

DEPARTMENT OF EDUCATION AND
EARLY CHILDHOOD DEVELOPMENT

Preschool Autism Program Standards

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1. Introduction

1.1 Purpose of standards

This document establishes the standard for service delivery of intervention services for preschool children with Autism Spectrum Disorder. The Standards define the services identified in Regulation 2005-19 under the Family Services Act. The Regulation *Interventions for Autistic Children Regulation - Family Services Act* states: *2(1) A child diagnosed with an 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 paragraph 15(1) (a) of the Education Act, notwithstanding that the child may not be required to attend school under section 16 of that Act.* The Standards only apply to approved agencies and where services are contracted by the Department of Education and Early Childhood Development for preschool aged children with a diagnosis of Autism Spectrum Disorder. The Program Standards identify the key deliverables for the program to ensure quality, accountability and sustainability.

1.2 Description of the Preschool Autism Program in New Brunswick

The Department's Preschool Autism Program provides early intensive behaviour intervention for children with Autism Spectrum Disorder up to school entry. When children are enrolled in the program, each child's behaviours, learning, and development will be thoroughly assessed to develop the personalized learning plan. Each child will receive individualized instruction through programmed learning opportunities that will produce measurable and meaningful change and lessen their developmental delays while achieving pre-determined intervention goals.

Agencies delivering services through the Preschool Autism Program will apply evidence-based practices such as discrete trial teaching, reinforcement, prompting, incidental teaching, and functional communication training to achieve the goals set out for children by their family and the intervention team. Interventions are structured to increase the child's ability to learn from their natural environment while increasing their independence as much as possible.

Children enrolled in the preschool autism program can access up to 20 hours of intervention weekly from a non-government agency. Parents will receive training to support them in carrying intervention gains forward. The Department will seek feedback from parents throughout the intervention. Children are eligible to enrol from the time they receive an autism diagnosis until the point of kindergarten entry. When children enter school, a comprehensive set of school based supports with trained staff will carry forward the gains made through the preschool program.

1.3 General Autism Spectrum Disorder Information

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that makes it difficult for people to understand what they see, hear or sense. Autism is characterized by challenges in communication, social interaction and learning, as well as by unusual behaviour, interests and activities.

The term spectrum refers to a continuum of developmental severity. The definition and diagnostic criteria for Autism Spectrum Disorder is outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013.

On March 27, 2014, the Centers for Disease Control and Prevention (CDC) released new data on the prevalence of autism in the United States. This surveillance study identified 1 in 68 children (1 in 42 boys and 1 in 189 girls) as having Autism Spectrum Disorder (ASD). The causes are still unknown. For now there is no cure for Autism Spectrum Disorder. There are interventions and education approaches that may reduce some of the challenges of Autism Spectrum Disorder. These interventions can result in global gains and improve the quality of life for children in the areas of social, adaptive and behavioural functioning.

In response to the research and the requirements of the regulation *Interventions for Autistic Children Regulation - Family Services Act*, the Department of Education and Early Childhood Development provides early intensive behavioural intervention to preschool children with a diagnosis of Autism Spectrum Disorder. Intervention services are delivered through agencies that have a contract with the Department of Education and Early Childhood Development to provide services within school district boundaries.

1.4 Overview of the Preschool Autism Program

The goal of services delivered by the Preschool Autism Program is to offer evidence-based, high quality early intensive behavioural intervention (EIBI) up to 20 hours a week with the child and their family to address the child's most significant barriers to learning and independence from diagnosis to school entry.

The key components of the program are to:

- provide an early intensive behavioural intervention program of consistent quality to all diagnosed preschool children in all regions of the province;
- conduct a pre-intervention assessment that establishes a clear baseline of the child's development at the onset of the program;
- conduct a post-intervention assessment before exiting the program;
- develop a customized personalized learning plan with clear goals that are tailored to the child's needs;
- address barriers to learning by addressing features of autism;
- demonstrate measurable gains and achievement of identified goals;
- adjust intensity and focus of services based on the child's progress;
- facilitate a smooth and effective transition into school;
- actively engage parents in the development and implementation of the child's goals.
- support parents in acquiring the skills necessary to actively engage their child and create learning opportunities for their child in the natural environment.

1.5 Primary Definitions

Agency Director: The owner of the contracted preschool autism program agency. The agency director is responsible for the oversight of the agency and its administrative and clinical practices.

Applied Behaviour Analysis (ABA): The application of methods that are developed based on principles of learning and behaviour to build useful behavioural repertoires and reduce problematic ones. ABA is commonly applied to autism treatment through various formats, those most common in New Brunswick include early intensive behavioural intervention with preschool-aged children, and behavioural interventions provided in school based settings. ABA is also effective within additional programs and services for individuals across the lifespan.

Autism: Also referred to as Autism Spectrum Disorder (ASD), Autism is a complex neurodevelopmental disorder. Individuals with Autism show common characteristics in social communication and social interaction and restrictive, repetitive patterns of behaviour. Severity may range from level 1 (least severe) to level 3 (most severe). Autism diagnosis can occur through a structured behavioural observation or diagnostic assessment.

Child: refers to a preschool aged child who is receiving autism intervention services.

Clinical Team: The clinical team consists of at least one clinical supervisor and often consists of a clinical supervisor and a behaviour consultant.

Comprehensive Assessment for Learning and Independence (CALI): An assessment tool created by the New Brunswick Department of Education and Early Childhood Development and the Lovaas Institute Midwest. The CALI assessment measures an individual's development in comparison to the most common characteristics of Autism. The CALI does not measure and individual's development in comparison to typical development. Upon initial assessment, the CALI provides recommendations for goal areas for parents and clinical teams. The CALI will be administered at the time of intake, at the time of school transition, and annually. Upon reassessment, the CALI provides documentation of progress and goal area recommendations.

Comprehensive Curriculum for Learning and Independence (CCLI): A bank of skills acquisition program templates that accompany the CALI assessment. Each program template provides parameters for writing a program to address a skill area in the CALI and a comprehensive list of possible ways to teach the skill. Each clinical supervisor and behaviour consultant will have online access to the CCLI.

Department: Refers to the New Brunswick Department of Education and Early Childhood Development.

Early Childhood Development (ECD) Division: A division of the Department of Education and Early Childhood Development (EECD), responsible for various programs related to preschool-aged children.

Early Intensive Behavioural Intervention (EIBI): refers to behavioural intervention programs in which a child is enrolled before the age of 5. A program that is at least 20 hours per week may be considered intensive. The Department encourages agencies and families to work collaboratively to maximize the benefit of the intervention hours and to provide educational opportunities for the child outside of the intervention hours.

Within this document, Early Intensive Behavioural Intervention refers to the application of evidence-based behavioural interventions with children under age 5 by an approved agency using the provincial supervision and program monitoring structure.

Evidence Based Practice (EBP): In order for an approach to be considered evidence based, it must be highly supported in research findings and systematic reviews. In order for an intervention to qualify as evidence-based, the team implementing the intervention must have the capacity to do so, have the consent of caregivers, and comply to educational and caseload qualifications outlined in this document's team approach.

Group-Based Instruction: Group based instruction is intervention conducted with an adult to child ratio of greater than 1:1. Group-based instruction is acceptable when it aligns with the intervention focus and the intervention goals that are outlined in the personalized learning plan. New Brunswick's preschool autism program's primary purpose is to provide 1:1 intervention to children with ASD, unless the child's intervention focus specifies group learning to be the most appropriate structure for their developmental needs. Also see definition of part time childcare for groups of over 5 children.

Intervention Ratio: The intervention ratio refers to the adult to child ratio in an intervention session. The ratio is represented by the number of adults actively responsible for supervision and program implementation for one child. Observers are not counted into an intervention ratio. The intervention ratio that is expected in the preschool autism program is 1:1 unless the child's intervention focus identifies a group context as the most appropriate for their developmental needs.

Intervention Team: The team of professionals responsible for delivering intervention in preschool autism agencies. Intervention teams in New Brunswick agencies consist of the following professionals:

- Clinical supervisor
- Behaviour consultant
- Behaviour interventionist

Parent: Refers to a parent and/or legal guardian of a child part of the Preschool Autism Program.

Personalized Learning Plan: An individualized learning plan that guides a focused intervention and details the goals and outcomes of a child's intervention. A personalized learning plan exists throughout both preschool and K-12 educational systems; the preschool version is called the **Personalized Learning Plan-Preschool ASD**. A provincial template for personalized learning plans will be updated and communicated on an ongoing basis by the Department. The personalized learning plan is created no later than 6 months after the initial date of referral and is updated on a schedule created by the family and clinical team; at least once per year. Personalized learning plans will be a performance indicator in the clinical monitoring system.

Part-Time Childcare: A program offered for 4 or less hours per day or less than 3 days per week to a group of more than 5 preschool-aged children for less than 10 weeks is a part-time childcare program and may require an additional licence as identified in the Department's Child Daycare Facilities Operator Standards.

PRESCHOOL AUTISM PROGRAM STANDARDS

Introduction

Section 1

Service Providers/Agencies: are non-government agencies that have been approved by the Department to provide intervention services for preschool-aged children with autism.

Service Level Agreement: The signed agreement between a parent and an approved agency to outline the number of hours of intervention agreed upon between the family and the agency.

Transportation Plan: The plan that identifies responsibilities and protocols if a child requires transportation to attend intervention.

2. Program Eligibility and Initiation of Services

2.1 Program Eligibility

The Department applies 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 Spectrum Disorder. Diagnosis must be made by one of the following: pediatrician, physician, pediatric neurologist, psychologist or psychiatrist; and
- be a full time resident of New Brunswick, including children living on First Nations reserves and living within the geographic boundaries of the program.

If a family is moving to New Brunswick and their child already has a diagnosis of Autism Spectrum Disorder, they can submit the documentation supporting the diagnosis to the Department. If it is determined that the standard of diagnosis used in New Brunswick has been met, the child will be approved for service without further delay once the family has moved to New Brunswick. The family may discuss intervention options with the agency serving the community that they will move to, but no payments to agencies can be made for work done prior to the move.

2.2 Initiation of Services

Step 1 - Diagnosis

- i. A diagnosis of Autism Spectrum Disorder is required from a pediatrician, physician, or psychologist employed by Vitalité or Horizon, or by a private psychologist licensed with the New Brunswick College of Psychologists.
- ii. Diagnostician completes the Confirmation of Diagnosis form (see Appendix A) and sends to the Department and a provides a copy to the parents
- iii. Diagnostician distributes the brochure describing the Preschool Autism Program to parents.

Step 2 - Communication with the Family

- i. The Department contacts the family to explain the service, to offer information and seek commitment from parents for services (Acceptance of Services tracking form - Appendix B).
- ii. The Department confirms the language of service for the child, the language of communication with parents and opens a file with all documentation received. Clients must receive services and communications in their language of choice in accordance with the Provincial Official Languages Act.
- iii. If a family does not wish to register in the Preschool Autism Program, the Department will send the parent handbook and will re-offer service after two months. The file will be closed if service is not accepted after a second offer.

Step 3 - Approval of Service

- i. The Department sends the parent handbook by email or mail and requests written consent from the parents to contact the agency on behalf of the family.
- ii. The Department collaborates with parents to obtain consent to share information as needed with the agency, appropriate school district, school, and other community programs. (see Consent for Release of Information forms - Appendices C and D) Consent forms can be mailed or emailed.
- iii. The Department send a copy of the child's file to the agency that will provide services.

2.3 Contracted Agency Intake Assessment and Initial Planning

- The agency contacts the family and establishes an Initial Service Level Agreement to outline the hours and plan for the assessment and planning phase. (see Appendix E)
- The agency will assess and establish a personalized learning plan for the child based on the intervention focus, the results of the Comprehensive Assessment for Learning and Independence (CALI) and other information gathered. (see Appendix F)
- The assessments are to be conducted primarily by the clinical supervisor and behaviour consultants. Those administering the Comprehensive Assessment for Learning and Independence (CALI) must have completed the necessary training for its administration.
- The agency submits documentation of CALI completion and a copy of the Personalized Learning Plan-Preschool (see Appendix G) to request payment for the initial assessment and planning.
- The agency establishes a Service Level Agreement (see Appendix I) with the parents and sends a copy to the Department. If the personalized learning plan initially begins with less than 20 hours of intervention per week, the service level agreement must reflect the number of hours requested.
- The agency must assist the family in developing a transportation plan if a family requires public transportation or collaboration from an additional community program (i.e. Social Development) in order to attend intervention. (See Section 3.6)
- The agency communicates the roles and responsibilities regarding the transportation plan in the event of a cancellation.

2.4 Commencement of Regular Intervention (See section 3)

Regular intervention will commence when:

- a Personalized Learning Plan-Preschool (see Appendix G) has been created and signed.
- the Service Level Agreement (see Appendix I) has been signed between parents and the agency and sent to the Department
- staff who have met provincial training requirements have been assigned to the child/family and a schedule is communicated with the family (see section 6).

3. Early Intensive Behavioural Intervention Services

3.1 Hours of intervention

Regular intervention: Once regular intervention commences, the agency will provide the number of hours agreed upon in the service level agreement-ongoing intervention (Appendix I).

The initial 3 months of service will serve as a grace period. During this grace period:

- The agency will provide intervention hours, and will be paid for hours agreed upon in the service level agreement, but no reconciliation of hours and payments to the agency will occur for hours that were not delivered.
- This period of time allows the agency to gradually increase the hours of intervention to those specified in the service level agreement. For example: the family may have decided on 20 hours per week of intervention, but the family and team decide to start with 10 hours per week, then 12 hours per week, then 15 hours per week until the 20 hour schedule is achieved.
- In addition, this grace period allows a family to work to achieve the 90% attendance expectation without penalty.

Once the 3 month grace period has passed, payment to the agency will be based on the actual number of hours delivered to the client. Reconciliation of payments to hours delivered will occur for the hours not delivered to a child regardless of the reason for the cancellation.

The following attendance protocol will be used by agencies:

- 90% congruence to the hours of intervention specified in the service level agreement is expected.

The agency must:

- Record attendance and calculate the percentage of attendance monthly based on the service level agreement.
- Remediate the following attendance issues:
 - If attendance is below 90% for two consecutive months due to agency staffing issues, the agency must adjust the staffing on a team to improve attendance.
 - If attendance is below 90% for one month due to parent cancellations (child illness, unforeseen cancellations) the agency will communicate to the family to indicate their attendance rate is below the expected level.
 - If attendance is below 90% for a second month due to parent cancellations (child illness, unforeseen cancellations) the agency will meet with the family to adjust the service level agreement to a lower number of hours.
- If the number of hours have been decreased due to parent cancellations, 90% attendance to the adjusted number of hours are required for two consecutive months in order to increase the number of hours in the service level agreement.

3.2 Program Development

Program development is the responsibility of the clinical supervisor and will be done in collaboration with other support staff (behaviour consultant, behaviour interventionist or other agency employees) and the child’s parents. Program development consists of assessment, development of the personalized learning plan, and program writing and preparation. The program ensures that parents, agency staff, and other consulting professionals have clearly identified the goals and activities of intervention and can track the outcomes of the program.

3.3 Assessment

A child’s personalized learning plan must be created by a clinical team by combining information collected through collaboration with parents, as well as through formal assessments.

3.3.1 Intake Assessment

- The Comprehensive Assessment for Learning and Independence (CALI) is the standard assessment tool used for initial.
- The assessment must be conducted, documented and communicated to the family as soon as a rapport is built with the family and child, and no later than 6 months from the time the Department transfers the child/family file to the agency. Completion of the assessment will trigger payment to the agency for the intake period. The Department provides a one-time payment for assessment that will cover up to 45 hours comprising 35 hours with the clinical supervisor, 8 hours with the behaviour interventionist and 2 hours for administration time.

Other assessments may be administered to provide additional information for the personalized learning plan. If additional assessments are conducted, they must be completed within the funding allotted for the intake period. No additional funding is provided for assessments. Other assessments may include:

The Verbal Behaviour Milestones Assessment And Placement Program (VB-MAPP)	Functional Behavioural Assessments
Learning Accomplishments Profile	The Vineland Adaptive Behaviour Scales Third Edition (Vineland-3)
Early Learning Accomplishments Profile (E-LAP)	Indirect assessments: parent interviews and checklists
Adaptive Behaviour Assessment System (ABAS-2)	Natural environment observations
Preschool language scales (PLS-5)	Assessment of Basic Language and Learning Skills (ABLLS)
Clinical Evaluation of Language Fundamentals-Preschool (CELF-P)	

3.3.2 Ongoing assessment

The Comprehensive Assessment for Learning and Independence (CALI) assessment must be re-administered, documented and communicated with the parents minimally once per year. Additional assessments may also be used in ongoing assessment.

3.3.3 Post-Intervention Assessment

A post-intervention assessment using the Comprehensive Assessment for Learning and Independence (CALI) must be conducted, documented and communicated with both parents and the school within the 6 months prior to school entry. Additional assessments may also be used in post intervention assessment.

3.4 Personalized Learning Plan

The personalized learning plan is used to document intervention goals for children enrolled in the preschool autism program. Each child must:

- have a personalized learning plan that uses the provincial format provided in the Personalized Learning Plan – Preschool template (see Appendix G).
- have the personalized learning plan signed by parents and the clinical supervisor.

The plan must be developed within 6 months of the referral from the Department to the agency and precedes the implementation of formal programs.

When a personalized learning plan has been created, the plan and the service level agreement will be verified and signed by the clinical supervisor and submitted to the Department to finalize the intake period. (see section 2.3)

Each time a goal is implemented, a parent must initial the personalized learning plan to provide or confirm consent. The personalized learning plan is ultimately the responsibility of the clinical supervisor. Personalized learning plans may be changed as needed, with past goals moving into a historical section and new goals being added as needed and agreed upon.

3.5 Program Delivery

The program is delivered to address the intervention goals outlined in the personalized learning plan which focus on the child's most significant barriers to learning and independence in their natural environment.

Written programs must:

- provide specific instructions needed for behaviour interventionists to teach the child skills that align with the intervention goals.
- be accompanied by data and a demonstration of program monitoring. Daily intervention data and program monitoring data must be collected on an ongoing basis to allow for efficient communication, monitoring and program supervision.

Program delivery requires an intervention team, program monitoring and ongoing review and analysis.

3.5.1 Intervention Teams

The agency staff providing intervention for a child are members of a program delivery team.

Clinical Supervisor: has oversight of the program and has the responsibility to supervise the other staff involved, to analyze assessment data, intervention outcomes data and program composition to determine the appropriate course of intervention.

Behaviour Consultant: may draft plans, programs and data analysis for review by the clinical supervisor. The behaviour consultant ensures that the behaviour interventionist has clear support and direction in carrying out the plan and consults with the clinical supervisor as needed to ensure the maximum rate of learning for the child is maintained.

The Behaviour interventionist: carries out the programs and records the data as set out in the personalized learning plan.

3.6 Intervention Locations

Programs may deliver services in a variety of settings to maximize generalization, maintenance, independence, and flexibility in children's behaviour and skills. The recommended location may change based on the learning needs of the child. Improving a child's ability to learn and engage independently in a natural environment is the ultimate goal of intervention services.

An agency may provide intervention in the following locations: a home-based environment, a child daycare facility, or an agency-based environment. The location of intervention must be decided in collaboration between the parent/s and the agency. The choice of location must not put additional stress on the family.

The location of intervention and intervention structure are documented in a child's personalized learning plan, and must be linked to the intervention focus and goals. The intervention location is decided based on the following information:

- The environment is safe for the child, family and staff.
- The intervention focus and learning goals are relevant to the intervention location that is selected.
- The environment is conducive to the child's learning.

3.6.1 Home-based intervention

A home-based location is a natural environment that may be considered if:

- a parent is present in the home during all intervention times
- the environment is smoke-free during intervention

- the environment meets minimum safety standards: running water and functioning bathrooms, and is appropriately heated
- the environment has been determined to be a productive learning environment and a priority for intervention by the parents and clinical team

Parents may be asked to do some of the following to ensure the well-being of agency personnel:

- contain pets in a different environment than the area where the staff and child are conducting the intervention session.
- prevent siblings or other individuals from interfering with the session unless their involvement is a part of the intervention plan.
- limit guests during the hours of intervention.
- remove extra toys or household items from the learning environment and sweep the floor of the learning environment.
- coordinate with the intervention team to determine necessary environmental modifications to support the child's learning such as: identifying an area free of electronics, removing or adding necessary furniture and toys, or control of distractions, etc.

3.6.2 Intervention provided in a child daycare facility:

Intervention services may be provided in a licensed child daycare facility whereby a child may receive support from a behaviour interventionist in a classroom setting. The child may:

- receive a combination of supported inclusion and separate instruction, as outlined in the personalized learning plan and agreed upon by all parties involved.
- receive only separate instruction but within a child daycare environment.

Intervention in a child daycare facility may be considered if:

- a child is enrolled in a child daycare facility, the facility agrees to have agency staff on-site, and parents request the facility as the location of intervention.
- the daycare facility environment is conducive to the child's learning and learning is not interrupted or prevented by environmental conditions in the daycare facility.

An agreement must be signed by the agency, parent, and the child daycare facility operator before intervention services are provided in a child daycare facility. This agreement must specify or provide:

- the location(s) within the facility where intervention will be provided. These locations may include the classroom, an unoccupied classroom, and other rooms and spaces in the daycare that are deemed appropriate by the clinical supervisor and daycare operator. Intervention may only take place in locations that meet daycare standards for space and safety.

- the roles and responsibilities of the intervention team members and the daycare operator and educators
- copies of current criminal record and prior contact checks for agency staff providing intervention in the child daycare facility as required by the standards of both programs.
- the lines of communication between the child daycare operator, educators and agency personnel
- the protocol for communication in the event of any other cancellations: e.g. behaviour interventionist
- that the child daycare operator has acknowledged that they have reviewed the intervention goals, intervention structure and are in agreement that these goals can be achieved in the child daycare setting.
- the agreement between the daycare operator and the clinical team regarding the level of distraction and interruption that is appropriate for the child's intervention.

3.6.3 Agency-based intervention

An agency is not obligated to offer agency-based services, as home and community based services are those most closely linked to the natural environment. If available, this option should be used as a last resort. If an agency-based setting is determined to be the most appropriate for intervention the decision should be made between the parents/guardians and the clinical team.

Intervention in an agency setting may be considered if:

- family dynamics do not allow for uninterrupted time or space in the home.
- the home does not meet the standards for home-based intervention (see 3.6.1).
- the clinical team and/or the parent have determined that the home is not an appropriate intervention setting.
- A child daycare setting is not an option for the family.
-
- a child daycare facility has not been identified as a preferred location of intervention for the family.
- the parents can bring the child to the agency location.

Agencies who deliver Preschool Autism Services on-site must meet the following physical standards:

- meet the requirements under the New Brunswick Fire Prevention Act.
- must consider their physical space and avoid over-crowding.
- 35 square feet per child is recommended for 1:1 intervention spaces, excluding office space and kitchen space and including play areas, instructional areas, and

any rooms where children participate in their intervention.

- meet the New Brunswick workplace health and safety requirements of the Workplace Health and Safety Act: <http://www.worksafenb.ca/acts-and-regulations>.
- Meet the standards of the Public Health Act.
- Maintain traffic areas that are free from water, ice and snow.
- Maintain play materials that are in good repair and are surfaced with lead-free non-toxic paint.
- allow unannounced monitoring for safety and cleanliness by the Department.

When agencies deliver group based interventions they are required to ensure that they are in compliance with the Regulations legislating Child Daycare facilities under the Family Services Act.

3.7 Transportation:

Transportation must not be a barrier to a child receiving intervention. There are options for the location of intervention that should minimize the need for transportation, if it creates a hardship for the family. When necessary, transportation of the child is the responsibility of the parents. If a family requires transportation planning assistance in order for a child to receive intervention services, the agency is expected to collaborate in this planning.

An agency must:

- Assist a family in transportation planning as needed.
- Have a policy outlining transportation practices (see Section 7.1)
- Have adequate insurance coverage to support its selected transportation practices.
- Adhere to the following:
 - A child must always be accompanied by a responsible adult.
 - When a child is being transported to intervention sessions in any public transportation (taxis, buses, or contracted transportation) the parents must accompany the child or sign a consent designating who will accompany the child. The designated person cannot be the driver of the taxi, bus or contracted transportation. The designated person could be an agency employee if this is part of the Personal Learning Plan and the parents have given consent.
 - If an agency becomes aware of any taxi arrangements in which a child is being transported without the accompaniment of an adult other than the driver, the agency must actively discourage this and encourage parents or a suitable caregiver to accompany the child or help the parents explore suitable and safe alternatives for transportation.
 - For the safety of the child, all person(s) picking up or dropping off the child for intervention services will need to be approved by the parent(s). Parents must inform the Agency of approved person(s) in writing. The signature of the person transferring care to the agency will be kept in a daily sign in/sign out log.

3.8 **Monitoring the Child 's Program**

A child's intervention program must be in the child's file, monitored and documented on an ongoing basis.

- **Displayed:** Data are collected to record program administration and summarized for efficient review.
- **Monitored:** Summary data are reviewed by a behaviour consultant or clinical supervisor and a continuous overall learning rate is calculated on a weekly basis.
- **Documented:** Overall learning rate is documented on an ongoing and continuous basis to provide an overview of learning trends.

3.8.1 **Ongoing communication with parents**

- Communication to summarize ongoing progress must be provided to parents on an ongoing basis.
- Communication regarding progress must be individualized based on a parent's preference.
- Communication must consist of:
 - current areas of progress including a list of current programs and a summary of recently acquired targets
 - acknowledgement of insufficient progress and the plan to address it
 - summary of attendance
 - information regarding upcoming scheduling issues
 - acknowledgement of current barriers to learning
- In addition, communication may consist of:
 - summary of targets mastered in the recording period, learning rate summary
 - list of mastered program targets
 - summary of identified training goals for staff or parents as well as additional anecdotal reports
 - Information about how parents can implement activities that support the current intervention goals

3.8.2 **Personalized Learning Plan - Progress Review**

A summary of progress must be formally documented using the Personalized Learning Plan - Progress Review (Appendix H) and submitted in writing to parents at minimum once every 6 months. This progress report can be accompanied by an update of the personalized learning plan if applicable.

(Note: The personalized learning plan can be updated at any time, not only during the reporting period)

A progress report must:

- display learning rate progress in a quantifiable way
- address the potential obstacles to learning using the personalized learning plan review section
- communicate regarding scheduling and attendance issues

3.8.3 Data Analysis and Learning Rate

Data collection and analysis methodologies may vary. Reporting of learning rate must occur for all programs being implemented.

The learning rate is calculated by dividing the number of program targets acquired in a period of time by the number of hours of intervention. For example: if 3 targets were acquired in a 4 hour intervention session, the learning rate is 0.75 targets per hour.

3.9 Collaboration with other service providers

Collaboration with other service providers may be required if requested by the parents. Other service providers may include but are not limited to:

3.9.1 Child daycare facility

Collaboration with a child daycare facility is required if:

- the family has requested intervention in a child daycare facility and/or
- the agency intervention team has decided collaboratively with the parents that the child's intervention goals can best be addressed in a child daycare facility.

When collaborating with a child daycare facility, the following steps are recommended:

- The parent communicates with the child daycare operator regarding their wish to have autism intervention occurring in the child daycare environment.
- The parent and clinical supervisor or behaviour consultant meets with the child daycare to communicate the goals by reviewing the personalized learning plan.
- The agency, parent and child daycare facility document and sign an agreement that outlines the steps to effective communication, roles and responsibilities, modifications from child daycare standards (i.e.: naptime, playground time, modifications to instructional location). Additional communication and/or documentation may be required around roles and responsibilities depending on the circumstance.
- The clinical supervisor/behaviour consultant and daycare operator will decide on the engagement and collaboration required between the supervisor and the daycare staff. It may be decided that the clinical supervisor/behaviour consultant will meet with the daycare educators to explain and review the goals of the child's intervention, the practices that will be used, and answer any questions.

Intervention provided in a child daycare facility is most effective when the daycare educators are aware of and engaged in the goals of the child's intervention. Agencies are expected to engage the child daycare facility staff in understanding the interventions and collaborate with daycares in the interest of the child's well-being.

3.9.2 Family and Early Childhood Agencies:

The Early Intervention Program offers targeted services to families of children aged 0 to 8 who are at greatest risk of developmental delays. It provides screening, assessment, intervention and case management services to families and connects families to other helpful resources when intensive intervention is not recommended. The Family and Early Childhood Agency is part of the early childhood network(s) in their community.

Most families do not access services from the Preschool Autism Program and Family and Early Childhood Agencies at the same time. However, some families can benefit from additional case management or support services not specifically related to autism. With parental consent and agreement, Family and Early Childhood Agencies can work together with the family towards attainment of mutual goals to support the development of the child.

3.9.3 Department of Social Development

Collaboration with the Department of Social Development may be required if:

- the family requires additional support from Social Development to be able to have their child attend intervention
- the family requires additional support from Social Development to be able to meet the child's basic needs.

The preschool autism agencies are expected to collaborate as necessary in the development of family support plans related to the child with autism.

3.9.4 Rehabilitation services

The Regional Health Authorities (RHAs) pediatrics teams provide rehabilitation services through local hospitals under the jurisdiction of Horizon and Vitalité. Children may have received services from the RHAs prior to diagnosis of autism as part of the process of determining a diagnosis to explain the child's developmental issue.

It is expected that speech, communication, fine motor and gross motor development are a part of intervention plans when they are a priority for a child's intervention. Agencies are responsible for collaborating to assist families in receiving assessments when needed and integrating recommendations into intervention goals as needed.

3.9.5 Collaboration with Other Stakeholders

The Regional Director of Early Childhood Services in each district has oversight of programs and services for preschool children. Agencies will work with the Regional Director as needed to facilitate collaboration amongst common services within their District.

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Preschool autism agencies are expected to integrate with and build on the success of other services and supports available to children and their families locally and regionally. They may link and coordinate with other programs and services such as:

- Integrated Service Delivery (ISD)
- recreation programs
- schools and school districts
- private practitioners in a variety of disciplines.
- Talk with Me program

4. Transitions

Transitions can be exceptionally difficult for children with Autism Spectrum Disorder and their families. Effective and harmonious transitions are central to reducing anxiety and to increase confidence for the families and their children. Agencies play a key role in beginning transition processes as a positive move forward.

4.1 Transitions between agencies

Families may relocate from one district to another, requiring a transition between agencies.

The goals of a transition plan between agencies are:

- to minimize the interruption in services for the child.
- to support families in their transition through communication, information, and planning.
- to offer a continuum of service ensuring the plan established for the child before the transition is continued by a different agency after the transition.

During a transition between agencies:

- families will inform the agency and the Department the date of the move.
- the agency will confirm to the Department the tentative date of transfer and updated address/contact information.
- the agency will obtain a signed parent consent to transfer information to the new agency.
- the agency will contact the receiving agency to set up a transfer of information.
- information will be exchanged with the receiving agency in a secure manner as per the Right to Information and Protection of Privacy Act (RTIPPA). The following documents must be exchanged (copies or electronic versions) or transferred from one agency to another:
 - written programs
 - personalized learning plan
 - completed assessments
 - relevant raw data
 - program monitoring notes and progress notes
 - any other documents relevant to the child/family file
- the receiving agency will set up services initially based on the personalized learning plan and programs already in place.
 - the sending agency will send a Notice of Service Termination (Appendix K) to the Department dated on the final date of intervention indicating that the child is transferring to a different agency. Funding will be terminated on this date. The agency must complete the Monthly Funding Record (Appendix O) to receive final payment for the child.

- the receiving agency will send a service level agreement/funding application to the Department dated on the first date of intervention. This will allow service to be approved for payment based on the Monthly Funding Record (Appendix O) for the child. Funding will commence on this date.
- the Department will update the file and payment information. There is no provision for overlap of funding.
- the Department will do a follow up with the family to seek their degree of satisfaction with the transition.

IMPORTANT : The agency must transfer the entire paper file and any relevant electronic records to the new agency, in a manner that is consistent with the **Personal Information Protection and Electronic Documents Act (PIPEDA)** <http://laws-lois.justice.gc.ca/PDF/P-8.6.pdf> and with the **Right to Information and Protection of Privacy Act (RTIPPA)** <http://laws.gnb.ca/en/showfulldoc/cs/R-10.6//20160224>

4.2 Transitions outside of New Brunswick

The goal of transitions outside of New Brunswick is to provide to the family all key elements that will help them obtain needed service in their new place of residence.

When families move outside of New Brunswick, they will inform the agency of the date of termination of service from the agency.

- The agency will provide parents with an up to date personalized learning plan and historical document summarizing the child's intervention with the agency.
- The agency will provide parents with documents requested by service providers in their new region as needed.
- Specific programs, raw data, and progress monitoring notes remain in the possession of the agency. Copies can be made upon request by parents.
- The agency or parents confirm and send a Termination of Service Notification (Appendix K) to the Department.

4.3 Transition to School

The process of transition to school can represent some obstacles for families. The goal of the transition to school process is to establish a positive working relationship between the agency, school and parents that will lead to success in school for the parents and the child.

4.3.1 School registration and fall transition activities

Agency transition to school planning commences in October of the year prior to kindergarten entry.

The agency must:

- support parents through the Kindergarten registration process in October.
- support families and children as needed during district based (EYE-DA) and

school based (Kindergarten orientation, school visits) transition activities.

Note regarding Fall Transition Activities: School districts provide transition to school activities coordinated under the direction of the Regional Director of Early Childhood Services. These include kindergarten registration, the Early Years Developmental Assessment (EYE-DA), Welcome to Kindergarten for parents, and kindergarten orientation for children.

Parents and children should be encouraged to participate in these transition activities as much as possible, as they provide information and orientation to school.

Given the different needs of children with Autism Spectrum Disorder, some foresight and planning is required to fully benefit from these activities.

It may be beneficial for agency staff to attend kindergarten orientation activities with the child. In the initial meeting between the parents, agency and school, transition to kindergarten activities should be discussed and a plan should be established for the child (e.g. which events to attend and additional supports required) in order for these events to be beneficial.

4.3.2 Transition activities

- At least 6 months prior to school entry (spring transition meeting), the agency, school and parents meet to share information and to begin to develop a transition plan to be included within the personalized learning plan. The agency is responsible to establish the first contact.
- The goals of this meeting are to:
 - share the current intervention plan and historical information regarding the child's independence, needs, and learning objectives.
 - exchange information (e.g. effective instructional practices, positive behavioural supports, methods of communication that best suit the child).
 - provide information to the school regarding the child's level of independence, any safety concerns and experience with group learning and provide insight into how the school can accommodate the child.
 - discuss the range of services available in the school environment.
 - discuss the child's behaviour related to transportation and for the school to inform the parents and agency of possible transportation for the child.
 - offer opportunities for the school personnel to observe the child's intervention program prior to school entry.
 - establish a draft schedule of activities that facilitates the actual transition (e.g. visits to the school to build familiarity with the setting, introduce/practice important routines identified by the school such as lunchtime routines, and introduce the child to their classroom, their teacher, school boundaries and designated play areas).
 - establish a point of contact (either a school-based or district based personnel)

for communication between this meeting and the end of June prior to school entry.

- establish communication parameters for the fall: who should be the parents' first point of contact in the school, how agencies will fade out their communication with parents during the month of September, who will update the parents on the transition and how this will be done (i.e.: communication book, emails from classroom teacher)
- discuss the school's vision for the involvement of the behaviour interventionist and the behaviour consultant/clinical supervisor for the month of September. This will help agencies in scheduling their staff and their work.
- Determine how the physical files will be transferred from the agency team to the school personnel.

Decisions regarding the support structure for a child in school are made by the school during the months prior to school entry. The information provided to the school during the transition meeting will assist in informing this decision. Agencies should assist parents in understanding that they will not be provided with decisions on supports during the spring transition meeting (6 months prior to school entry). It is important that agency personnel do not create expectations with parents that an Educational Assistant will be provided when their child enters school. The agency may recommend added supports for child to the school but the parent will not receive any decision during the preparation meetings. The type of support given to the child is the school's decision.

It is up to the Agency to ensure that the transition to school response plan supports the transition of the child in order to decrease the needs of additional supports or to have the child remain with the agency for an additional year. This must be done before the child begins school, so as soon as possible.

Following the transition meeting, the focus of the intervention will shift to include a heavier focus on the school transition. Following the transition meeting:

- agencies and parents will build a transition plan within the personalized learning plan
- changes to the intervention focus related to safety and independence at school will be evaluated and incorporated in the transition plan
- Ongoing meetings or observations between the school, parents and agency intervention team are scheduled as needed

Prior to school entry in August, the Agency will provide up to date assessment results (CALI, and additional assessments as needed) to the school.

The transition plan should specify the role of each agency team member during the transition. The supports provided by the agency should be sufficient to facilitate a smooth transition to the support structure allocated in the school. The transition plan developed by the agency must specify the plan for fading out agency support as the transition progresses. An agency is not expected to work with a child independently in

the school; the support provided is intended to model effective support strategies for the personnel in the school setting.

The clinical supervisor or behaviour consultant will work in collaboration with the Education Support Teacher-Autism, Education Support Teacher-Resource or classroom teacher. This collaboration (roles and tasks) should be outlined in the transition plan.

The agency will ensure that parents know who their first point of contact is within the school before the first day of school entry. This will help to ensure a positive transition experience. In addition, communication from the school to the parent should be defined during the transition.

4.3.3 Request for Delayed School Entry

Requests for delayed school entry require a ministerial exemption to mandatory school attendance and approval from the Early Childhood Development division to cover the costs of an additional year of intervention. Exemptions or extended transitions with agency support to the school may be considered in limited circumstances. Criteria are described in the Autism Exemption Request Form and circulated to agencies annually. Where New Brunswick's education system supports inclusive education, the criteria for an exemption are related to the potential to increase the child's ability to learn in a classroom environment and are not evaluated based on traditional assumptions about school readiness.

The Department has established a process to review requests for delayed school entry. This includes submission of relevant program and outcomes data by agencies. Such requests will be reviewed and resolved by a joint committee of professionals from both early childhood and school sectors. The decision will be communicated to parents and the agency will put in place an appropriate transition plan. Once the decision has been rendered, agencies must abide by the decision of the Department.

Requests for Delayed School Entry can be submitted for:

- an exemption for additional program funding to provide intervention for an additional year.
- or an exemption for extended support for transition in school beyond the provision of the standards.

Requests for delayed entry must be submitted prior to May 1 unless the child received a diagnosis after this date.

Agencies must not set an expectation with parents that an exemption is necessary or that an exemption will be granted.

5. **Commitment to Families**

In order for a child to benefit from the Preschool Autism Program, it is essential that parents be well informed throughout the intervention process. Upon notification of diagnosis, the Department will:

- make initial contact with families after the diagnosis has been received by the Department
- determine the language of service and service delivery area, then inform the agency when the file is opened
- inform parents of key elements of the Preschool Autism Program.
- provide resources to train and support parents

5.1 **Parent Training**

Agencies must:

- communicate with parents in order to understand the families' needs and provide ongoing communication on progress (Section 2 of these Standards)
- provide training (no cost) that assists and collaborate with parents to:
 - interact with their child in the natural environment in a productive and positive manner
 - target functional communication goals
 - socially engage with their children
 - play and interact with their children
 - reduce anxiety within the family
- Document parent strategies through the personalized learning plan in the following ways:
 - Create at least one goal in the personalized learning plan that involves the parents. Parent involvement and participation can be documented in more than one goal and in all goals if deemed appropriate. However, it is not permitted to omit parent goals completely.
 - Parent training must be customized to meet the needs of the parent. Parent training provided by an agency should be on specific, individualized strategies for a child.
 - Document and discuss the recommended strategies in the Personalized Learning Plan-Progress Review (Appendix H).

5.2 **Role of the parents**

During the intake process, the parent must:

- ensure that a child is prepared for an intervention session (fed, clothed and healthy) and that the schedule for intervention is respected.
- collaborate with the clinical team to decide on assessments and observations that will

be conducted to inform the personalized learning plan.

- provide consent to proceed with programs that address the intervention goals by signing the Personalized Learning Plan (Appendix G).

During ongoing intervention, the parent must:

- communicate with members of their clinical team when questions arise.
- participate in the direct intervention hours and parent/ training as outlined in the personalized learning plan.
- communicate their expectations and needs proactively and professionally with the clinical team to achieve the goal and structure outlined.
- monitor ongoing progress and collaboration with the supervisor through written and/or verbal communication.

5.3 On-going communication and consultations

The Department will consult with parents at various times to obtain feedback from parents to address issues or seek their input on increasing quality:

Specifically, to receive feedback:

- following the intake process,
- during ongoing intervention, and
- after the school transition process.

Consultations will be conducted while respecting child confidentiality. Consultation results will be shared with parents and agencies.

5.3.1 Consultation Methods

Following the intake process, parents/guardians will receive a questionnaire to evaluate:

- satisfaction with the information and support they have received from the Department and timeliness of the beginning of service from the agency
- their involvement in the assessment and planning for their child's intervention
- overall satisfaction with the intake process

During ongoing intervention, parents will be surveyed annually to evaluate their satisfaction with:

- service delivery and child's progress report from agencies
- accessibility of the Department staff in addressing their questions
- resources offered by agencies for parents

Following the school transition process, parents will be surveyed to evaluate their satisfaction with the following elements:

- school transition planning
- support received from the agency and from the school in the transition period
- preparation received regarding communication

The Department will arrange annual focus group sessions with parents to discuss the program and the needs of children and families.

5.4 Dispute Resolution Process

Each agency must have a dispute resolution policy that identifies the steps to be taken if there is an issue between parents/guardians and the agency staff.

Dispute between a parent and a behaviour interventionist:

Parents and behaviour interventionists work together daily to provide intervention. They need to discuss any disagreement prior to taking next steps. In most cases, the behaviour interventionist can consult with the clinical team and reach a satisfactory resolution with the parents.

If a disagreement arises between parents and an agency, the following process will be followed:

Step 1: Agency level resolution with the clinical team: The first priority will be to try to resolve the dispute at an agency level. Parent's primary communication will be with their behaviour consultant and clinical supervisor.

Step 2: Agency level resolution with agency director: if a dispute escalates further, the agency director must attempt to resolve the dispute and document the steps taken.

Step 3: If resolution cannot be achieved in this manner, the matter must be referred by the agency or the parent to the Regional Director of Early Childhood Services for follow-up. When step 3 is reached, agencies will document using the Dispute Resolution Tracking Form. (see Appendix J)

Step 4: If the issue is regarding funding, interpretation of Program Standards, or staff training the Regional Director may defer to Central Office staff for resolution.

6. Staff Composition, Education, and Training

6.1 Team Composition

- The agency model is built on the primary intervention team composition that establishes a ratio of supervision for clinical supervisors, behaviour consultants, and behaviour interventionists.
- The clinical supervisor has responsibility for the child’s intervention program.
- The Behaviour Consultant provides clinical oversight under the direction of the Clinical Supervisor
- Agencies must use the team model identified in Figure 1 for multiples of 25 children as it provides the hours of clinical oversight required for program quality.
- The team composition provides for optimal supervision and support. Variations of the team structure must provide on average 18 to 20 hours of clinical oversight per month per child.

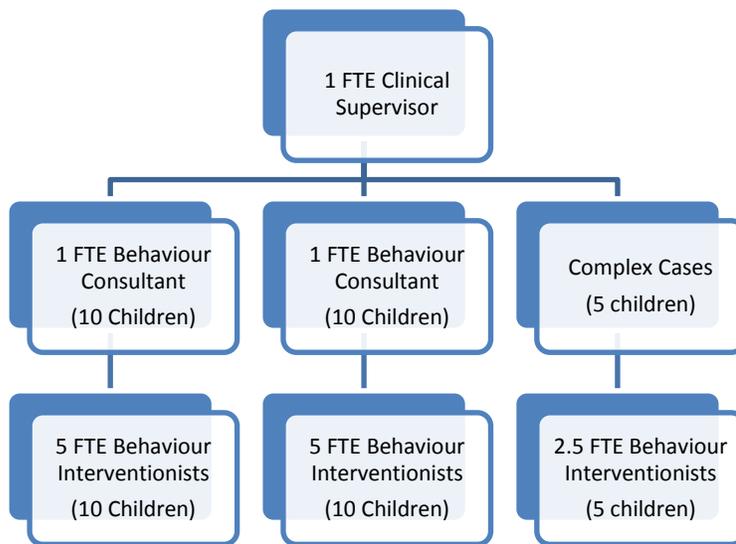


Figure 1

The Full Time Equivalency must be proportional to the number of children receiving services. For example: a group of 15 children would require 0.5 FTE for the Clinical Supervisor, 1.5 FTE for the Behaviour Consultants, and 7.5 FTE for Behaviour Interventionists. The team model provides for 1.3 hours of clinical supervisor time per week, 3.1 hours of behaviour consultant time per week in addition to 20 hours of behaviour interventionist time.

However, if the number of children is 10, then 0.5 FTE of Clinical Supervisor time and 5 FTE for Behaviour Intervention is time is required. No Behaviour Consultant is required as the Clinical Supervisor provides the required hours of clinical oversight.

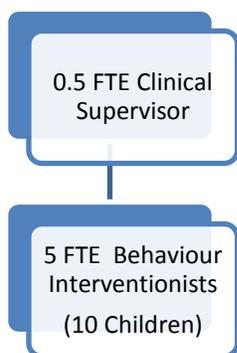


Figure 2

Within this model, the following criteria must be met:

- 1 full time clinical supervisor may not supervise more than 10 children on a full (20 hour per week) intervention structure.
- An agency must consider travel time in allotting children to supervisors. Children requiring longer travel distance must be spread across supervisors.
- Children in areas requiring longer travel distance must receive the same quality and quantity of supervision as those who are in close proximity to an agency.

Within teams of more than 10 children, the following criteria must be met:

- No individual clinical supervisor or behaviour consultant may supervise more than 10 children directly.
- Caseload numbers may be adjusted as needed to ensure adequate child supervision and support for behaviour consultants.
- Depending on amount of experience, a behaviour consultant may directly supervise fewer than 10 children. In this case, the clinical supervisor would be responsible for direct supervision of more than 5 children. This scenario does not change the overall number of children per team.
- An agency must consider travel time in allotting children to supervisors. Clients requiring longer travel distance must be spread across supervisors.
- Children in areas requiring longer travel distance must receive the same quality and quantity of supervision as those who are in close proximity to an agency.

6.1.1 Definitions of Roles

Clinical Supervisor: A clinical supervisor serves as the leader of an intervention team. The clinical supervisor must provide oversight of all aspects of the child's program, approve and sign all personalized learning plans and training documents, and is responsible for the following tasks:

- Comprehensive Assessment for Learning and Independence at intake, ongoing assessment, and post intervention assessment
- creating a personalized learning plan according to the current provincial process

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Staff Composition, Education, and Training

Section 6

- supervision and performance management of behaviour consultants and behaviour interventionists (a clinical supervisor and behaviour consultant will both monitor the performance of the behaviour interventionist, however the ultimate responsibility of the entire team's performance is that of the clinical supervisor)
- program writing and implementation
- monitoring, documentation and communication of child progress
- communication with families and other stakeholders/community partners
- program modifications to ensure adequate and timely progress
- school transition preparation, documentation of the transition plan, and overseeing the implementation of the transition plan.
- conducting staff training
- monitoring staff training
- provides some direct child supervision to children on the caseload.

Behaviour consultant: A behaviour consultant develops and manages the child's program under the direction of the clinical supervisor. The behaviour consultant is responsible for the following tasks:

- clinical supervisor approval and signatures on personalized learning plans
- supervision and performance management of behaviour interventionists (a clinical supervisor and behaviour consultant will both monitor the performance of the behaviour interventionist, however the ultimate responsibility is that of the clinical supervisor)
- program writing and implementation
- monitoring, documentation and communication of progress
- communication with families and other stakeholders/community partners
- program modifications to ensure adequate and timely progress
- school transition preparation, documentation of the transition plan, and overseeing the implementation of the transition plan.
- conducting staff training
- monitoring staff training
- conducting assessments to determine intervention goals and intervention focus
- developing reviewing and updating the personalized learning plan.

Behaviour interventionist: A behaviours interventionist is responsible for working directly with the child to implement behavioural intervention programs that are written to address the personalized learning plan goals.

Behaviour interventionists are responsible for the following tasks:

- playing and interacting socially with a child to build rapport during the intake process or when beginning work with a new client
- administering programs to support the intervention goals
- collecting data, summarizing data, and communicating as needed with a supervisor
- maintaining compliance with the agency's policies and procedures
- communication with the families

6.1.2 Educational Requirements

Clinical Supervisor: A clinical supervisor must:

- have a master's degree in psychology, speech language pathology, occupational therapy, social work, education, or applied behaviour analysis,
- have completed the provincial level 2 autism training maintain certification with the Behaviour Analyst Certification Board or with their licensing body (if applicable)
- meet up to date annual provincial training requirements of the Department have completed a criminal record check, vulnerable sector check and Social Development prior contact check within the past five years which must be retained on file at the agency

Behaviour Consultant: A behaviour consultant must:

- have completed a bachelor's degree in social sciences, health sciences or education
- Must have a minimum of 5 years working experience as a behaviour interventionist if a bachelor's degree has been completed in an unrelated field
- have completed the provincial Education and Early Childhood Development level 2 Autism training have completed a criminal record check, vulnerable sector check and social development prior contact check within the past five years and retained on file at the agency

Behaviour Interventionist: A behaviour interventionist must:

- be at least 18 years of age
- have completed a high school education, preferably with some post-secondary education
- have completed the provincial Education and Early Childhood Development Level 1 Autism training have completed an up to date criminal record check, vulnerable sector check and social development prior contact check within the past five years and retained on file at the agency.

6.2 Training Requirements

Provincial Training Framework: The Department has built a provincial training framework that creates a foundation of quality training for staff at all levels within the 3 sectors delivering Autism intervention: preschool autism agencies, the K-12 Anglophone sector and the K-12 francophone sector.

Each agency’s ongoing participation is mandatory in the following ways:

6.2.1 Behaviour Interventionist Training Requirements

<p>General Requirements</p>	<p>All behaviour interventionists must complete the provincial level 1 training. This training is delivered in an on-line format and supported by the Department of Education and Early Childhood Development</p> <p>Behaviour interventionists must enroll in Level 1 training when they are hired.</p> <p>Online training will take approximately 1 work week to complete (phase 1), followed by 1 week of supervised-hands on practice (phase 2) which an agency must provide and occurs following the completion of the online training and prior to the commencement of independent work.</p>
<p>Phase 1 (starts when hired)</p>	<ul style="list-style-type: none"> ○ Online training: 10 modules ○ 40 hours on average to complete ○ Any practice must be 100% supervised
<p>Phase 2: (after online training and before independent work)</p>	<ul style="list-style-type: none"> ○ Hands on practice, 100% supervised by agency personnel ○ A minimum of 40 hours to complete ○ The goal is to have the behaviour interventionist achieve core clinical competencies with at least 1 child (number of programs being implemented may vary) by the end of phase 2. ○ Initial approval for some independent hands on work can be given when clinical competencies have been met as well as demonstration of professional and ethical behaviour.

Ongoing training of behaviour interventionists is essential and must be provided by the agency based on the needs of the child and the competency of the worker.

After phase 2, a behaviour interventionist may begin to work independently with children but must be supervised for a minimum of 20% of those hours. More

supervision may be provided to meet training goals or to address child issues when needed).

Once a behaviour interventionist has achieved clinical competencies (80% on the session observation and feedback form), 10% of direct child work must be supervised on an ongoing basis. A session observation and feedback form must be completed at minimum once every 6 months. (see Session Observation and Feedback Sheet - Appendix L)

For each behaviour interventionist hired, a training monitoring form must be submitted upon completion of Level 1 training. If an individualized training plan is needed, contact the training team at the Department. (see Completion of Training Form - Appendix M)

6.2.2 Clinical Supervisor and Behaviour Consultant Training Requirements

Clinical supervisors and behaviour consultants must complete the following level 2 training components:

Component 1: program planning and monitoring

Component 2: positive behavioural supports

Component 3: functional skills for early learners

In addition to level 2 training, ongoing training updates and activities will be offered to clinical team members. Ongoing training and training updates are referred to within the provincial training framework as level 3 training.

Training Requirements:

- Online, workshop and face to face components must be completed for each module.
- Clinical supervisors are expected to participate in ongoing training (level 3) opportunities offered by the Department of Education and Early Childhood Development provincial autism training team.

6.3 Performance management and supervision

6.3.1 Supervision of Behaviour Consultants

- A behaviour consultant must be supervised and supported by a clinical supervisor during 5-15% of their working hours.
- This may involve supervision and structured performance management during direct child supervision, reviewing assessments to build a personalized learning plan, overlapping with a clinical supervisor while observing a client, meeting with parents together, etc.
- Behaviour consultants must receive annual documented performance reviews and written feedback on an ongoing basis.

6.3.2 Supervision of Behaviour Interventionists

- Supervision requirements during the initial or first year of employment are outlined in the previous training section (section 6.2.1).
- After the first year, behaviour interventionists must be supervised during at least 10% of their direct time with children.
- Direct observation and evaluation of behaviour interventionist clinical competencies is encouraged frequently, but must be at least once every 6 months.
- The Session Observation and Feedback Form (Appendix L) is the provincial performance management tool for behaviour interventionists and will be updated by the Department on an annual basis to meet the needs of the agencies.
- After the initial year of training, the behaviour interventionist is expected to maintain a score of 80% or higher in clinical competencies or have a training plan developed.

6.4 Ethical Issues

6.4.1 Profit from Training

- Provincial training will be provided to agencies by the Department. Agencies are not permitted to charge any additional fees for training to those enrolled in the provincial training.
- Agencies who provide fee-based training as part of other business initiatives must not use Preschool Autism Program children as practice subjects during their regular hours of intervention.
- Any professional training of non-agency staff using observation of intervention sessions with children of the Preschool Autism Program must be done with parent consent.
- Parents of the Preschool Autism Program may not be charged a fee for the EECD online training.

6.4.2 Assignment of Behaviour Interventionists:

The population receiving services from the Preschool Autism Program are a vulnerable population and for this reason,

- An agency must minimize the number of times that a child is assigned to untrained or minimally trained staff. The following steps may be taken to prevent this:
 - If a child has recently been assigned to an untrained staff and a new behaviour interventionist is needed for the team, allocate an experienced behaviour interventionist to this child's team.
 - If a child or their family has complex needs, higher turnover is likely. An agency is expected to assign experienced staff to work with a child in these situations.

6.4.3 Conflict of interest

Some agencies may have affiliate or associate companies or professionals. The definition of an affiliate or associate is in accordance with New Brunswick Business Corporations Act (<http://laws.gnb.ca/en/showfulldoc/cs/B-9.1//20160728>):

- If company owner benefits from the profits of another company, the other company is an associated company.
- If a family member of a company owner benefits from the profits of another company, the other company is an associated company.

In reference to affiliated and associated companies, an agency must:

- Not transfer employees of any level, on a full time or part time basis to an affiliated or associated company following 12 months after completion of the provincial training.
- Provide adequate supervision ratios as stated in section 6, withstanding employment with affiliated and associated companies. I.e.: if a Clinical supervisor is also employed on a part-time basis by an affiliate company, their caseload numbers must be decreased to allow adequate supervision to their children in the preschool autism program.

If any employees are partially employed by an affiliated or associated company, this must be disclosed to the Department at the time of registration in the provincial training

7. **Administration**

7.1 **Administrative and Service Delivery Policies**

Agencies must have internal administrative and service delivery policies in place that address:

- confidentiality and security of child information which states that;
 - files are securely stored and locked at all times
 - If child files are removed from the agency, confidentiality must be respected and files must be kept in a locked location.
 - If child files are transferred to another agency information will be exchanged with the receiving agency in a secure manner as per the Right to Information and Protection of Privacy Act (RTIPPA).
 - electronic files and programs meet the requirements of the Government Information Systems Security Policy (GISSP)
- processes and forms for parent consent to release information, assessment results, and report sharing practices that comply with the Human Rights Act and established labor codes of New Brunswick.
- compliance with the terms of the Social Development Prior Record Check and Criminal Record Check Policy.
- transfer of care policy that outlines the process for a parent transferring responsibility for the child to a behaviour interventionist at the beginning of an intervention session. The policy must specify;
 - parent, guardian, or approved adult must accompany the child and transfer care to agency staff for drop off and pick up,
 - maintenance of daily sign in/sign out logs that include the signature of the person transferring care to the agency.
 - list of approved parent, guardian or other adult that may or is authorized to pick up the child after intervention,
 - transportation policy,
 - policy about working alone with children,
- reporting requirements of staff as set out in the Child Victims of Abuse Protocols of the Province of New Brunswick.
[http://www2.gnb.ca/content/dam/gnb/Departments/sd-
ds/pdf/Protection/Child/ChildAbuseProtocols05-e.pdf](http://www2.gnb.ca/content/dam/gnb/Departments/sd-
ds/pdf/Protection/Child/ChildAbuseProtocols05-e.pdf)
- policy and process to outline a protocol for managing allegations of abuse toward employees.
- professional conduct policy that includes gifts and gratuities, dual relationships, sharing personal information and professional behaviour.
- harassment and abuse policy for staff, children and families.
- sick days, health benefits, vacation days, snow days.

- communication policies for:
 - communicating child schedules,
 - communicating cancellations due to weather;
 - dispute resolutions and parent complaints,
 - managing employee performance issues,
 - notification of child cancellations.

All employees should either have or must be provided a copy and have access to all internal policies and provincial standards.

7.2 Compliance with Legislation

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

- Family Services Act
- Health Act
- Education Act
- Human Rights Act
- Employment Standards Act
- Occupational Health and Safety Act
- Personal Information Protection and Electronic Documents Act (PIPEDA)
- Right to Information and Protection of Privacy Act (RTIPPA)
- *Worksafe New Brunswick Act*
- Official Languages Act
- Family Income Security Act

IMPORTANT: Copies of all legislation are available at most public libraries, Queen's Printer or on the internet. Refer to:

http://www2.gnb.ca/content/gnb/en/departments/attorney_general/acts_regulations.html

7.3 Management and Retention of Child Files

The child's file is the property of the Department.

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 ;
- list of persons allowed to pick up the child;

- copy of legal guardianship agreement (if needed);
- signed service level agreement with parents and all information pertaining to the personalized learning plan;
- language of service for child;
- language of communications with parents;
- copies of assessments, progress reports and monitoring notes;
- pertinent medical information;
- signed parental consent forms for the agency to access and/or release any child information;
- child's record of presence.

Agencies are required to retain all child files for a period of five years after service termination after which time the Agency must destroy the files in a manner that protects children's confidentiality (e.g. shredding services).

7.4 Management of Employees Files

Agencies must maintain the following information on every employee and to make available to the Department during unannounced monitoring visits:

- name, telephone number, email and address;
- up-to-date Social Development Prior Record Check and Criminal Record Check (updated every five years);
- proof of education;
- completion of training form ;
- documentation of performance management (session observation forms).

7.5 Management of Financial Records

- agencies are to maintain detailed financial records for each child/family using the categories identified in Appendix N- Chart of Accounts
- agencies are required to have year-end audited financial statements. As a condition of the contract, these statements will be submitted to the Department on an annual basis no later than 90 days after the fiscal year end;
- the year-end date for the agencies will be in line with government's fiscal year end of March 31;
- when applicable, revenue and expenditures relating to services provided to a child that are not funded by the Department under "Preschool Autism Program", are to be reported separately in agency's financial records;

7.6 Scheduling

7.6.1 Scheduling of staff

- Clients must be provided with an ongoing schedule in advance of services that outlines the intervention schedule and the supervision schedule.
- Agencies must have sufficient staff to address all of the components of the child's personalized learning plan.

7.6.2 Cancellations by agency

- Scheduled cancellations by the agency must be communicated as early as possible.
- When appropriate, service should be provided by another member of the intervention team or made up within 3 months.
- Unscheduled cancellations must be communicated directly to the family as soon as possible and must be tracked weekly and reported monthly.

7.6.3 Cancellations by families

- Agencies need to provide to families the written process to follow in the event of a cancellation. This must include:
 - a process for scheduled and unscheduled cancellations;
 - a process for ending an intervention session early due to illness or family emergency.

7.6.4 Cancellations due to weather:

Each agency must have a weather policy and communicate it to parents and staff. Agencies may close in the case of extreme weather and closures will be at the discretion of the agency director. Agencies may delay opening due to weather. Each agency's weather policy must outline how weather cancellations are communicated to families. Agencies are not permitted to have a policy that they automatically close when schools close.

7.6.5 Minimum expectations for service levels

- An acceptable level of adherence to the schedule is 90%. Once a child has been enrolled for three months, attendance below 90% is not considered acceptable and requires the initiation of the adjustment process.

Adjustment process:

- Month 1: If the attendance level is below 90%, a conversation must be documented between the agency (director, clinical supervisor, or behaviour consultant) and parents where it is recorded that the parents were notified of the attendance level.
- Month 2: if the attendance level is below 90% on a second month a plan for adjustment will be made. This could include:
 - a reasonable explanation for the missed time such as short term illness of the child with the likelihood that full hours will be delivered with a return to good health.

PRESCHOOL AUTISM PROGRAM STANDARDS

Administration

Section 7

- an amendment to the service level agreement, reducing the number of hours of intervention
- if the attendance was low because of agency cancellations, a staffing change may be made to improve the attendance level.
- an alternate plan, made in collaboration with those involved, led by the agency, consulting with the Department as needed.

8. Funding

The funding for the Preschool Autism Program is based on a fee for service model where the payment per child will cover all associated costs of delivering up to 20 hours of face to face early intensive behavioural intervention per week with the child. All costs associated with the delivery of the Preschool Autism Program including administrative costs are built into the model. A fee for service model provides funding for a specific number of hours delivered based on the service level agreement.

There may be variations in the amount of staff time needed to deliver the intervention committed, however these variations are to be managed by the agency director in order to provide the services contracted for within the funding provided.

8.1 Funding envelopes

This fee for service model of the Preschool Autism Program has five payment envelopes:

Funding for assessment and initial planning: Provided per child to cover 35 hours of clinical supervisor time, 8 hours of Behaviour interventionist time and 2 hours of Administrative Support time. A one-time payment will be provided on submission of the Service Level Agreement Intake and the personalized learning plan signed by the parents and the agency. (Appendix E and G)

Funding for regular intervention: Provided per child at a rate based on the number of hours in the service level agreement, with a maximum of 20 hours per week. It provides for all costs required to deliver 20 hours of face to face intervention time with the child. This provides for 1.3 hours of clinical supervisor time as well as the 3.1 hours of behaviour consultant time in addition to 20 hours of behaviour interventionist time. Prior to commencement of regular intervention the Service Level Agreement must be signed by parents and sent to the Department. (Appendix I)

Funding for Transition to school: Provided as a one-time payment per child to cover the costs to support the transition during September.

Funding for Behaviour Interventionist Training: Provided as a one-time payment upon the agency submitting the Completion of Training Form (Appendix M) as confirmation that training was completed.

Funding for Travel expenses: Staff mileage will be reported on the Monthly Funding record and reimbursed at the rate and conditions determined by the Department.

8.2 Monthly Funding Record

Agencies will submit a Monthly Funding Record (See Appendix O) that includes hours for all children receiving services and new staff training. The record will cover the four funding envelopes, and mileage reimbursement. It will serve as the invoice for payment for the Department.

The monthly funding amount is based on delivering services within a team model with multiples of 25 children per team, or proportional to the model if the number of children is less, for ongoing intervention. The initial assessment and planning work and transition to school is paid out as a one-time cost. The training of new staff is also paid out as a one-time cost.

8.3 Monthly Attendance Log

The Monthly Attendance Log (Appendix P) must be signed by parents and submitted to Education and Early Childhood Development every three months.

8.4 Adjustments and repayment of hours

Hours are paid to agencies based on monthly submission of hours actually delivered. This will be adjusted based on the notes column of the Monthly Funding Record to account for family vacation (two weeks per year) and agency vacation/shutdown (two weeks per year).

Service hours lost as a result of unavailability of staff or child cannot intentionally be "banked" and made up unless this occurs within 3 months of the missed hours. Every effort must be made to minimize service hours that are lost as a result of unavailability of staff.

If the agency and family agree that hours are to be made up to compensate for missed time, make up should occur within 3 months of the missed hours and rationale must be provided in the notes column of the monthly funding record.

9. Accountability and Monitoring

Autism agencies are accountable to the children and families they serve, and to the Department.

They are responsible for the sound management of the programs and services offered by the Agency in accordance with government legislation and policy, departmental standards and requirements as per the purchase of service agreement.

The Department is authorized at any time to conduct reviews regarding intervention, clinical and financial practices. Agencies must maintain detailed financial records and documentation supporting expenditures, detailed program records for children, and detailed employment records. They must be able to demonstrate compliance with the Program Standards.

All relevant information, records and documentation shall be made available to the Department at any time for the purpose of quality assurance. The child's file is the property of the Department. As part of an audit, the Department can or will review and copy all relevant materials, including originals. These materials support the submission of invoices and include, clinical records, accounting records, findings, software, data, reports and documents, whether completed or not, without limitation.

9.1 Monitoring

The reviews and audits of the Department are carried out within a monitoring framework. This framework ensures a system of regular, official communication between the agency director, and the Department staff. This communication is done in a spirit of collaboration to ensure the quality of the Preschool Autism Program funded by government and delivered on its behalf.

This monitoring is done regularly throughout the year using the monitoring tool developed by the Department.

Agencies are to maintain records in each child's file to support hours of direct and indirect hours (as defined below) of service for each child.

The Department provides the *Record of Service Hours* (Appendix P) as a guideline for recording hours of direct/indirect service provided by the behaviour interventionist, behaviour consultant and clinical supervisor. Agencies must submit the monthly funding record to the Department.

Continuation of the purchase of service agreements and services is contingent on compliance with provincial legislation, policy, departmental standards and terms as set out in the service agreements.

- effectively manage the program to ensure appropriate financial management, compliance to standards and accountability of public funds.

9.1.1 Audit and Review of intervention and clinical practice

Monitoring to establish quality programming and positive outcomes for children is based on the program standards and includes but not limited to the following components/practices:

- child and family progress/outcome measures;
- quality and extensiveness of programming;

- documentation of supervision and monitoring processes;
- ability to provide year round, intensive behavioural intervention to children and their families;
- quality of staff;
- use of highly supportive and structured approaches. These approaches incorporate a variety of behavioural strategies to facilitate skill acquisition, generalization and maintenance;
- effectiveness of collaboration with other professionals and resources external to the agency;
- ongoing training and supervision of staff
- staff turnover rates and mitigation of high turnover
- effectiveness of processes to integrate children with typical children, for example, pre-school, child daycare, or other settings;
- the effectiveness of transition planning;
- functional and proactive approaches to problem behaviour;
- level and effectiveness of strategies for family involvement in training and intervention;
- Individualizing the intervention structure (location and ratio) to meet a family and child's needs.

9.1.2 Financial Audit/Review

Monitoring to evaluate compliance with ethical business practices and return on investment by the Department is based on the Preschool Autism Program Standards and includes but not limited to the following components/practices:

- review of detailed financial records using the categories identified in Appendix N - Chart of Accounts and documentation supporting the invoices submitted for payment to the Department for each child/family.
- analysis of annual financial statements with an independent auditor's report. The statements must be submitted to the Department no later than 90 days after the fiscal year end (March 31st).
- review of employment and payroll records
- Review of monthly attendance logs

9.1.3 Administrative Review

Monitoring to evaluate compliance with administrative requirements of the Standards including but not limited to:

- agency policies and guidelines
- compliance with legislation

- file management and security
- scheduling and staff turnover

As part of an audit, the Department may 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 – Confirmation of Diagnosis Form

CHILD’S INFORMATION (To be completed by professional)

Name: _____ Gender: _____

Family Physician: _____ Birth Date: _____
(mm/dd/yyyy)

Diagnosis: Autism Spectrum Disorder (ASD) Language of Service French English

Diagnostic Assessment Tools used: _____

DIAGNOSING PROFESSIONAL’S INFORMATION (To be completed by Pediatrician, Physician, Psychologist, Pediatric Neurologist or Psychiatrist)

Profession: Physician: _____
(Speciality)
 Psychologist
 Other: _____

Name: _____

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

(city/town/village) (province)(postal code)

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



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

Parent/Guardian’s Name: _____

Parent/Guardian’s Name: _____

Guardian’s Date of Birth: _____

Guardian’s Date of Birth: _____

Mailing address: _____
(apt., number, street)

Mailing address: _____
(apt., number, street)

(city/town/village)

(city/town/village)

(province) (postal code) (telephone #)

(province)(postal code) (telephone #)

(email address)

(email address)

Guardian’s Signature

Guardian’s Signature

Parental or guardian signature indicates agreement with the information provided and gives consent to be contacted by Education and Early Childhood Development regarding services and gives permission for the diagnosing professional to send the Confirmation of Diagnosis and diagnostic write-up to the Preschool Autism Program of EECD.

Please mail the completed form to:

Autism/Autisme - Education and Early Childhood Development - P.O. Box 6000 - Place 2000 - 250 King Street - Fredericton, NB E3B 9M9
This form is also available for print on the GNB website at: www2.gnb.ca/content/gnb/en/services/services_rendered.13836.html

APPENDIX B – Acceptance of Services Tracking Form

This form is intended to document acceptance of services through the Preschool Autism Program. If you are the natural or adoptive parent or legal guardian, this form will be complete in order to receive or reject services from the Autism Preschool Program of the New Brunswick Department of Education and Early Childhood Development (EECD).

Child Name: _____

Date of birth: _____ Age: _____

Gender: Male Female

Parent/Legal Guardian Name: _____ Email: _____

Phone number: (Home) _____ (Work) _____ (Cell) _____

Parent/Legal Guardian Name: _____ Email: _____

Phone number: (Home) _____ (Work) _____ (Cell) _____

Child's Primary Address: _____

Rejection of services. If services were rejected, please note the reasons stated: _____

Language services preferred for shared written communication: English French

Language services preferred for direct intervention with the child: English French

Agency receiving the file: _____ File transfer date (if necessary): _____

Intervention structure initially requested:

Home-based intervention

Intervention in a child daycare facility

Agency-based intervention

Other (specify): _____

Date parent handbook sent: _____

Signature of person completing the form

Date

For internal use only by New Brunswick Department of Education and Early Childhood Development

APPENDIX C – Consent for Release of Information to Agency

New Brunswick Department of Education and Early Childhood Development

I _____ (Parent/legal guardian),
of the child (full name) _____ Date of Birth _____

Authorize The Department of Education and Early Childhood Development to share your child’s
information with _____ agency.

To receive/share information, documents and reports of:

- Child name
- Date of birth
- Diagnosis confirmation form
- Language of service
- Language of communication with the parents
- Parents phone number and email

Parent Address

I am the parent or legal guardian of the child to which the requested information applies. I declare that I have examined the information on this form, and accompanying documents, and it is true and correct to the best of my knowledge. I also understand that I can revoke this consent at any time by providing written notice to the Department of Education and Early Childhood Development. I confirm that (name of person) _____ has explained the purpose of this form to me and I understand its content. My signature below indicates my consent.

Parent/legal guardian signature

Date

The above information will be used in compliance with the New Brunswick Right to Information and Protection of Privacy Act.

APPENDIX D – Consent for Release of Information to Outside Programs

New Brunswick Department of Education and Early Childhood Development

I _____ (Parent/legal guardian),
of the child (full name) _____ Date of Birth _____

Authorize the Preschool autism agency _____

To receive/share information, documents and reports with:

- School name and contact person: _____
- Child Daycare facility name and contact person: _____
- School district name and contact person: _____
- Preschool autism agency name and contact person: _____
- Health Care Professional: _____
- Social Development employee: _____
- Psychologist or Social Worker: _____

The above information will be used for the following purposes:

- Transfer of complete file
- Continuing appropriate treatment plan
- Updating file
- Planning an appropriate personalized learning plan
- Other (specify) _____

I am the parent or legal guardian of the child to which the requested information applies. I declare that I have examined the information on this form, and accompanying documents, and it is true and correct to the best of my knowledge. I also understand that I can revoke this consent at any time by providing written notice to the Department of Education and Early Childhood Development. I confirm that (name of person) _____ has explained the purpose of this form to me and I understand its content. My signature below indicates my consent.

Parent/legal guardian signature

Date

Witness signature

Date

The above information will be used in compliance with the New Brunswick Right to Information and Protection of Privacy Act.

APPENDIX E – Initial Service Level Agreement

Intake Process

The agreement between _____ and _____
(Agency Name) (Parent/Legal Guardian)
will begin on _____
(Date)

Child's Name: _____ Date of birth _____

Terms of the Agreement:

Parent terms:

I, _____ (Parent/Legal Guardian) agree to the terms of the Service Level Agreement as follows:

Initial each box;

- I understand that my child is being enrolled in the intake portion of the preschool autism program.
- I understand that the purpose of the intake period is to build a working relationship between the agency team, the family and the child.
- I understand that formal and informal assessments will be conducted during the intake period in order to develop and intervention plan for my child.
- I understand that the schedule provided for the intake period will end when ongoing intervention begins.
- I will communicate with my agency team when questions arise and understand that communication is a key component of building the working relationship.
- I understand that the intake period ends when the personalized learning plan is built and agreed on.

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

Agency Terms:

I, _____ (Agency representative) agree to the terms of the Service Agreement as follow:

Initial each box;

- I will provide the parent/Legal guardian with a schedule of intake appointments in advance.
- I will conduct provincial assessments and other assessments as needed during the intake period.
- I will commit to keeping the intake period as short as needed to complete assessments and build a personalized learning plan.
- I will build a working relationship with the family and the agency team during this intake period.

Agency Representative signature: _____ **Date** _____

The service level agreement will remain in the child file at the agency and will be copied for the child file with the Department of Education and Early Childhood Development

APPENDIX F – Summary of Assessment Results

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

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.

APPENDIX G – Personalized Learning Plan ASD - Preschool

Section A: Administrative Information

Agency: Calendar Year:
 School District: Date of Review:

Name: Date of Birth:
 Address: Age:

Parent/Guardian Information:

Last Name:	First Name:	Phone Number:	Email Address:

Clinical Team Information:

Role:	Name:	Contact Information

Reason for Intervention:

Medical Information:

Other Community Programs:

Date of PLP Creation / Update

Learner Name:

Section B: Individualized Plan

Strengths:	Needs:

Summary of Current Assessments and Baseline Data:

--

Intervention Focus Statement:

--

Current Individualized Goals

Domain:

Goal:	
Outcomes:	
Responsibility:	Methods:
Start Date:	

Goal:	
Outcomes:	
Responsibility:	Methods:
Start Date:	

Domain:

Goal:	
Outcomes:	
Responsibility:	Methods:
Start Date:	

Goal:	
Outcomes:	
Responsibility:	Methods:
Start Date:	

Domain:

Goal:	
Outcomes:	
Responsibility:	Methods:
Start Date:	

Goal:	
Outcomes:	
Responsibility:	Methods:
Start Date:	

Intervention Structure:

of hours of intervention:

Time of Intervention:

Location of Intervention:

Staffing ratio:

Number of staff:

Parent/sibling involvement:

Parent Training Plan:

Appendix Summary:

Appendix A: Personalized Learning Plan Parent Guide

Appendix B: Schedule for review and potential obstacles checklist

Appendix C: Mastered and terminated goals

Date of PLP Creation / Update

Learner Name:

Section C: Agreement of Team Members

Parent(s)/Guardian(s):

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 as summarized in the intervention structure.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Other service provider (if applicable):

I/we understand and agree with the goals outlined above.

I have reviewed the goals above and understand my role in working toward these goals and objectives.

I understand the roles and responsibilities of the team members and understand the communication process if questions arise.

Service provider signature: _____ Date: _____

Clinical Supervisor:

I agree to develop programs to meet the goals outlined above.

Should new goals be identified, I will develop and document them in the PLP-Preschool ASD format.

I agree to initiate the PLP review in accordance with the schedule agreed upon between the parent/guardian and the agency.

Clinical Supervisor signature: _____ Date: _____

Date of PLP Creation / Update

Learner Name:

APPENDIX H – Personalized Learning Plan – Progress Review

Client Name:	Age:
Review Date:	Date of last review:

Summary of Progress:

Summary of Goal Adjustments:

Summary of New Goals:

Parent Support

Summary of Current Parent Behaviour Management Strategies:

Summary of Current Parent Generalization and Maintenance Practices:

Potential Obstacles Checklist

The following checklist will be visited upon each review of the PLP. This section outlines common obstacles that can impact a child’s progress.

Instructions: Check the boxes that apply and document any plans to reduce the obstacles addressed.

Structure

<input type="checkbox"/>	Are the goals in the plan being implemented as written?	<input type="checkbox"/>	Is the therapy environment adequate?
<input type="checkbox"/>	Is the child receiving the agreed upon number of therapy hours?	<input type="checkbox"/>	Is the supervision schedule consistent and being kept?
<input type="checkbox"/>	Is the child's attendance to sessions at 90% attendance or higher?	<input type="checkbox"/>	Is staff attendance adequate?

Staffing

<input type="checkbox"/>	Is the team fully staffed?	<input type="checkbox"/>	Are there training needs with the staff?
--------------------------	----------------------------	--------------------------	--

Cooperation

<input type="checkbox"/>	Is the schedule of caregiver involvement being met?	<input type="checkbox"/>	Are caregivers adequately trained to implement their goals?
<input type="checkbox"/>	Is follow through in the 24/7 environment happening as planned?	<input type="checkbox"/>	Is communication between the clinical team and parents happening as planned?

Community

<input type="checkbox"/>	Is the child's daycare participation consistent with the therapy and home goals?	<input type="checkbox"/>	Are any barriers present in community or daycare locations to prevent learning or success?
--------------------------	--	--------------------------	--

Plan to address obstacle(s):

Signatures

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Clinical Supervisor: _____ Date: _____

APPENDIX I – Service Level Agreement

Service Level Agreement: Ongoing Intervention

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

will begin on _____
 (Date)

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

Terms of the Agreement:

Parent terms:

I, _____ (Parent/Guardian) agree to the terms of the Service Agreement as follows:

I commit to ensure that my child is present for _____ hours of interventions per week, every week.

Initial each box;

- I agree to notify the Agency if I can no longer sustain _____ hours of intervention every week.
- I understand that if I want to adjust the number of hours of intervention for my child, it is my responsibility to inform the Agency which will prompt an amendment to this service agreement.
- I agree to inform the agency of expected cancellations and vacations.
- I understand that if my child does not attend 90% or more of the scheduled sessions, the agency is obligated to adjust the service agreement to a decreased number of hours.
- I fully understand that I must participate in the interventions and use the different tools at home to help my child progress.

Parent/guardian signature

Date

Agency Terms:

I, _____ (Agency representative) agree to the terms of the Service Agreement as follow:

Initial each box;

- I will offer the intervention service for _____ hours per week, every week.
- Cancelled interventions by the Agency will be rescheduled with the parent or guardian's consent.
- If a parent can no longer commit to the number of hours agreed because of missed interventions cancelled, no show or other reasons, the Agency will adjust the number of hours of intervention to a level that the parent can commit to.
- When the parent or guardian is able to increase the number of intervention hours, the Agency will make an amendment to this service agreement to re-establish the level of intervention previously agreed upon.

Clinical Supervisor/Behaviour Consultant

Date

APPENDIX J – Dispute Resolution Tracking Form

Agency:	Date received:	
Child’s Name:	Child’s ID:	
Parent/Guardian Name(s):	Phone:	Email:
Parent/Guardian Name(s):	Phone:	Email:
Team Members:	Roles of Team members:	

Summary of Dispute:

Action taken to resolve dispute:

Date:	Action

Involvement of New Brunswick Department of Education and Early Childhood Development:

Date	EECD Staff	Action

Completed by: _____ Date: _____

APPENDIX K – Notice of 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	<input type="checkbox"/> M <input type="checkbox"/> F
Language of service	<input type="checkbox"/> French <input type="checkbox"/> 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?
<input type="checkbox"/> 0 - 6 months <input type="checkbox"/> 6 month - 1 year <input type="checkbox"/> 1 - 2 years <input type="checkbox"/> 2 - 3 years <input type="checkbox"/> Over 3 years

Were the goals met? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments:

Reason(s) for closure?
<input type="checkbox"/> Moved-Out of province <input type="checkbox"/> Agency terminated services
<input type="checkbox"/> Starting school <input type="checkbox"/> Transfer to another agency
<input type="checkbox"/> Family withdrew <input type="checkbox"/> Other:
Additional Comments

Clinical Supervisor

Date

Agency

Director

APPENDIX L – Session Observation Form

Learner: _____ **Date:** _____

Observer: _____

Staff member: _____ **Location:** _____

Targets Evaluated	Session Sequence (trial by trial data)	Comments																														
Program 1:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															
Program 2:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															
Program 3:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															
Incidental / Natural / Spontaneous:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															

Staff member's use of strategies	Initial observation	Post feedback	Comments
Review Daily Record Sheet to identify targets	A IP N/A	A IP N/A	
Review program for procedure and specific target	A IP N/A	A IP N/A	
Review data sheets for data on specific target	A IP N/A	A IP N/A	
Accurate data collection	A IP N/A	A IP N/A	
Accurate data analysis	A IP N/A	A IP N/A	
Mass with errorless training	A IP N/A	A IP N/A	
Discriminate with errorless training	A IP N/A	A IP N/A	
Expand with errorless training	A IP N/A	A IP N/A	
Identify potential reinforcement	A IP N/A	A IP N/A	
Implement potential reinforcement	A IP N/A	A IP N/A	
Evaluate potential reinforcement	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 (check one):

Lack of time available

Strategies to be reviewed

Need to revise programming

Specific strategies reviewed and recommendations:

Areas of strength:

Signatures

Staff: _____

Observer: _____

Date: _____

APPENDIX M – Completion of Training Form

NEW BRUNSWICK PRESCHOOL AUTISM PROGRAM

Employee Name:

Agency:

NBSS Login:

Instructions: Submit this form to EECD when completed and signed in three locations by a Clinical Supervisor Attach proof of criminal record check and Social Development Prior Record Check.

Training Phase	Date Started	Date Completed	Signature of Clinical Supervisor
<p>Phase 1: Commencement of training.</p> <p>This phase is completed when a BI has completed 100% of level 1 training modules.</p> <p>100% of direct child work is supervised</p>			
<p>Phase 2: Ongoing training</p> <p>This phase is completed when a BI has completed 40 hrs of supervised hands on practice and a clinical supervisor has approved independent work.</p> <p>100% of direct child work is supervised</p>			
<p>Phase 3: competency development</p> <p>20% of direct child work must be supervised.</p>			
<p>Phase 4: ongoing</p> <p>10% of direct child work must be supervised.</p>		<p>Ongoing: a minimum of one Session Observation and Feedback Form every 6 months must be kept in the employee file that demonstrates 80% or higher competency.</p>	

Additional Notes:

APPENDIX N – Chart of Accounts

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

CURRENT ASSETS / ACTIFS À COURT TERME (1000 – 1090)

- 1020 Cash on Hand (For deposit) / Encaisse (à déposer)
- 1050 Petty Cash Fund / Petite caisse
- 1060 Chequing Bank Account / Compte de chèques
- 1080 Payroll Chequing Account / Compte de paie
- 1090 Savings Bank Account / Compte d'épargne

INVESTMENTS / PLACEMENTS (1100 – 1190)

- 1100 Short Term Investment Certificates / Certificats de dépôt à court terme

ACCOUNTS RECEIVABLE & ACCRUED ASSETS / DÉBITEURS ET PRODUITS À RECEVOIR (1200 – 1390)

- 1200 Accounts Receivable – FCS / Débiteurs – SFC
- 1210 Accounts Receivable – Private Clients / Débiteurs – Clients privés
- 1220 Accounts Receivable – Other / Débiteurs – Autres
- 1250 Allowance for Doubtful Accounts – Private Clients / Provision pour créances douteuses – Clients privés
- 1300 Prepaid Insurance / Assurance payée d'avance
- 1310 Prepaid Property Tax / Impôt foncier payé d'avance
- 1320 Prepaid WHSCC / Cotisations à la CSSIAST payées d'avance
- 1330 Prepaid Salaries and Benefits / Salaires et avantages sociaux payés d'avance
- 1340 Prepaid Group Benefits / Cotisations aux régimes collectifs payées d'avance
- 1350 Prepaid Expenses – General / Frais généraux payés d'avance
- 1360 HST Paid on Purchases / TVH sur les achats

INVENTORY / STOCK (1400 – 1490)

- 1400 Office Supply Inventory / Fournitures de bureau en stock
- 1410 Training & Evaluation Supply Inventory / Fournitures pour la formation et l'évaluation en stock
- 1420 Educational Toys & Books Supply Inventory / Jouets éducatifs et livres en stock

FIXED ASSETS / IMMOBILISATIONS (1500 – 1690)

- 1500 Office Furniture & Fixtures / Mobilier et accessoires de bureau

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

- 1510 Computer Equipment / Matériel informatique
- 1520 Computer Software / Logiciels

- 1530 Vehicles / Véhicules
- 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 / Crédoeurs – Commerce
- 2110 Accounts Payable – Private Clients / Crédoeurs – Clients privés
- 2120 Accounts payable – FCS / Crédoeurs – 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

APPENDIX O – Monthly Funding Record

Preschool Autism - Monthly Funding Report Autism Présoolaire - Registre financier mensuel															Agency name/Nom de l'agence :										Year / Année:						
Month / Mois:																															
Line No. / Numéro de la ligne	Child ID # / Numéro d'identification de l'enfant	Child Name / Nom de l'enfant	Birth Date / Date de naissance	Service Commencement Date / Date du début de prestation du service	Number of hours per week link to the Service level agreement signed with the parents / Nombre d'heures par semaine signé par les parents dans l'Entente de service	New Client Intake process / Nouveau processus d'admission du client	Intake process funding / Financement Processus d'admission	Transition to school period / Période de Transition scolaire	Transition to school funding / Financement Transition à l'école	# of Business Days of the month (office use only) / Nombre de jours ouvrables au cours du mois (pour usage du bureau seulement)	Targeted Intervention hours for the month / Heures d'intervention ciblées pour le mois	Week 1		Week 2		Week 3		Week 4		Week 5		Number of new staff trained (40 hours) / Nombre de nouveau personnel formé (40 heures)	Training funding (40 hours) / Financement de la formation (40 heures)	Travel Number of KM (under 12km NO reimbursement) / Nombre de kilomètre de déplacement (AUCUN remboursement sous 12km)	Funding for travelling (0.32\$/km) / Financement pour les déplacements (0.32\$/km)	TOTAL Intervention Hours / Heures d'intervention totales	TOTAL AMOUNT FOR Service delivery / MONTANT TOTAL pour la prestation de services	Total Amount Intake + Training +Transition+Travel / Montant total de l'admission, de la formation, de la transition et du déplacement	TOTAL Funding of the Month / Financement total du mois	Notes: Please provide more information - (parent vacation - 10 working days, agency vacation - 10 working days, parent cancellation, agency cancellation) Remarques: Veuillez s'il vous plaît nous fournir plus d'informations (Vacance des parents - 10 jours de travail, vacance de l'agence - 10 jours de travail, annulation du parent, annulation de l'agence)	
												Intervention Hours delivered link to Service level agreement / Heures d'intervention livrées selon l'Entente de service	Total week 1 / Total de la semaine 1	Intervention Hours delivered link to Service level agreement / Heures d'intervention livrées selon l'Entente de service	Total Week 2 / Total de la semaine 2	Intervention Hours delivered link to Service level agreement / Heures d'intervention livrées selon l'Entente de service	Total Week 3 / Total de la semaine 3	Intervention Hours delivered link to Service level agreement / Heures d'intervention livrées selon l'Entente de service	Total Week 4 / Total de la semaine 4	Intervention Hours delivered link to Service level agreement / Heures d'intervention livrées selon l'Entente de service	Total Week 5 / Total de la semaine 5										
1					20.0	yes/oui	2145.00	yes/oui	1759.00	22.0	88.00	20.00	584.40	20.00	584.40	20.00	584.40	20.00	584.40	1.00	29.22	1.00	1,805.00	100.00	32.00	81.00	2,366.82	5,741.00	8,107.82		
2							FAUX	no/non	FAUX																						
3							FAUX		FAUX																						
4							FAUX		FAUX																						
5							FAUX		FAUX																						
6							FAUX		FAUX																						
7							FAUX		FAUX																						
8							FAUX		FAUX																						
9							FAUX		FAUX																						
10							FAUX		FAUX																						
11							FAUX		FAUX																						
12							FAUX		FAUX																						
13							FAUX		FAUX																						
14							FAUX		FAUX																						
15							FAUX		FAUX																						
16							FAUX		FAUX																						

APPENDIX P – Attendance and Supervision Report

ATTENDANCE AND SUPERVISION REPORT /RAPPORT DE SUPERVISION ET D'ASSIDUITÉ

Name of Agency/Nom de l'agence		
Name of Child/Nom de l'enfant :		
Service level agreement signed with parents/legal guardians (number of hours) Entente de service signé par les parents ou tuteurs (nombre d'heures)		hours/ heures
Year /Année		

	January/ Janvier	February/ Février	March/ Mars	April/ Avril	May/ Mai	June/ Juin	July/ Juillet	August/ Août	September/ Septembre	October/ Octobre	November/ Novembre	December/ Décembre	TOTAL
Direct intervention/Intervention directe													
Behaviour Interventionist -hours scheduled/ Intervenant en comportement - heures prédéterminées													
Behaviour Interventionist -hours delivered Intervenant en comportement - heures livrées													
Percentage/Pourcentage													
Supervision/Supervision													
Direct Clinical Supervision/Supervision clinique directe													
Indirect Clinical Supervision/Supervision clinique indirecte													
Direct Behaviour Consultant/Consultant en comportement direct													
Indirect Behaviour Consultant/Consultant en comportement indirect													
TOTAL hours/Total des heures	0	0	0	0	0	0	0	0	0	0	0	0	0

This form must to be sent every three months (March, June, September and December) to the Department of Education and Early Childhood Development
Ce formulaire doit être envoyé à tous les trois mois (mars, juin, septembre et décembre) au ministère de l'Éducation et du Développement de la petite enfance