

Special Needs Funding Level 2 and 3

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November 2016

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Related Links

- Public Schools Enrolment and Categorical Grants
- A Statistical Profile of Education in Manitoba
- FRAME Manual

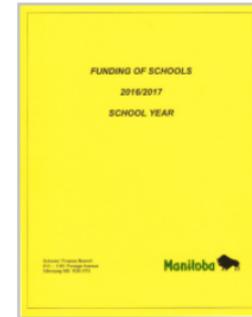
Finance and Statistics

Funding of Schools 2016/2017 School Year

[Funding of Schools 2016/2017 School Year](#) (PDF 592 KB)

This brief summary is intended to be an easy-to-read reference guide describing funding for the 2016/2017 school year.

For funding of schools report from 2015/2016 school year:
[Funding of Schools 2015/2016 School Year](#)



SHARE   

<http://www.edu.gov.mb.ca/k12/finance/schfund/index.html>

How can you use Level 2/3 funding?

- Intended to be a reimbursement for costs associated with the exceptional needs of the student for whom you are applying

- Must benefit the student for whom you are applying

- For example:
 - EA time
 - Resource teacher or Counsellor time
 - Clinician time
 - Assistive technology

Criteria for Level 2 Categories

Severe On the Special Needs Funding website, following the two or more criteria for each category, there is a link to an Annotated descriptor which provides more detailed information about what to include on the funding application form.

severe to moderate special needs. If the student does not have a cognitive disability, s/he may display two or more severe physical disabilities and consequently requires intensive assistance and/or supervision throughout a significant proportion of the school day. [Annotated descriptor](#).

Moderate Autism Spectrum Disorder (ASD2): The student has a diagnosis of an ASD that is expressed in significant difficulties with social interaction, verbal and non-verbal communication, and a narrow pre-occupation with a fixed range of interests and activities.

Secondarily, the student may have a significant cognitive disability or delays in adaptive skill development resulting in the need for assistance with activities of daily living during the school day. The student also demonstrates persistent patterns of behaviour that interfere with his/her ability to learn. The student requires student specific programming, such as adaptation and/or modification beyond the usual education programming provided for students with moderate special needs for a major portion of the school day.

Severe to Profound Autism Spectrum Disorder (ASD3): The student has a diagnosis of an ASD that is expressed in severe and pervasive difficulties in social interaction, verbal and non-verbal communication, and a narrow range of interests, activities, and behaviours. In addition, the student has a significant cognitive disability with corresponding delays in adaptive skill development. Secondly, the student may also experience severe difficulty with managing change in daily routines and activities, severe reactions to sensory stimuli, and a persistent pattern of behaviours that are dangerous to him/her self or others. The student requires student-specific programming (e.g. adaptation and/or modification or individualized programming) and intensive support throughout the school day.

Profoundly emotionally/behaviourally disordered (EBD3): The student exhibits profound emotional/behavioural disorders and associated learning difficulties requiring highly specific programming and intensive support services at school and in the community. This applies to the student:

- who is a danger to self and/or to others and whose actions are marked by impulsive, aggressive, and violent behaviour
- whose behaviour is chronic -- the disorder persists over a lengthy period of time
- whose behaviour is pervasive and consistent -- the disorder negatively affects all environments, including home, school, and community
- who requires or receives a combination of statutory and non-statutory services from Manitoba Education and Training, The Department of Families, the Department of Health, Seniors and Active Living, and/or Justice as defined within the *Child and Family Services Act*, the *Mental Health Act*, and the *Youth Criminal Justice Act*.

Level 2 and 3 Funding Re-read Process

- Re-read request are to be submitted within 10 days of your school division receiving funding results.

- Re-read requests should contain:
 - Student name, MET #
 - New information not contained in the original application
 - Please do not re-submit the original application

- If you have questions regarding a funding decision after receiving re-read results, contact your Student Services Administration for clarification.

Eligibility Criteria

To be considered eligible for special needs Level 2 and 3 funding, a student must:

- Be registered in the school division submitting the application
- Be receiving a full day of programming in school or an appropriate alternative setting, or 3 high school credits per semester
- Meet the specific criteria for level 2 or 3 funding

Determining Maximum-Year Funding

To be considered for maximum-year funding:

- The student must have a life-long disability (EBD not considered life-long)
- The application must be complete and thorough
- The student must be receiving the equivalent of a full day of programming
- The student must not have significant attendance issues

Determining Multi-Year Funding

To be considered for multi-year funding:

- The student must have a disability that requires long-term intervention
- The application must be complete and thorough
- The student must be receiving the equivalent of a full day of programming
- The student must not have significant attendance issues
- Number of years match developmental transition times (i.e. grades 4, 8, 12)

Attendance

- The student is present in a school or an appropriate alternative setting for the prescribed length of the school day
- Attendance is reported when a funding application is submitted
- Funding could be granted at 50% or denied as the student would not meet criteria

Low Incidence Funding Attendance Reporting Process

June

- By June 15, school divisions and funded independent schools electronically submit annual attendance reports for all students receiving special needs funding level 2 or 3

October-November

- Members of the attendance working group make follow up contact with school divisions and funded independent schools to discuss students whose attendance was reported to be <70%
- Level 2/3 funding could be reduced to 50% or deferred if attendance continues to be an issue

SSR&R (continued)

- review Individual Education Plans (IEPs) for each student to be observed during the process as compared to the Standards for Student Services
- Engage in dialogue with schools/school divisions about policy, programming, services, and supports for students with exceptional learning needs
- Identify recommendations as a result of the review.

The Low Incidence Funding Application

**SPECIAL N
FUNDING APPL**

Date:

Student:

M.E.T. Number:

Student Enrolment Co

D.O.B: Day: Month

Category and Level a

Current Information (functional adaptive skills):

- This section is intended for information from informal assessment/observation.
- It is divided into eight domains.
- Each domain begins with a checkbox for use when a student is functioning at an age-appropriate level or shows no difficulty in the domain.
- If the student is experiencing difficulty in that domain, use the space below to describe their functional adaptive skills and the supports required to address his or her learning needs.

Please use point form wherever possible.

1. CURRENT INFORMATION

I. Academic

___ At, or above, grade level.

If not, please describe current level of achievement and reasons for the delay:

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

SPECIAL NEEDS CATEGORICAL FUNDING LEVELS 2 & 3 FUNDING APPLICATION FORM FOR THE SCHOOL YEAR _____

Date:

Student:

School:

M.E.T. Number:

School Division:

Student Enrolment Code:

D.O.B: Day: Month:

Category and Level assigned:

Please use point form

Descriptions of resources and interventions related to each domain:

- Should match the needs identified in that domain
- Should be brief and in point form.
- Should include an estimate of the amount of time required
- May include school-based, divisional or community supports.

1. CURRENT INFORMATION

I. Academic

___ At, or above, grade level

If not, please describe current level of achievement and reasons for the delay:

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

SPECIAL NEEDS CATEGORICAL FUNDING LEVELS 2 & 3 FUNDING APPLICATION FORM FOR THE SCHOOL YEAR _____

Date:

Student:

School:

M.E.T. Nu

Academic –

Student E

If the student is not achieving at grade level, indicate what grade level the student is achieving at.

D.O.B: Da

Category

Note: For the purpose of this application, academic achievement at or close to grade level will be considered indicative of normal cognitive development (i.e., no WISC required).

Please use

1. CURRENT INFORMATION

I. Academic

___ At, or above, grade level.

If not, please describe current level of achievement and reasons for the delay:

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

II. Communication

Primary communication mode: Speech ___ ASL ___ AAC ___ Other ___

___ Age-appropriate communication skills.

If not, please describe:

i. Receptive language

ii. Expressive language

Communication –

- Describe the student’s expressive and receptive communication skills.
- Description may include verbal and non-verbal communication skills.

Please describe:

___ identified in the student’s plan to address needs in this domain:

III. Social/Emotional

___ No current social/emotional concerns.

If there are social/emotional concerns, please describe:

Description	Frequency

II. Communication

Primary communication

___ Age-appropriate communication

If not, please describe:

i. Receptive language

ii. Expressive language

Social/emotional – Describe the social/emotional concerns: these may adversely impact social relationships and/or limit the student’s potential to learn or participate in school or community activities, but are not dangerous to the student or others (for example, tantrums, swearing, withdrawal).

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

III. Social/Emotional

___ No current social/emotional concerns.

If there are social/emotional concerns, please describe:

Description	Frequency

II. Communication

Primary communication mode: Speech ___ ASL ___ AAC ___ Other ___

___ Age-appropriate communication skills.

If not, please describe:

i. Receptive language

ii. Expressive language

Please describe results identified in the

Description:

- What does the social/emotional behaviour look like?
- Describe the intensity, duration, and the context of the social/emotional behaviour.

III. Social/Emotional

___ No current social/emotional concerns.

If there are social/emotional concerns, please describe:

Description	Frequency

II. Communication

Primary communication mode: Speech ___ ASL ___ AAC ___ Other ___

___ Age-appropriate communication skills.

If not, please describe:

i. Receptive language skills:

ii. Expressive language skills:

Please describe resources/interventions identified in the student's IEP:

Frequency:

- Provide a frequency count based on days, weeks, or months. For example, 3/day, or 7/month, etc.
- Do not simply state “daily,” “weekly,” or “monthly.”

III. Social/Emotional

___ No current social/emotional concerns

If there are social/emotional concerns, please describe:

Description	Frequency

IV. Self-Management

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

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

- i. Eating
- ii. Grooming
- iii. Dressing
- iv. Toileting
- v. Other self-management skills

Please describe resources identified in the student's

Self-management – describe the student's functional adaptive skills. Be specific.
e.g., If a student needs help with toileting, say what kind of help the student needs: e.g., “The student is diapered and requires 2 adults to change him 3-4 times per day”.
Describe the level of prompting required to do a task: e.g. hand-over-hand, physical, visual, verbal, etc.

IV. Self-Management

___ Age-appropriate self-management

If not, describe the current functioning

- i. Eating
- ii. Grooming
- iii. Dressing
- iv. Toileting
- v. Other self-management concerns (e.g., safety)

Other self-management concerns

- Describe adaptive functioning in the school, home, community compared to other students his/her age
- describe factors that may place a student at risk for accident and/or injury (e.g., falling, eating inedible objects).

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

V. Special Health Care Needs

No special health care needs

If there are special health care needs:

Please describe resources/interventions identified in the student's plan to address these needs:

Special health care needs – describe any special health care needs that require adult support. Note: Refer to the URIS manual for URIS Group A criteria and Group A application form.

VI. Motor Skills

Age-appropriate motor skills.

If not, please describe:

i. Gross Motor Skills/Mobility:

ii. Fine Motor Skills:

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

V. Special Health Care Needs

___ No special health care needs

If there are special health care ne

Please describe resources/interv
identified in the student's pl

VI. Motor Skills

___ Age-appropriate motor s

If not, please describe:

i. Gross Motor Skills/Mobility:

ii. Fine Motor Skills:

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

Motor Skills – Be specific. Describe the student's functional motor and mobility skills (e.g., uses wheelchair, walker). Under what conditions is it needed? (e.g. to transport to and from school and on field trips or longer outings) Can the student operate the wheelchair independently? If not, under what conditions is adult assistance required? (e.g. adult assistance required only on longer outings-30 minutes or more)

VII. Sensory

i. Vision

___ Vision within normal range

If not, please describe:

ii. Hearing

___ Hearing within normal range.

If not, please describe and attach a recent audiogram:

iii. Other sensory needs – Please describe:

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

Sensory – describe whether the student has difficulty with vision or hearing.

VII. Sensory

i. Vision

___ Vision within normal range.

If not, please describe:

ii. Hearing

___ Hearing within normal range.

If not, please describe:

iii. Other sensory needs

Please describe resources/assistive equipment identified in the student's IEP in this domain:

For vision, provide information describing:

- visual acuity (for example, 20/200, light perception only, no measurable acuity, etc.)
- the student's primary learning mode (visual, tactile, or dual – both visual and tactile)
- the student's primary mode for reading and writing (for example, print, large print, magnified large print, or Braille)
- whether the student's vision is stable or deteriorating

VII. Sensory

i. Vision

___ Vision within normal range.

If not, please describe:

ii. Hearing

___ Hearing within normal range.

If not, please describe and attach a recent audiogram:

iii. Other sensory needs – Please describe:

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

For hearing, provide information describing:

- the degree and severity of the loss
- the age of diagnosis and the student's experience with amplification
- whether the loss is stable or deteriorating

Note: A recent audiogram is required for students with a hearing loss.

VII. Sensory

i. Vision

___ Vision within normal range

If not, please describe:

ii. Hearing

___ Hearing within normal range

If not, please describe and attach a recent audiogram:

iii. Other sensory needs – Please describe:

Other sensory needs – describe other sensory issues (for example, over or under reaction to touch, smell, taste, visual, and/or auditory stimuli in the student's environment).

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

VIII. Behaviour

___ No behaviours that are dangerous to self or others.

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

Behaviour Description	Frequency of Behaviour

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

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

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

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

VIII. Behaviour

___ No behaviours that are dangerous to self or others.

If there are concerns about behaviours that are dangerous to self and/or others:

Behaviour Description

Behaviour – Describe challenging behaviours that are dangerous to the student or others.

Note: A profile of behaviours that are primarily oppositional, defiant, impulsive, disruptive are challenging, but typically not consistent with Level 2 criteria.

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

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

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

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

VIII. Behaviour

___ No behaviours that are dangerous to self or others.

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

Behaviour Description	Frequency of Behaviour

Behaviour Description:

- What does the dangerous behaviour look like?
- Describe the intensity, duration, and the context of the dangerous behaviour.

...s living/learning

...gent behaviours

...behaviour and outcome or

...and/or other factors

underlying or causing the identified behaviours:

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

VIII. Behaviour

___ No behaviours that are dangerous to self or others.

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

Behaviour Description	Frequency of Behaviour

___ The above environments.

Also include 2 or 3 including: date, pre impact of violence.

Frequency:

- Provide a frequency count based on days, weeks, or months. For example, 3/day, or 7/month, etc.
- Do not simply state “daily,” “weekly,” or “monthly.”

or

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

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

VIII. Behaviour

No behaviours that are dangerous to self or others.

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

Behaviour Description	Frequency of Behaviour

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

Also include 2 or 3 examples including: date, place, and impact of violence.

In the team's opinion, what are the underlying or causing factors

Put an 'X' beside this statement if the behaviours identified in the table occur in the home, community, or other settings
 *This often gets missed.

...ors
 ...outcome or
 ...ctors

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

VIII. Behaviour

No behaviours that are a concern.
 If there are concerns, please describe the behaviours that concern self and/or others:

Behaviour Description

Please describe the most serious dangerous behaviours that have occurred within the past year. If intensive supports are reducing the incidents of severe behaviour, state that clearly and indicate why you feel intensive supports are still necessary (e.g., still acts out dangerously in less structured situations, adult intervention regularly required in order to prevent escalation, etc.). **Do not remove supports so that you have incidents to document here.**

The above or similar behaviours occur consistently across living/learning environments.

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

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

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

VIII. Behaviour

___ No behaviours that are dangerous to self or others.

If there are concerns
self and/or others:

Behaviour Description

Describe the factors in the student's life that the team believes are the mostly likely reason for the behaviours. Note: information provided must not violate the Youth Criminal Justice Act (YCJA), the Protection of Health Information Act (PHIA), or the Freedom of Information and Protection of Privacy Act (FIPPA). Please do not include personal information about people other than the student for whom you are applying.

___ The above or similar
environments.

Also include 2 or 3 recent incidents including: date, precipitating incident, specific behaviour and outcome or impact of violence.

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

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

IX. Additional Student Inform

Additional Student Information – use this section to provide any other relevant student information not captured in the previous domains, including information about resources, interventions, support staff, etc.

Other relevant student information

2. RESULTS OF MOST RECENT FORMAL DIAGNOSIS/ASSESSMENT

Date	Professional (Name and Title)	Results of Diagnosis/Assessment

3. ATTENDANCE

Days Attended	
Days Possible	
Percentage (Highlight, Press F9 to Refresh)	%

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

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

2. RESULTS OF MOST RECENT FORMAL DIAGNOSIS/ASSESSMENT

	Professional (Name and Title)	Results of Diagnosis/Assessment
--	----------------------------------	------------------------------------

Results of Most Recent Formal Diagnosis/Assessment – identify any relevant formal diagnostic / assessment data by providing the date, the name and title of the professional, the name of the assessment tool, and the results of the diagnosis or assessment.

Please note:

- When reporting the results of tests, include the **test scores** and the **type of test score** (for example, percentile, quotient, age-equivalent, grade-equivalent, etc.)
- Please report **complete** test results, not partial ones
- You may wish to consult with the clinician responsible for the assessment results to ensure accurate reporting
- For the purposes of special needs funding, it is not necessary to repeat a cognitive assessment as long as a qualified mental health professional is able to verify that the results of past cognitive assessment(s) remain valid.

2. RESULTS OF MOS

Date

Attendance – insert the days attended and days possible, and the percentage is calculated automatically by pressing F9.
 If attendance is below 70% or the student is receiving less than a full day of programming, indicate the reasons why and what is going to be done to address the issue(s).

3. ATTENDANCE

Days Attended	
Days Possible	
Percentage (Highlight, Press F9 to Refresh)	%

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

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

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

Student Services Administrator

Principal

Date: _____

Date: _____

Signatures – Student Services Administrator
and School Principal must sign.

NOTICE TO and CONSENT about PERSONAL INFORMATION and PERSONAL HEALTH INFORMATION

On behalf of my minor age child/ward:

I am 18 years of age or older and:

I CONSENT to the collection, disclosure and use of my child's personal information and personal health information for purposes and under the conditions noted above.

I HAVE BEEN INVOLVED in an individual planning process for above named child and agree to the proposed plan and funding application to Manitoba Education.

___ Parent
___ Legal Guardian (Please indicate title/role and agency)

Date

I CONSENT to the collection, disclosure and use of my personal information and personal health information for purposes and under the conditions noted above.

I HAVE BEEN INVOLVED in an individual planning process and agree to the proposed plan and funding application to Manitoba Education.

___ Student

NOTICE TO and C
and PER

On behalf of my minor age c

I CONSENT to the collection and use of my child's personal and personal health information for the purposes and under the conditions above.

I HAVE BEEN INVOLVED in the planning process for above and agree to the proposed funding application to Manitoba Education.

____ Parent

____ Legal Guardian (Please indicate title/role and agency)

Date

Signatures – parent / legal guardian must sign for non-adult students. **Legal guardian** means court-appointed legal guardian or guardianship established through a provision of the Child and Family Services Act or the Court of Queen's Bench Surrogate Practice Act. The legal guardian of a child is usually the child's social worker working for an agency or authority linked with Child and Family Services. Indicate social worker's name and agency.

Please note:

- Foster parents are not typically legal guardians
- It is understood that parents/legal guardians have had access to the complete application form.

NOTICE TO and CONSENT about PERSONAL INFORMATION and PERSONAL HEALTH INFORMATION

On behalf of my minor age child/ward: _____ I am 18 years of age or older and:

I CONSENT to the collection, use and use of my child's personal information and personal health information for the purposes and under the conditions set out above.

I HAVE BEEN INVOLVED in an assessment and planning process for above and agree to the proposed plan and funding application to Manitoba Education.

____ Parent
____ Legal Guardian (Please indicate title/role and agency)

Date

If a parent/legal guardian refuses to sign, send the application with a brief description of the reasons for not signing and the process followed in attempting to resolve the issues.

____ I am involved in the assessment and planning process and agree to the proposed plan and funding application to Manitoba Education.

____ Student

NOTICE TO and CONSENT about PERSONAL INFORMATION and PERSONAL HEALTH INFORMATION

On behalf of my minor age child/ward:

I am 18 years of age or older and:

I CONSENT to the collection, disclosure and use of my child's personal information and personal health information for purposes and under the conditions set out above.

I HAVE BEEN INVOLVED in the planning process for above named child/ward and agree to the proposed plan and funding application to Manitoba Education.

____ Parent
 ____ Legal Guardian (Please indicate title/role and agency)

 Date

I CONSENT to the collection, disclosure and use of my personal information and personal health information for purposes

If a student is 18 years of age or older, the student must sign the funding application.

____ proposed plan and funding application to Manitoba Education.

____ Student

Note: Costs are required for URIS Group A and EBD 3 only.