CHILD CARE/EARLYON & INCLUSION COACH REQUEST FOR SUPPORT REFERRAL

CLEAR FORM

(ONE PER CHILD) FAX: 613-966-8819 **EMAIL:** info@familyspace.ca

Referral Date (mmm/dd/yyyy) *(i.e. Jan 14, 2025)*	Jan 14/2025

CHILD CARE PROGRAM INFORMATION:					
Child Care Program:	Trenton Children's Centre				
Child Care Contact Name:	Danielle Williamson				
Best Way To Contact:	**Phone:** ☑ Yes ☑ No		**Email:** ☑ Yes ☑ No		**In Person:** ☑ Yes ☑ No
Child Care Contact Info:	**Phone:** 613-885-2579		**Email:** becky.elliott91@gmail.com		

PROGRAM INFORMATION:		
Reason For Request:	☑	**Training/Professional Learning:** At the request of the Child Care Service Agency, the Inclusion Coach will create and deliver tailored training for staff at Child Care Programs/Home Child Care agencies to promote the highest quality of inclusive Child Care (i.e. HDLH, Autism, Self-Regulation, Role Of Enhanced, Kids Have Stress Too, etc.)
	☑	**Consultation:** Inclusion Coach will offer information, strategies, and coaching to staff at Child Care Programs/Home Child Care agencies based on observations conducted in the Child Care Program (i.e. environment, transitions, self-reg, pedagogy, etc.)
	☑	**Resources/Equipment:** Inclusion Coach will loan specialized equipment/materials or create resources to support inclusion (i.e. visual schedules, sit and move discs, etc.)
Additional Information On Specific Request:	dfja;slfj;asdfj; asjf;asjf a;lf jsljf ;asjf ;lasj f	

Intended Recipient: *(i.e. specific program in Child Care, entire Child Care, on boarding, etc.)*	☑ **All Staff**	☑ **Supervisors**	☑ **Parents**
	☑ **Specific Program**	**Program Name** *(i.e. toddler, preschool, etc.)*: Preschool 4	

Timeline Of Required Support: *(How soon do you require this support?)*	☑	**Immediate –** As soon as possible
	☑	**Short Term-** Within the next month
	☑	**Medium Term-** Over the next couple of months
	☑	**Long Term-** Within the coming year

FOR OFFICE USE ONLY:						
Referral Received By:	Becky Gilbert	☑ **In Person**	☑ **Phone**	☑ **Fax**	☑ **Mail**	☑ **Email**
Date Of Initial Contact:	March 5/2025	**Assigned IC:**	Rhonda Laffrennier			
Contact Notes: *(Include dates and methods of contact)*	jfajsfljasfj;lasjf					