

Student Achievement and Inclusion Division

307–1181 Portage Avenue, Winnipeg, Manitoba, Canada R3G 0T3

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[www.edu.gov.mb.ca](https://www.edu.gov.mb.ca)

**EMOTIONAL/BEHAVIOURAL DISORDERS LEVEL 3 (EBD3) FUNDING APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application: |       | Support for School Year: |  |

|  |  |
| --- | --- |
| Date Intensive Supports Were Implemented: |       |

1. **Student Information**

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| --- | --- | --- | --- | --- | --- |
| Name: |       | MET#: |       | Enrollment Code: |       |
| Birthdate: |       | Gender: |       |
| Current Age: |       | Current Grade: |  |
| School: |       |
| School Division: |       |
| Parent(s) Name: |       |
| Caregivers: |  |
|  | *Name and Relationship* | *Name of CFS Agency and Worker* |
| Legal guardian: |       |
| Legal Status: |        |

1. **Emotional/Behavioural Concerns**

Indicate the most serious dangerous behaviours to self and/or others that have occurred within the last year. (most recent listed first).

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| **Date** | **Antecedents (if known)** | **Specific Behaviour** | **Outcome or Impact** |
|       |       |       |       |
|       |       |       |       |
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Describe additional behaviours that are chronic and pervasive.

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| --- | --- | --- |
| **Behaviour** | **Where Behaviour Occurs** | **Frequency** |
|       | Home [ ]  | School [ ]  | Community [ ]  |       |
|       | Home [ ]  | School [ ]  | Community [ ]  |       |
|       | Home [ ]  | School [ ]  | Community [ ]  |       |
|       | Home [ ]  | School [ ]  | Community [ ]  |       |

1. **Provide a brief summary of factors that have contributed to this student’s profound, chronic, and pervasive emotional/behavioural needs (e.g., family history, trauma etc.).**

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1. **Most Recent School Based Assessment Information Available:**

### **[ ]**   **At or above grade level.**

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

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|       |

# School Based assessment data if available: including school clinician assessments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Assessment** | **Date** | **Name of Assessor** | **Assessment Instrument** | **Results** |
|       |       |       |       |       |
|       |       |       |       |       |
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# Teacher / Resource Teacher / Clinician / Other: Summary of student’s overall general level of functioning or additional comments and observations (optional)

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|       |

1. **Additional Diagnostic Information If Applicable:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnosis** | **Date of Diagnosis** | **Diagnosed By** | **Current Medications** |
|       |       |       |       |
|       |       |       |       |
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1. **Circle of Care Team Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Member—Name** | **Relationship to Student** | **Time Allocation\*** | **Currently Attends Team Meetings** |
| 1.       |  |       | [ ]  |
| 2.       |  |       | [ ]  |
| 3.       |  |       | [ ]  |
| 4.       |  |       | [ ]  |
| 5.       |  |       | [ ]  |
| 6.       |  |       | [ ]  |
| 7.       |  |       | [ ]  |
| 8.       |  |       | [ ]  |
| 9.       |  |       | [ ]  |
| 10.       |  |       | [ ]  |

\*Please indicate the time allocations for the individuals providing individualized supports to the students

(e.g., Family friend one evening a week, RT 1:1 reading skills 3 hrs a cycle, mental health individual counselling once a week, Spiritual leader bi-weekly sessions, CFS respite 12 hrs/week, EA 1:1 – 5 hrs/day etc.).

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| **Case Manager:** |       |

**Planned Meeting Dates for Current School Year:**

|  |  |  |
| --- | --- | --- |
|       |  |       |
|       |  |       |

1. **Attendance:**

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| --- | --- | --- | --- | --- | --- |
| Attendance |       | / |       | = |       |

(Total Days Attended/Total Days Possible)

|  |  |
| --- | --- |
| Length of Programming Day Provided by School: |       |

If student has not been attending full time in the school/classroom, please indicate arrangements and services for out-of-school/classroom periods, and plan for full time re-entry into school/classroom.

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1. **Signatures**

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

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| --- | --- | --- |
| Student Services Administrator (type name) |  | Principal (type name) |
| Signature      |  | Signature      |
| Date |  | Date |

NOTICE TO and CONSENT about PERSONAL INFORMATION and PERSONAL HEALTH INFORMATION

##### **I UNDERSTAND THAT:**

* The school division or funded independent school (the "Applicant") is collecting personal information and personal health information about and needs to share this information in a funding application with Manitoba Education to determine funding eligibility on the basis of this application, under the Government of Manitoba's Special Needs Categorical Funding (Level 2 or 3), pursuant to regulations under The Public Schools Act.
* Only personal information reasonably necessary to support its request for funding is being collected by the Applicant under the authority of clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act of Manitoba. Personal health information is being collected by the Applicant under the authority of subsection 13(1) of The Personal Health Information Act of Manitoba. Information is being collected and shared by the Applicant under the authority of subsection 2 of The Protecting Children (Information Sharing) Act of Manitoba.
* Any other disclosure of personal information or personal health information by a school division must be authorized under The Freedom of Information and Protection of Privacy Act or under The Personal Health Information Act or under The Protecting Children (Information Sharing) Act of Manitoba.
* Any other collection or use of personal information and personal health information by the Department of Manitoba Education must be authorized under The Freedom of Information and Protection of Privacy Act or under The Personal Health Information Act or under The Protecting Children (Information Sharing) Act of Manitoba.
* Manitoba Education will not disclose the personal information or personal health information provided in the application without my consent, unless the disclosure is authorized under The Freedom of Information and Protection of Privacy Act or under The Personal Health Information Act or under The Protecting Children (Information Sharing) Act of Manitoba.
* This personal information and personal health information which is being collected by the Applicant for the submission to Manitoba Education is protected by The Freedom of Information and Protection of Privacy Act or The Personal Health Information Act or The Protecting Children (Information Sharing) Act.

On behalf of my minor age child/ward,
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**

I am 18 years of age or older and,
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 for above named child and agree to the proposed plan and funding application to Manitoba Education.

**Student**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Signature |
|       |  |       |
| Date |  | Date |

**Please refer question to: Student Services Administrator—Funding Process/Application Freedom of Information & Protection of Privacy Coordinator—About this consent form.**

**Circle of Care Plan**

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| --- | --- | --- | --- |
| **Name:** |       | **Circle of Care Start Date:** |       |

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| **Case Manager:** |       |

**Priority Needs:**

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# Safety Planning:

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| **Initial Safety Plan to Stabilize Immediate Crises** | **Date** |
| **Safety Issue** | Describe issue, place, precipitating events, who was there      |       |
| **Prevention** | Include strategies, person responsible, outcome      |       |
| **Intervention** | Include strategies, person responsible, outcome      |       |

# Objectives and Action Plan:

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| **Assign Role and Responsibilities** |
| **Need:**       |
| **Goal:**       |
| **Strengths:**       |
| **Measurement and Evaluation:**       |
| **Strategy with Action Plan** (what, who, when, resources) | **Person Responsible** | **Review Dates** | **Finish Date** |
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|  |
| **Need:**       |
| **Goal:**       |
| **Strengths:**       |
| **Measurement and Evaluation:**       |
| **Strategy with Action Plan** (what, who, when, resources) | **Person Responsible** | **Review Dates** | **Finish Date** |
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| **Need:**       |
| **Goal:**       |
| **Strengths:**       |
| **Measurement and Evaluation:**       |
| **Strategy with Action Plan** (what, who, when, resources) | **Person Responsible** | **Review Dates** | **Finish Date** |
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| **Need:**       |
| **Goal:**       |
| **Strengths:**       |
| **Measurement and Evaluation:**       |
| **Strategy with Action Plan** (what, who, when, resources) | **Person Responsible** | **Review Dates** | **Finish Date** |
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| **Revisit Initial Safety Plan** | **Date** |
| **Safety Issue** | Was the safety issue resolved, any remaining concerns?      |  |
| **Prevention** | Effectiveness      |  |
| **Intervention** | Effectiveness      |  |
| **Review** | What was learned that can be used for future planning?      |  |
| **Ongoing Safety and Crisis Planning** |  |
| **Safety Issue** | Describe issue, place, precipitating events, who was there      |  |
| **Prevention** | Include strategies, person responsible, outcome      |  |
| **Intervention** | Include strategies, person responsible, outcome      |  |
| **Review** | Make adaptations as needed      |  |

**Implementation:**

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| **Implement Circle of Care Plan** |
| Dates for specific follow-up by case manager      |