DEPARTMENT OF EDUCATION AND
EARLY CHILDHOOD DEVELOPMENT

Preschool Autism Program Guidelines

November 2020

November 25, 2020
Date of Approval

Nicole Gervais
Executive Director
Early Childhood
Development Division

Table of Contents

1. Authority....4
Applied Behaviour Analysis and the Preschool Autism Program in New Brunswick....4
Requirements of the Preschool Autism Program....4
2. Initiation of Services....5
Approval of Service....5
Termination of Services....5
3. Agency Intake Process....5
4. Assessments....6
Comprehensive Assessment for Learning and Independence (CALI)....6
Other Assessments....6
5. Personalized Learning Plans....6
Personalized Learning Plan Updates....7
6. Intervention....7
Intervention Models....7
Comprehensive Intervention....8
Consultative Intervention....8
Determining the Number of Hours of Intervention....9
Intervention Team....9
7. Standardized Documents....10
Required Provincial Documents....10
Required Program-specific Documents....10
8. Training and Background Check Requirements....11
9. Collaborative Practice....12
10. Monitoring and Data....12
EECD Statistical Information....13
Clinical Monitoring....13
Administrative Monitoring....13
Parent/Guardian Surveys....13
Appendix 1 Glossary....15

Applied Behaviour Analysis (ABA) 15
Appendix 2 Forms 15
Service Level Agreement (SLA) 16
Personalized Learning Plan (PLP) 17
CALI Summary of Assessment Results 26
Session Observation and Feedback Form 27
Request for Termination of Services Form 31

1. Authority

This document establishes the guidelines for service delivery of intervention services to preschool children diagnosed with Autism Spectrum Disorder. Intervention is authorized by the *Programs for Children with Autism Spectrum Disorder Regulation – Early Childhood Services Act*.

The Regulation states that:

2(1) A child diagnosed with autism spectrum disorder shall be eligible to receive evidence-based interventions, including applied behavioural analysis and intensive behavioural intervention, until the day the child is required to attend school under

(a) paragraph 15(1)(a) of the Education Act, or

(b) subsection 15(2) of the Education Act, if the child's attendance at school is deferred under that subsection.

2(2) Subsection (1) applies despite the fact that the child may not be required to attend school under section 16 of the Education Act.

Applied Behaviour Analysis and the Preschool Autism Program in New Brunswick

The Preschool Autism Program is delivered to provide evidence-based Applied Behaviour Analysis (ABA) services. The goal of intervention is to increase a child's independence and improve their ability to learn and succeed in their natural environments.

Requirements of the Preschool Autism Program

- Each child enrolled in the program has a Personalized Learning Plan that identifies the focus, model and intensity of intervention. The plan is jointly developed by clinicians from the preschool autism agency responsible for intervention (the Agency), and the child's family.
- The program offers two intervention models: **consultative** intervention (up to 12 hours per week) and **comprehensive** intervention (12 or more hours per week) based on the child and family's needs.
- Clinicians identify needs through the information gathered at intake and throughout ongoing intervention (interviews, assessment, and observation), and take into consideration parents' identified priorities.
- Intervention plans are created collaboratively by the Agency and the family. Plans focus on the main barriers or challenges to learning in the child's natural environment and on the family's day-to-day functioning and overall wellbeing.

For each child, the Agency must develop:

1. **An intervention focus:** a statement identifying the focus of the child's intervention for an approximate six-month period. It describes the challenge(s) or behaviour(s) that represent(s) the most significant barrier(s) to learning for the child and indicates how addressing the intervention focus will benefit the child.

©2020 EECD NB

2. **A Personalized Learning Plan (PLP):** a summary of up-to-date assessment information about the child's development, the family's priorities and the intervention plans.
3. **Intervention goals:** a section of the PLP that outlines the goal(s) for each skill area that is being targeted in intervention. The goals are individualized for the child and include measurable targeted outcomes.

All elements of intervention are developed in collaboration with the family and are embedded in current best practices of the science of Applied Behaviour Analysis (ABA).

2. Initiation of Services

Approval of Service

EECD receives referrals from diagnosticians, communicates with families and approves services. Once it has approved services, EECD provides the Agency with all relevant information required to deliver optimal service for the child, and the Agency contacts the family to initiate services.

Termination of Services

When services are terminated for any reason, the Agency provides EECD with a Request for Termination of Services form.

The Request for Termination of Services form specifies the reason for the termination and is:

- signed by the Agency and parents/guardians,
- submitted to EECD,
- approved and signed by EECD,
- copied and returned to the Agency.

3. Agency Intake Process

The intake process includes the following steps:

1. The Agency contacts the family to describe intervention, to answer questions about autism spectrum disorder and to seek family commitment to participate in intervention.
2. The Agency assesses the child and the family's strengths and needs.
3. The Agency establishes a Personalized Learning Plan for the child based on assessment results.
4. The Agency establishes a Service Level Agreement (SLA) with the parents/guardians. The SLA identifies the model of intervention and the hours of service per week.
5. The Agency submits the SLA to EECD, signalling that intervention has commenced.

©2020 EECD NB

4. Assessments

Comprehensive Assessment for Learning and Independence (CALI)

The CALI assesses the skill deficits and barriers that are most common for individuals with ASD. It helps teams identify strengths and skill areas to prioritize during intervention.

While the Agency may use various assessment tools, the CALI must be used:

- as an intake assessment.
- as Personalized Learning Plan (PLP) goals are mastered and information is required for further programming.
- 6-8 months before the child starts school. The results help identify program goals for the transition to school and are part of the Transition to School documentation used by schools to plan their supports.

Each time the CALI is administered, results must be documented in the Summary of Assessment Results. The Summary of Assessment Results is shared with parents/guardians and maintained in the child's file.

If there is clinical justification not to conduct a CALI, the rationale must be documented in the child's file.

Other Assessments

Other assessments may be used to aid in developing intervention plans and must then be documented in the child's file.

5. Personalized Learning Plans

All interventions are based on EECD's *Personalized Learning Plan - Preschool* template.

The PLP must:

- provide complete details of the plan using the template provided by EECD.
- be completed during intake and revised when goals are added or removed or as the intervention structure shifts.
- promote a collaborative and family-centred approach.
- include an up-to-date Service Level Agreement (SLA), including any amendments, signed by a parent/guardian.
- contain at least one parent/guardian goal or a justification if one is not included.
- contain a statement of intervention focus, and a minimum of one goal for the child. Goals must align with the intervention focus and the assessment results.
- be signed by the parent/guardian and dated each time the PLP is updated.

©2020 EECD NB

Personalized Learning Plan Updates

The PLP is a living document. Interventions described in the plan will necessarily evolve in support of desired outcomes for the child and their family. A PLP will be updated when:

- goals are mastered, modified or deleted.
- an intervention focus is modified.
- new assessments are conducted.
- medical or historical information is updated.
- intervention models, hours of intervention or location of intervention is changed.
- a transition is approaching.

Parents/guardians must be involved in PLP updates on an ongoing basis and must receive a copy of the PLP following any updates. Parent involvement is individualized based on parent preferences.

6. Intervention

Intervention Models

The needs of children with ASD and their families vary significantly from one family to another. The intervention model and required intensity therefore vary. Determining the intervention model requires consideration of:

- the child's characteristics and needs,
- the willingness and capacity of caregivers to commit to a particular intervention model,
- the willingness and capacity of community partners to collaborate effectively with the clinical team and family, and
- characteristics of the child's physical environments.

The Agency must build a relationship with each family and support the family in selecting an intervention model that meets the developmental needs of the child, serves the family situation and addresses the biggest barriers to independence, learning, and success in natural environments.

Based on the information gathered at intake and the assessment results, one of two intervention models will be selected:

1. comprehensive intervention, or
2. consultative intervention.

©2020 EECD NB

The interventions are customizable and must be responsive to meet the various needs of the child and their family. The intervention model may change over time to support the child in achieving independence, learning and success in natural environments.

Comprehensive Intervention

A comprehensive intervention model provides a high intensity of intervention to address multiple developmental needs of the child and multiple challenges for the family and the Early Learning Centre (ELC).

Comprehensive intervention consists of 12 or more hours per week and includes:

- intensive intervention hours delivered by a Behaviour Interventionist (BI) supervised by the clinical team,
- multiple goals for the child and family,
- clinical consultation and support to the family and ELC facility, if applicable.

Delivery:

- Intervention is delivered in the child's home, the child's ELC facility, or an Agency facility.
- Hours of intervention are identified in the PLP, defined in the SLA and reported on in quarterly reports.
- Each child is assigned an intervention team, including a Clinical Supervisor.

Consultative Intervention

A consultative intervention is less intensive, focusing on 1-2 goals addressing either:

- a specific area of skill deficit or challenge for the child.
- a specific family challenge requiring intervention.

Consultative intervention consists of 12 or fewer hours per week and includes:

- a primary focus on clinical consultation and support to the family,
- 1-2 goals per child and family,
- limited hours delivered by a Behaviour Interventionist supervised by the clinical team, if applicable.

Delivery:

- Intervention may be delivered in the child's home, the child's ELC facility, an Agency facility, or within the community.
- Hours of intervention and structure of intervention are identified in the PLP, defined in the SLA and reported on in quarterly reports.
- Consultative intervention may include specific coaching between a supervisor and a family.
- Consultative intervention may include specific coaching between a supervisor and educators in an ELC facility.

©2020 EECD NB

- Each child must be assigned an intervention team, including a Clinical Supervisor.

Determining the Number of Hours of Intervention

The clinical team and the family work collaboratively to determine the number of intervention hours for the Service Level Agreement. The decision is made by considering:

- the developmental needs of the child, and
- the family's ability to commit to and accommodate the proposed schedule or, if services are located at an ELC, the ELC's routine, available space and ability to accommodate the schedule.

The goal is to provide the most effective intervention possible. Every hour of direct intervention with the Behaviour Interventionist needs to be effective time spent on PLP goals and will be monitored in clinical supervision through regular data analysis and observation.

Intervention Team

Both intervention models include a team made up of professionals from the Agency responsible for delivering the intervention. Intervention teams may consist of the following professionals:

- **Clinical Supervisor**: oversees all child and family programming and mentorship of staff.
- **Behaviour Consultant**: develops and delivers interventions.
- **Lead Therapist**: supports training of Behaviour Interventionists and program implementation.
- **Behaviour Interventionist**: delivers intensive intervention services directly to children under the supervision of a Behaviour Consultant and/or a Clinical Supervisor.

The intervention model must be defined in the PLP for each child. Consent for the model must be obtained from all parties, including parents/guardians, the Agency Clinical Supervisor and any ELC staff responsible for the child's program.

The intervention model should be revisited by the clinical team and the family as needed.

©2020 EECD NB

7. Standardized Documents

There are two types of standardized documents.

1. The first are required **provincial documents** that are designed by EECD in consultation with the Agency. These documents are required for EECD accountability, are in alignment with the documents also used in schools and may be embedded in the Provincial Autism Training Framework.
2. The second are required **program-specific documents**. These documents are used to administer programs, and the format may be determined by the Agency.

Required Provincial Documents

The following documents must be used in the format established or approved by EECD. Master templates will be kept on the Government of New Brunswick (GNB) website and in The Learning for Teaching Resource Center

- **Service Level Agreement:** The SLA must always be kept up to date in the child's file. The SLA must be reviewed with parents/guardians and signed when services are established at intake and each time service levels are amended.
- **Personalized Learning Plan:** The PLP must be kept up to date (as specified in Section 5: Personalized Learning Plans) including a historical log of past goals that have been mastered, modified, or terminated.
- **CALI Summary of Assessment Results:** Assessment results must be summarized and shared with parents using the CALI Summary of Assessment Results.
- **Session Observation and Feedback Form:** The Session Observation and Feedback Form is a provincial document required for supervision and support of Behaviour Interventionists.

Required Program-specific Documents

The following documentation must be present in the child's file. The format of these documents must be standard across Agency locations and will be managed by the Agency. The Agency is required to establish a provincial processes and procedures and ensure that the employees follow the procedures around documentation of consent, program specific documentation, data management and contact information. All data and documentation must be accessible to EECD for administrative monitoring and clinical monitoring.

- **Consent:** Program-specific documentation must demonstrate that there is informed parent/guardian consent for the procedures being implemented. Evidence of informed consent must be either a parent's initial on a document or a record in a communication log kept in the child's file that includes the date of the discussion, the name of the person giving consent, a description of what they are consenting to and the clinical supervisor's signature.

©2020 EECD NB

- **Program document:** A program document that contains the implementation steps (skill acquisition program, behaviour support plan, etc.) must be present at the location of intervention.
- **Data collection and summary systems:** Data collection documents must align with the data collection and summary systems in the Provincial Autism Training Framework. The format of the documents may vary from those of the Training Framework, but the function must remain the same.
- **Parent Contact Information:** The Agency is required to maintain an up-to-date database of family contact information. This information must be reported to EECD quarterly.

8. Training and Background Check Requirements

EECD offers three levels of training as part of the Provincial Autism Training Framework delivered by the Autism Learning Partnership, EECD.

1. **Introductory training (Level 1)** consists of an online course, *ASD and Behavioural Interventions,* covering the foundations of behavioural interventions. Hands-on training must be provided by an Agency-based facilitator to develop competencies.
2. **Advanced training (Level 2)** consists of two online, competency-based courses for supervisors, titled *Program Planning and Monitoring,* and *Teaching Positive Behaviour*.
3. **Continuing education (Level 3)** consists of ongoing competency development and support for advanced certification.

All Agency employees who work with children must:

- be enrolled in Level 1 training upon hiring.
- be provided with hands-on training that aligns with the Level 1 modules to develop competencies.
- complete Level 1 modules within **three months** from the time they are hired.
- have an up-to-date Criminal Record Check and a Prior Contact Check from the Department of Social Development prior to commencing employment.
- renew the Criminal Record Check and Prior Contact Check every five years.
- meet the Agency requirements for basic competencies embedded within Level 1 training before working alone with children.

All Behaviour Consultants and Clinical Supervisors must:

- participate in Level 2 training.
- demonstrate introductory competencies, defined in collaboration with the Autism Learning Partnership and evaluated within Level 2 training.

©2020 EECD NB

- have an ongoing professional learning plan documenting professional learning priorities and goals.

9. Collaborative Practice

Collaborative practice occurs when two or more professions, including the Agency, work together to achieve common goals. It is used to solve a variety of problems and complex issues. Collaboration allows participants to achieve together more than they can individually.

Collaborative practice plans must recognize the individual expertise of professionals, paraprofessionals and parents, and synthesize the contributions of each into an effective plan for the child and family. Collaborative practice plans must be based on research and evidence-based interventions that the professions share in common.

The Agency must establish a collaborative practice plan when the child and family are also:

- receiving intervention in ELC facilities,
- transitioning to school,
- receiving services from Social Development (Child Welfare and Youth Services),
- receiving services from the Early Intervention Program, and/or
- receiving services from other professionals.

The child's PLP documents the collaborative practice plan, including specific, complementary shared goals and strategies for the various professionals involved with the family.

10. Monitoring and Data

EECD monitors the outcomes of the Preschool Autism Program as well as compliance with the Preschool Autism Program Guidelines. The Agency is required to provide open access to all relevant documents to permit EECD to determine compliance.

Monitoring activities include parent surveys, clinical monitoring, administrative monitoring and financial monitoring.

Annual reporting is aligned with the fiscal year end.

Statistical data related to children and families is reported to EECD by associated school district.

©2020 EECD NB

Financial information must be reported as specified by the financial accounting framework of EECD.

EECD Statistical Information

EECD staff maintain statistical information for analyzing other monitoring activities. This information includes:

- caseload size based on referrals for service,
- service commencement and termination data, and
- transition to school data.

Clinical Monitoring

EECD staff complete clinical monitoring to assess compliance with intervention quality indicators set by the Department. Clinical monitoring data produce positive and negative overall compliance scores that summarize the number of client file reviews that demonstrate high levels of compliance and the number of file reviews that do not meet minimum levels of compliance.

Administrative Monitoring

EECD staff conduct administrative monitoring through site visits to validate that information submitted in Agency reporting is supported by documentation in Agency files. Administrative monitoring includes:

- verification of Service Level Agreements,
- quarterly summary report of Notice of Service Termination forms, and
- compliance with the Criminal Record Check and Prior Contact Check policy.

Parent/Guardian Surveys

EECD conducts parent surveys at least annually. At a minimum, surveys identify:

- percentage of parents who report engagement in the development of the PLP (defined as perception that the Agency provided the information they needed to make decisions about intervention for their child, that the Agency collaborated in the development of goals and plans, that intervention changes reflected their family situation, and that they participated in adjusting the intervention plans when needed),
- percentage of parents who report satisfaction with their child's intervention, and
- percentage of parents who are satisfied with the Agency's collaborative practices when working with other professions or organizations.

©2020 EECD NB

The information gathered by Agency reporting, clinical monitoring, administrative monitoring, parent surveys and is synthesized and analyzed by EECD with respect to the outcome targets in the contract with the Agency.

©2020 EECD NB

Appendix 1 Glossary

Applied Behaviour Analysis (ABA)

Applied Behaviour Analysis is an evidence-based approach to understanding behaviour and building skills. It is supported by decades of research as an effective treatment across the lifespan for individuals with ASD and other developmental disabilities. ABA-based interventions have been used successfully to increase, maintain, and generalize socially important behaviours as well as to improve cognitive skills and functional independence. ABA methods have also been shown to reduce challenging behaviours. For more information on ABA, consult the Association for Science in Autism Treatment, and the Behavior Analyst Certification Board (BACB).

According to the Association for Science in Autism Treatment[1]:

> Practitioners of Applied Behaviour Analysis (ABA) aim to improve socially important behaviour. ABA interventions are based upon principles of learning theory that have been evaluated in experiments using reliable and objective measurement. ABA methods are intended to support persons with autism spectrum disorders in many ways:
>
> - To increase behaviours (e.g. to increase on-task behaviour, or social interactions) and to teach new skills (e.g., life skills, communication skills, or social skills);
> - To maintain behaviours (e.g., self-control and self-monitoring procedures to maintain and generalize job-related social skills);
> - To generalize or to transfer behaviour from one situation or response to another (e.g., from completing assignments in the resource room to performing as well in the mainstream classroom);
> - To restrict or narrow conditions under which interfering behaviours occur (e.g., modifying the learning environment); and
> - To reduce interfering behaviours (e.g., self-injury or stereotypy).

Appendix 2 Forms

All standardized forms are updated as needed. Current versions of these forms are available on the GNB Early Childhood website for the public and in The Learning for Teaching Resource Center for agency staff.

[1] *Applied Behaviour Analysis (ABA).* Association for Science in Autism Treatment. Retrieved on April 28, 2020, from https://asatonline.org/for-parents/learn-more-about-specific-treatments/applied-behavior-analysis-aba/

©2020 EECD NB

Service Level Agreement (SLA)

Service Level Agreement

Child ID#: _____

The agreement between _____ and _____
(Agency Name) (Parent/Guardian)

will begin on _____
(mm/dd/yy)

Child's Name: _____ D.O.B. _____

Intervention Model				
Comprehensive	☐		Consultative	☐

Intervention Details	
Hours of Intervention:	
Location(s) of intervention:	
Team Structure:	

Parent(s)/Guardian(s)

- ☐ I/we agree with the intervention type, location and hours.
- ☐ I/we agree to notify the agency if changes in intervention model, location and hours outlined are needed.
- ☐ I/We understand and agree with the goals outlined above.
- ☐ I/We have participated in the development of these goals and agree with the intervention plan outlined.
- ☐ I/We understand the roles and responsibilities of the team members.
- ☐ I/We understand my/our role and responsibility in meeting the above goals.

Parent/guardian signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____

Clinical Supervisor

- ☐ I will offer the intervention service outlined in this document.
- ☐ I agree to amend this document when the intervention model or the intervention details change.
- ☐ I agree to report on progress toward the above goals in writing and to create opportunities to communicate about progress toward the above goals with parents/guardians/collaborative partners.
- ☐ I recognize the importance of clear and open communication with other service providers. I will include collaborative team members in order to support the child's goals and the family's needs.

Clinical supervisor signature: _____ **Date:** _____

© New Brunswick Department of Education and Early Childhood Development

New Nouveau Brunswick

Personalized Learning Plan (PLP)

Personalized Learning Plan
Preschool

Section A: Administrative Information

Child ID#: _____

Child Name: _____

Agency: _____ Date of current PLP: _____

School District: _____ Date of initial PLP: _____

Address: _____ Date of Birth: _____

Agency intake started on: _____ Anticipated school entry year: _____

Parent/Guardian Information

Last Name	First Name	Phone Number	Email Address

Clinical Team Information

Role	Name	Phone Number	Email Address

Diagnostic Information

Medical Information

Other Services or Activities in the Community

© New Brunswick Department of Education and Early Childhood Development

New Nouveau Brunswick

Personalized Learning Plan
Preschool

Section B: Individualized Plan

Strengths	Needs
•	•

Assessments:

Most recent CALI assessment date:

Other Assessment Tools Used:

Assessment	Date (mm/dd/yy)
•	•

Summary of Assessments and Observations:

Parent/Guardian Priorities

Intervention Focus Statement

Current Individualized Goals

Parent/Guardian Goal

Domain:

Goal:

Justification:

Anticipated strategies to meet this goal: Formal program ☐ Coaching ☐

Responsibility:

Start Date:

© New Brunswick Department of Education and Early Childhood Development

Personalized Learning Plan
Preschool

Child Goals

Domain:

Goal:

Justification:

Anticipated Programs:

Responsibility:

Programs Implemented and Dates:

Domain:

Goal:

Justification:

Anticipated Programs:

Responsibility:

Programs Implemented and Dates:

Domain:

Goal:

Justification:

Anticipated Programs:

Responsibility:

Programs Implemented and Dates:

Domain:

Goal:

Justification:

Anticipated Programs:

© New Brunswick Department of Education and Early Childhood Development

©2020 EECD NB

Personalized Learning Plan
Preschool

Responsibility:

Programs Implemented and Dates:

Collaborative Practice Plan

Early Learning and Childcare (ELC) Facilities:

Name of ELC facility	Anticipated Steps for Collaboration	Updates
Primary contact person:		

Other Partners:

Name of partner and role	Anticipated Steps for Collaboration	Updates

© New Brunswick Department of Education and Early Childhood Development

Personalized Learning Plan
Preschool

Section C: Service Level Agreement

Child ID#: _____

The agreement between _____ and _____
(Agency Name) (Parent/Guardian)

will begin on _____
(mm/dd/yy)

Child's Name: _____ D.O.B. _____

Intervention Model				
Comprehensive	☐		Consultative	☐

Intervention Details	
Hours of Intervention:	
Location(s) of intervention:	
Team Structure:	

Parent(s)/Guardian(s)

- ☐ I/we agree with the intervention model, location and hours.
- ☐ I/we agree to notify the agency if changes in intervention model, location and hours outlined are needed.
- ☐ I/We understand and agree with the goals outlined above.
- ☐ I/We have participated in the development of these goals and agree with the intervention plan outlined.
- ☐ I/We understand the roles and responsibilities of the team members.
- ☐ I/We understand my/our role and responsibility in meeting the above goals.

Parent/guardian signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____

Clinical Supervisor

- ☐ I will offer the intervention service outlined in this document.
- ☐ I agree to amend this document when the intervention model or the intervention details change.
- ☐ I agree to report on progress toward the above goals in writing and to create opportunities to communicate about progress toward the above goals with parents/guardians/collaborative partners.
- ☐ I recognize the importance of clear and open communication with other service providers. I will include collaborative team members in order to support the child's goals and the family's needs.

Clinical supervisor signature: _____ **Date:** _____

© New Brunswick Department of Education and Early Childhood Development

New Nouveau Brunswick

Personalized Learning Plan
Preschool

Appendix A: Historical Information

Historical Log of Intervention Focus Statements

Instructions: When an intervention focus statement is no longer relevant and has been replaced, move the past intervention focus statement into this section and replace it, in Section B, with a current intervention focus statement.

Intervention Focus Period:	
Intervention Focus Statement:	
Notes:	

Historical Goal Log

Instructions:

- When a goal is modified, move the previous version of the goal into this section. Select "Modified" and write a brief explanation of why it was modified in the Notes section.
- When a goal is deleted, move the goal into this section. Select "Deleted" and write a brief explanation of why it was deleted.
- When a goal is acquired, move the goal into this section and select "Acquired".

Historical Log of Child Goals

Domain:	
Goal:	
Justification:	
Anticipated Programs:	
Responsibility:	
Programs Implemented and Dates:	
Log of goal:	☐ Modified ☐ Deleted ☐ Acquired Date (mm/dd/yy):_____
Notes:	

© New Brunswick Department of Education and Early Childhood Development

©2020 EECD NB

Personalized Learning Plan
Preschool

Historical Log of Parent Goals

Domain:	
Goal:	
Justification:	
Strategies used to meet this goal:	Formal program ☐ Coaching ☐
Responsibility:	
Start Date:	
Log of goals:	☐ Modified ☐ Deleted ☐ Acquired Date (mm/dd/yy):_____
Notes:	

Collaborative Practice Log

Instruction: Record past collaborative partners and summarize information that may be relevant to parents/guardians and future support teams.

Collaborative Partners	Comments	Dates

© New Brunswick Department of Education and Early Childhood Development

Personalized Learning Plan
Preschool

Appendix B: Parent/Guardian Guide

Glossary of Terms

Anticipated programs:	when a goal is set, the supervisor will outline the programs that could potentially be put in place to meet the goal. The list of anticipated programs may be modified over time based on a child's progress.
Assessment:	measure of a person's abilities and intervention needs.
Clinical Team:	team consisting of a clinical supervisor and sometimes a behaviour consultant. These people are responsible for writing the learning plans and programs, and training the staff.
Services or Activities in the community:	any other services or programs with which a child is engaged. For example, an early learning and child care facility, a sports program, a gymnastics class, a dance class, a Sparks or Cubs program, etc.
Domain:	areas of learning such as play, language, and social skills.
Goal:	what the intervention plans to achieve in the next six months to one year. For each goal, there may be one or more programs written to guide the team toward meeting the goal.
Intervention Focus:	main priority of the intervention. The intervention focus addresses the main thing that is preventing a child from learning in their natural environment. It should be the foundation for the goals and outcomes.
Justification:	reason why a goal is being set.
Personalized Learning Plan (PLP):	plan that is created when intervention starts and updated when goals are added or removed. A child in intervention must always have a personalized learning plan.
Program:	document containing the written instructions to teach a new skill or a new behaviour. A program is written and implemented to work toward meeting one or more goals.
Programs Implemented and Dates:	list of the programs that have actually been implemented in order to work toward meeting a goal and the dates they were put in place.

Frequently Asked Questions

Q: Why do I have to sign the PLP?
A: Signing the PLP gives your permission for the team to work on the documented goals. Your permission is needed to work on the goals outlined, but you have to understand and be comfortable with the goals that are in the document. Signing the PLP, gives permission to begin intervention.

Q: What if I have questions about the PLP?
A: If you have questions about the PLP, you should speak to your child's team supervisor, who is either a clinical supervisor or a behaviour consultant.

Q: Does my child keep their PLP in school?
A: Your agency team will communicate the PLP – Preschool to the school team. Your child will go to school with a PLP and if it is still needed, it will be adapted for the K-12 school system.

© New Brunswick Department of Education and Early Childhood Development

Personalized Learning Plan
Preschool

Q: What happens to goals once they're not in the PLP anymore or when they are acquired?
A: When a goal is achieved, deleted or needs to be modified, this information is added to the "historical log" appendix, which keeps track of all the goals worked on since the beginning of intervention.

Q: What if I don't understand something in the PLP?
A: You should always ask your child's team supervisor if you do not understand something in the PLP.

© New Brunswick Department of Education and Early Childhood Development

©2020 EECD NB

CALI Summary of Assessment Results

Comprehension Assessment for Learning and Independence (CALI) Vol. 1

Summary of Assessment Results

Learner's name: Click here to enter text.	**Date:** Click here to enter a date.
Setting: Click here to enter text.	**Evaluator's name:** Click here to enter a date.
DOB: Click here to enter a date.	**Age:**Click here to enter text.

Assessment Results

The *CALI Vol. 1* is designed to measure and evaluate strengths and difficulties for learners with Autism Spectrum Disorder (ASD) in key areas important for learning, communication, and social development.

The *CALI Vol. 1* is organized into a series of *Learner Profiles* with each one representing a pattern of development, strengths and difficulties that may be commonly observed among learners with ASD. Each *Learner Profile* assesses a different set of skills, which then provides a framework to help guide programming.

The table below describes your child's mastery of the various skills assessed.

Learner Profile Selected	
Number of Skills Assessed	Click here to enter text.
% Not Mastered	Click here to enter text.
% Mastered: Pre-Generative	Click here to enter text.
% Mastered: Generative	Click here to enter text.

- *Not Mastered:* The learner did not meet the mastery criteria for the particular skill. While the skill may not be mastered according to the criteria, your child may demonstrate some emerging skills in that area.
- *Mastered: Pre-Generative:* The learner has mastered certain elements of the skill, but is not yet at generative level.
- *Mastered: Generative:* The learner has mastered the skill/concept, and demonstrates the skill with new materials, in new contexts and with different people.

General Observations

Strengths: Click here to enter text.

Challenges/Needs:Click here to enter text.

Other observations:Click here to enter text.

Suggested Priorities

Click here to enter text.

© New Brunswick Department of Education and Early Childhood Development
Adaptation of Lovaas Institute resources and materials

Session Observation and Feedback Form

Session Observation and Feedback

Learner:	Date:
Observer:	Location:
Staff Member:	Previous Goal:

Targets Evaluated	Session Sequence (trial-by-trial data)										Comments
Program 1:											
Program 2:											
Program 3:											
Incidental / Natural / Spontaneous:											

© New Brunswick Department of Education and Early Childhood Development
Adaptation of Lovaas Institute resources and materials

Staff member's use of strategies	Initial observation	Post feedback	Comments
1. Identify targets according to Daily Record Sheet	A IP N/A	A IP N/A	
2. Apply program instructions as written	A IP N/A	A IP N/A	
3. Identify potential reinforcement	A IP N/A	A IP N/A	
4. Implement potential reinforcement	A IP N/A	A IP N/A	
5. Evaluate potential reinforcement	A IP N/A	A IP N/A	
6. Mass with errorless teaching	A IP N/A	A IP N/A	
7. Expand with errorless teaching	A IP N/A	A IP N/A	
8. Discriminate with errorless teaching	A IP N/A	A IP N/A	
9. Accurate data collection	A IP N/A	A IP N/A	
10. Accurate data analysis	A IP N/A	A IP N/A	
Other:	A IP N/A	A IP N/A	
Other:	A IP N/A	A IP N/A	
Other:	A IP N/A	A IP N/A	

A (acquired) / IP (in progress) / N/A (not applicable)

In the Initial Observation, an IP was given due to:					
Lack of time available		Strategies need to be reviewed		Need to revise program	

© New Brunswick Department of Education and Early Childhood Development
Adaptation of Lovaas Institute resources and materials

Specific strategies reviewed and recommendations
Areas of strength
Signatures
Observer:
Staff:
Date

© New Brunswick Department of Education and Early Childhood Development
Adaptation of Lovaas Institute resources and materials

Staff member's use of strategies	Score A if:	Score IP if:
1. Identify targets according to Daily Record Sheet	• targets are identified according to the Daily Record Sheet	• the session begins without referencing the Daily Record Sheet, the staff member requires prompting to reference the Daily Record Sheet, or targets are identified incorrectly
2. Apply program instructions as written	• the program instructions are followed as written, without significant errors	• program instructions are not followed or prompting from the observer is required for the program to be implemented correctly • the staff member uses a teaching strategy other than what is listed in the program
3. Identify potential reinforcement	• the staff member is effectively contracting for reinforcement on 90% of opportunities • new reinforcement is being sampled • the staff member is following the learner's lead without giving them full control	• reinforcement is contracted ineffectively • the same reinforcer is being used repeatedly without effort to vary it
4. Implement potential reinforcement	• reinforcement is delivered within 1.8 seconds of the correct response • social reinforcement is delivered along with tangible • differential reinforcement criteria are followed • reinforcement is creative, varied, appropriate in size and length of delivery	• reinforcement is being delivered for incorrect responses • duration of reinforcement is too long, preventing programs from being run/reaching mastery • differential reinforcement criteria are not followed • opportunities for growth are identified in creativity, variety, size and duration of reinforcement
5. Evaluate potential reinforcement	• reinforcement is adjusted based on the learner's motivation and reaction to reinforcement • the reinforcer is changed before satiation occurs	• a reinforcer continues to be used that the learner has demonstrated they do not want • trials are unsuccessful because the learner was not motivated by the reinforcer
6. Mass with errorless teaching	• prompting/behavioural momentum are used as written in the program • an 80% success rate is maintained	• teaching does not occur errorlessly, causing a success rate that is lower than 80% • over-prompting occurs
7. Expand with errorless teaching	• program criteria for time expansion are followed	• expansion criteria are not followed • expansion is not systematic
8. Discriminate with errorless teaching	• errors are avoided proactively in avoiding errors during discrimination • discrimination is increased throughout – moderate and challenging as written in the program	• errors occur during discrimination • errors are allowed as a result of dropping/ineffective prompting/bm • an insufficient number of distractor trials occur
9. Accurate data collection	• the staff member's data matches the observer's data by at least 80%	• the staff member's data differs from the observer's data by more than 20%
10. Accurate data analysis	• data-based decisions are made and an 80% success rate is maintained • teaching starts at the correct step of the general procedure	• the success rate is below 80% • data-based decisions are not made (prompt/behavioural momentum is prematurely dropped) • more trials than needed are conducted to achieve mastery (too many trials; unnecessary repetition)

© New Brunswick Department of Education and Early Childhood Development
Adaptation of Lovaas Institute resources and materials

Request for Termination of Services Form

New Nouveau Brunswick

Request for Service Termination

Instructions: this form is to be completed any time a child's intervention is terminated. The form must be sent to The Department of Education and Early Childhood Development within one month of termination.

Child's name		Child's ID	
Date of Birth	(YYYY/MM/DD)	Sex	☐ M ☐ F
Language of service	☐ French ☐ English		

Parent 1 (or Legal Guardian)	
Address	
Telephone Number	
Email	

Parent 2 (or Legal Guardian)	
Address	
Telephone Number	
Email	

What services did the child/family receive?

How long did the child/family receive services?				
☐ 0 - 6 months	☐ 6 month - 1 year	☐ 1 - 2 years	☐ 2 - 3 years	☐ Over 3 years

Were the goals met? ☐ yes ☐ no
Comments:

Reason(s) for closure?	
☐ Moved-Out of province	☐ Agency terminated services
☐ Starting school	☐ Family can't be reached
☐ Family withdrew	☐ Other:
Details:	
Last day of service:	
Approved by GNB? ☐ yes ☐ no	Date: Signature:

Clinical Supervisor _____ Parent/legal guardian _____ Date _____

Agency _____ Director _____

©2020 EECD NB