

**MANITOBA EDUCATION FUNDING DECISION FORM (Low Incidence Level 2 and 3)**  
**FOR DEPARTMENTAL USE ONLY**

<b>Academic</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Modifications <input type="checkbox"/> Individualized programming	
<b>Communication:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Significantly restricted vocabulary or AAC to meet basic needs	<input type="checkbox"/> Non-verbal/Severely limited communication, no AAC
<b>Social/Emotional:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Severe traumatic life experience (e.g., family crises, violence) <input type="checkbox"/> May accept/initiate social contact <input type="checkbox"/> Significant difficulty managing transitions	<input type="checkbox"/> Profound traumatic life experience <input type="checkbox"/> Maintains self-isolation/little interest in social contact <input type="checkbox"/> Inability to manage transitions/change
<b>Self-Management:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Partial assistance required for daily living tasks	<input type="checkbox"/> Full assistance required for daily living tasks
<b>Special Health Care Needs:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Ongoing support for health care (catheterization, tube fed) <input type="checkbox"/> Moderate amount of time from class for health care needs	<input type="checkbox"/> Full assistance for health care/URIS Group A <input type="checkbox"/> Significant time from class for health care needs
<b>Motor Skills:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Partial assistance required for gross motor/mobility	<input type="checkbox"/> Full assistance required for gross motor/mobility <input type="checkbox"/> WC
<b>Sensory:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<b>Bilateral:</b> <input type="checkbox"/> Visual Acuity 20/200 – 20/300 with correction <input type="checkbox"/> Deteriorating Condition <input type="checkbox"/> Field of vision <20°	<b>Bilateral:</b> <input type="checkbox"/> Limited or no measurable acuity <input type="checkbox"/> Dual learner (visual and tactile)
<b>Bilateral:</b> <input type="checkbox"/> Aural Acuity -41 to -70 dB	<b>Bilateral:</b> <input type="checkbox"/> Aural Acuity -71 to -90 dB+
<input type="checkbox"/> Late detection of hearing loss <input type="checkbox"/> Limited/late use of amplification	
<input type="checkbox"/> Other sensory needs:	
<b>Behaviour:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Serious violent behaviours (e.g., frequent assaults) <input type="checkbox"/> Frequent repetitive and stereotyped behaviour, interest, activities	<input type="checkbox"/> Profound violent behaviours (dangerous to self or others) <input type="checkbox"/> Constant repetitive and stereotyped behaviour, interest, activities
<b>Interventions/Resources:</b> <input type="checkbox"/> No concerns <input type="checkbox"/> High incidence	
<input type="checkbox"/> Student specific programming for significant part of day <input type="checkbox"/> Intensive assistance/supervision for significant part of day <input type="checkbox"/> Support for communication <input type="checkbox"/> VI adaptations <input type="checkbox"/> Some outside supports	<input type="checkbox"/> Student specific programming for entire day <input type="checkbox"/> Intensive assistance/supervision for entire day <input type="checkbox"/> Interpreter/tutor <input type="checkbox"/> Braille <input type="checkbox"/> Mobility training <input type="checkbox"/> Intensive outside supports <input type="checkbox"/> Assistive technology training
<b>Formal Diagnosis/Specialized Assessment:</b>	
<b>Attendance Information:</b> _____ / _____ <b>Comments:</b>	
<b>Signatures:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>Comments:</b>	
<input type="checkbox"/> More Information Required – Contact School Division	<input type="checkbox"/> More Information Received and Reviewed

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MET #: \_\_\_\_\_ D.O.B: (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_

Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Division: \_\_\_\_\_

Program: \_\_\_\_\_ URIS:  A

Level Applied For:  2  3 Review Date: (Y) \_\_\_\_\_ (M) \_\_\_\_\_ (D) \_\_\_\_\_



**Funding Decision**

**APPROVED:** Category: \_\_\_\_\_ Level:  2  3  50%  Non-Supportable AANDC

**Approved for # of Years:**  1  2  3  4  5  MAX (requires two funders)

**If less than maximum number of years possible, select one or more of the following:**

Funded until a developmental transition year

Final year of funding at this level is provided to consolidate gains

Attendance issues

Information pending

Potential for change in student profile

Other: \_\_\_\_\_

**Stays the same as currently funded** (requires two funders)

**Division Comment (if applicable):**

A final year of funding at this level is provided to consolidate gains. Student profile no longer meets criteria at this level.

Level 3 declined. Information provided regarding student functional adaptive skills is consistent with level 2 criteria.

Funded at 50% due to attendance. Please notify The Funding Review Team if attendance returns to full-time.

**DENIED** (requires two funders)

**Division Comment:**

Attendance precludes consideration for level 2 or 3 funding.

Information provided regarding student's functional adaptive skills does not meet level 2 criteria.

Information provided regarding student's functional adaptive skills does not meet level 3 criteria.

**Department Comment:**

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<input type="checkbox"/> DEPT	<input type="checkbox"/> ATT	<input type="checkbox"/> VISIT	<input type="checkbox"/> BVI	<input type="checkbox"/> HOH	<input type="checkbox"/> ABA	<input type="checkbox"/> PHY	<input type="checkbox"/> WC	<input type="checkbox"/> FASD	<input type="checkbox"/> BIQ	<input type="checkbox"/> IDD
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**Print Reviewer's name and initial:**

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