuss and clarify what will be covered during the meeting.
- The purpose of the meeting will be to share information, and to answer general questions about the upcoming transition process, but will not specifically address the needs of individual children at this time. Information shared at this preliminary meeting should include:

    1. Description of the transition process and steps involved
    2. Explanation of confidentiality guidelines and the importance of sharing information with the new school team. Parents will be requested to forward documentation of diagnosis as well as other relevant reports.
    3. Clarification of the purpose of the general information meeting versus specific individual student transition meetings
    4. Information on planned individual student transition meetings and the date(s) scheduled
    5. Overview of school programs and the support services available from schools, district, and Department of Education
    6. Clarification of roles, including agency personnel during the transition period, classroom teacher, school resource teacher, district resource teacher-autism, and/or teacher assistant (with or without ABA training) where appropriate, and when/how these decisions are made by the schools
    7. District protocol for speech-language pathologist, occupational therapist, physiotherapist, and other support services for students with exceptionalities

Step 3: Information Gathering

- Following the parent information meeting, documentation of diagnosis and written consent, as well as additional direct information, will be collected from agencies to assist in planning for the school transition. The information-gathering process will include the following:

    1. The district Resource Teacher – Autism, in consultation with parents and the child's agency Clinical Supervisor, will schedule one or more observations of the child in his/her early intervention setting (i.e. home, clinic, and/or daycare).
    2. With the consent of the parent(s), the intervention service agency will provide a general overview/outline regarding the child's programs as well as relevant assessments regarding the child's progress to the district Resource Teacher - Autism, district Learning Specialist for Student Services, and the school principal. This informal report should include a summary of the teaching strategies and supports that are currently being used with the child, including

any current acquisition programs, behavior protocols, maintenance programs and/or other information the agency feels would be beneficial to share with school/district staff. Updated information should be shared with the staff closer to the date of school entry, as the child's skills are likely to change over the course of the summer months.

3. The district Resource Teacher - Autism will contact the agency directly at least two (2) weeks prior to the scheduled case conference to request the above informal report and to invite agency personnel to participate in the scheduled case conference.
4. Early Intervention Speech Language Pathologists and Occupational Therapists (if applicable) are requested to forward updated assessment reports to the district and the school prior to the case conference, and may wish to attend the case conference.

Step 4: Individual Student Transition Meeting(s)

- Individual transition meetings for all children transitioning from an early intervention autism service agency to school will be scheduled by each district between the months of February and June.
- The date for this meeting will be scheduled by the district Learning Specialist for Student Services and/or RT-A by March in order for all persons to plan for attendance.
- Essential participants for this case conference will be the family, agency CS, and district RT-A, and at least one school student services team member. This invitation will also be extended to other direct service providers as identified and arranged by the agency team.
- At this time, participants should discuss the child's strengths and areas of deficit, review assessment information, and consider the continuum of supports available in the school. Information regarding behavioural concerns, positive behavior supports, issues that may impact on student learning (stressors, triggers, sensory issues, etc.), effective instructional strategies, preferred methods of communication, etc., should also be shared during this transition meeting.
- The child's successful entry into school may involve consideration of the following:

    1. Support staff
    2. Visual or other communication supports
    3. Peer support
    4. Environmental adaptations/classroom setup
    5. Medical or dietary concerns
    6. Orientation activities for the child
    7. Special Education Plan (SEP)
    8. Safety concerns

9. Self-help issues
10. Behavioral concerns
11. Transportation issues

Step 5: Preparing Students- Orientation

The school, family, and pre-school service agency will make a plan for orientation activities to introduce the child and family to school staff and to help familiarize the child with the school setting and routines. This plan will depend on the individual needs of each child, and may include any combination of the following:

- Visits to the school/classroom to build familiarity with the setting; the number and duration of visits should be guided by the unique needs of each child. In the beginning, it may be helpful for the child to visit when the other students are not present, in order to avoid distractions and anxiety. When the child is more comfortable with the new surroundings, it may be beneficial to bring him/her into the school and/or playground when the other students are present.
- It may be necessary to make changes to the classroom environment in order to support and facilitate the student's learning. Environmental adaptations may include, but are not limited to, removing fluorescent lights, removing or reducing distracting stimuli, desk placement, etc.
- Social stories and/or videotapes about the new school, identifying school routines (such as lunch or playground); a copy of classroom rules and expectations; and any other relevant information about the school and/or classroom should be provided to the family as early as possible prior to the child's entry into school. The student should be given the opportunity to rehearse the new changes at his/her own pace prior to school entry in the fall.
- Visual schedules of the student's school day and copies of his/her daily schedule should be made as soon as feasible once school commences. Parents should be provided with this information as well as information regarding bus schedules, available school resources, extra curricular activities, etc. as soon as this information is available.
- An appropriate method of home - school communication should be established prior to the beginning of the school year. This could take the form of a journal, checklist, or daily progress notes.
- Identify peers in the child's new environment who could potentially support the student with ASD, not only during the transition, but also on an ongoing basis at school. The support from a friend can help boost the student's levels of confidence and independence and provide opportunities for socialization, both in and out of school.

Step 6: Preparation

- Following the transition meeting(s), the district Learning Specialist for Student Services and/or the school principal will discuss the in-servicing needs of school/district staff with the District Resource Teacher - Autism and, if appropriate, with the Department of Education Learning Specialist responsible for autism. The District Resource Teacher - Autism and Department of Education Learning Specialist will collaborate to provide the necessary training and in-service.
- The school principal may arrange for the classroom teacher and/or resource teacher to visit and observe the child in his/her early intervention setting(s). This will provide the receiving teacher with important insight into the child's skill level, learning style, and educational needs. If a visit can not be arranged, an alternative would be a video review.
- In some cases, peers in the kindergarten class may need to have information about the child with Autism Spectrum Disorder. When it is deemed appropriate by the family and District RT-A, age appropriate materials for presenting information about Autism Spectrum Disorders will be made available by the District RT-A and/or Department of Education Learning Specialist.

Step 7: School Entry and Follow-Up

- Each classroom teacher holds primary responsibility for all students assigned to his/her classroom, and he/she is responsible for developing and implementing the educational plan for each student, with support and collaboration from parents, the school/district team, and other professionals as appropriate (OT, SLP, etc).
- Each student with an ASD will be followed by a District RT-A, who will assist the classroom teacher and school resource teacher with program and SEP development and provide individual consults and support for school staff as needed.
- District RT-A's will collaborate with Department of Education Learning Specialist where appropriate, and the two may visit schools together when/if deemed appropriate by the district and the Department of Education.
- The initial SEP objectives will be determined through collaboration between the family, pre-school autism agency, and school team, and will give structure for the fall. A follow-up SEP meeting, usually held in October, will be scheduled to review these objectives and to make any necessary adjustments. There is no expectation that agency personnel be directly involved at this time.

Roles and Responsibilities of Agency Personnel during the Transition Period:

Agency Clinical Supervisor:

- During the first month of a child's transition to kindergarten, the agency Clinical Supervisor will provide the school with information pertaining to current programs and short-term goals, and will demonstrate programs when necessary.
- The agency Clinical Supervisor will collaborate with the district Resource Teacher -Autism in providing recommendations and strategies that will facilitate the child's successful transition into school.
- The agency Clinical Supervisor will provide guidance and assistance to the school staff as the student with ASD makes the transition to school.
- The agency CS will collaborate with the district RT-A in offering information and training to teaching staff surrounding the student's program prior to school entry.

Agency Autism Support Worker(s):

- In some cases, an Autism Support Worker from the child's agency will shadow the child during the first month of kindergarten in order to facilitate a smooth transition to school. The ASW will work under the direction and supervision of the district RT-A, in collaboration with the agency CS.
- The agency ASW will support the student, model interventions that have been used in the pre-school setting, and demonstrate behavior protocols when necessary, and as deemed appropriate by school/district staff.
- The goal will be for the agency ASW to fade his/her presence as quickly as appropriate in order for the teacher assistant to build rapport with the student and to take the lead in assisting the student as deemed necessary and appropriate by the classroom teacher, who has primary responsibility for all of the students assigned to his/her class.

Roles and Responsibilities of District & School Personnel:

Itinerant/District Resource Teacher-Autism:

- Work collaboratively with pre-school agency team in implementing a transition plan from preschool to kindergarten.
- Collaborate/consult with resource teacher, classroom teacher, and parent(s) in development of the SEP as required.

- Collaborate with the school resource teacher in supervising teacher assistants in their work with students with ASD, and supporting resource teachers and classroom teachers of students with Autism Spectrum Disorders.
- Review the educational programs of students with ASD regularly and collaborate with the school team on the appropriate academic course for each student.
- Analyze data to identify plateaus and declines in student performance.
- Conduct functional behavior assessments and monitor positive behavior support plans/behavior intervention plans for effectiveness.
- Contribute to keeping accurate and current records of procedures and current targets/SEP goals to ensure the ASW or TA is recording data correctly.
- Provide in-service and professional development training as requested by the district Learning Specialist for Student Services.
- Assess student needs, through both formal and informal means, in order to help develop SEP goals tailored to the student's needs in the following areas: cognitive/academic, social, language, self-help, and play.
- Work as a team with other multidisciplinary professionals (i.e. SLP, OT, PT, etc.) to ensure that all areas of the student's development are being addressed.
- Participate in regular case conferences and/or meetings with school staff and parent(s) of students with an ASD.

School-based resource teacher:

- Collaborate/consult with district resource teacher-autism, classroom teacher, and parent(s) in development of the SEP as required.
- Assess student needs, through both formal and informal means as appropriate, in order to help develop SEP goals tailored to the student's needs in the following areas: cognitive/academic, social, language, self-help, and play.
- Collaborate with the district resource teacher-autism in supervising teacher assistants in their work with students with ASD, and classroom teachers of students with Autism Spectrum Disorders.
- Collaborate with and provide support to the classroom teacher as appropriate around the educational programs of students with ASD.
- Engage in ongoing supervision of teacher assistants, as appropriate, regarding all aspects of the student's program.
- Work as a team with other multidisciplinary professionals (i.e. SLP, OT, PT, etc.) to ensure that all areas of the student's development are being addressed.
- Participate in regular case conferences and/or meetings with school staff and parent(s) of students with an ASD.
- Fulfill the "Duties of a Teacher" as outlined in the Education Act.

Classroom teacher:

- Collaborate with district resource teacher-autism, school resource teacher, and parent(s) in development of the SEP, as required, for students with ASD in his/her classroom.
- Implement the educational program for the student(s) with ASD, as outlined in the SEP.
- Collaborate on an ongoing basis with the district resource teacher-autism and/or school resource teacher as appropriate, around the educational programs of students with ASD in his/her classroom.
- Maintain ongoing communication with parents to discuss student progress and/or areas of concern related to the student(s) with ASD.
- Fulfill the “Duties of a Teacher” as outlined in the Education Act.

Teacher assistant:

***where this support is deemed necessary for a particular child by the school/district*

- Work with the student with ASD following the principles of Applied Behavior Analysis (ABA), as directed by the district Resource Teacher – Autism, and as deemed appropriate by the classroom teacher and the school team.
- Facilitate the generalization of skills, as directed by the resource teacher and classroom teacher, in order to support students with an ASD in a variety of contexts in the school setting.
- Collect and record data accurately in the data book, as established by the Resource Teacher – Autism, in order to monitor the student’s progress.
- Implement behavior management and/or positive behavior support plans as outlined by the Resource Teacher – Autism, school resource teacher, and/or classroom teacher.
- Participate in case conferences when invited by the school team.
- Participate in continuous and ongoing supervision from the Resource Teacher - Autism and/or school resource teacher regarding all aspects of the student’s educational program.
- Observe confidentiality guidelines established by the school and district.
- Assist the classroom teacher as directed by the classroom teacher and administrator.
- Attend training sessions and professional development delivered by the district Resource Teachers - Autism, district personnel, Provincial Learning Specialist, etc. as appropriate (following the guidelines set out in the Collective Agreement)

Transition Binder

The Department of Education has developed an Individual Transition Planning Binder, entitled “Facilitating Successful Transitions,” in order to facilitate a student’s successful transition from one grade or school to another. The binder is designed, not only for preschool children entering kindergarten, but for all students as they transition from one school year to the next. The following sections are included within the transition binder:

- Pertinent student information
- Formal and informal assessments
- Background information and current issues/concerns
- Effective supports and teaching strategies
- Student work samples
- Current SEP (if applicable)

Appendix A – Transition To School Form

Transition to School Year: _____

Date: Medicare #:

2.0 Name: Physician:

Date of Birth: Contact:
Address: School:
Parent(s): School District:
Contact #s: Agency:

Present Team of Service Providers:

	Name	Contact #
Clinical Supervisor		
Psychologist		
Speech Language Pathologist		
Occupational Therapist		
Autism Support Worker(s)		
Preschool		
Daycare		
School Readiness/ Social Skills Club		
Early Intervention Worker		
Physician		
Other		

Record of Client Service Hours / Registre des Heures de Service du Client

Employee: _____ Position / Poste: _____

Week of: / Semaine du: _____

Client #1		Child's Identification Information / Information d'Identification de l'enfant :			Client #2		Child's Identification Information / Information d'Identification de l'enfant :		
DAY / JOURNÉE	TIME / TEMPS	HRS	D/I	Notes	DAY / JOURNÉE	TIME / TEMPS	HRS	D/I	Notes
SUNDAY / DIMANCHE					SUNDAY / DIMANCHE				
MONDAY / LUNDI	8-10	2	D	Clinic / clinique	MONDAY / LUNDI				
TUESDAY / MARDI	8-10	2	D		TUESDAY/ MARDI				
WEDNESDAY / MERCREDI	8-10	0	D	Client sick / client malade	WEDNESDAY / MERCREDI				
THURSDAY / JEUDI	8-10	2	D	Home / maison	THURSDAY / JEUDI				
	6-8	2	I	Created book / créé livret					
FRIDAY / VENDREDI	8-10	2	D		FRIDAY / VENDREDI				
SATURDAY / SAMEDI					SATRUDAY / SAMEDI				

Client #3		Child's Identification Information / Information d'Identification de l'enfant :			Client #4		Child's Identification Information / Information d'Identification de l'enfant :		
DAY / JOURNÉE	TIME / TEMPS	HRS	D/I	Notes	DAY / JOURNÉE	TIME / TEMPS	HRS	D/I	Notes
SUNDAY / DIMANCHE					SUNDAY / DIMANCHE				
MONDAY / LUNDI					MONDAY / LUNDI				
TUESDAY / MARDI					TUESDAY / MARDI				
WEDNESDAY / MERCREDI					WEDNESDAY / MERCREDI				
THURSDAY / JEUDI					THURSDAY / JEUDI				
FRIDAY / VENDREDI					FRIDAY / VENDREDI				
SATURDAY / SAMEDI					SATURDAY / SAMEDI				

* D = Direct / directe I = Indirect / indirecte