

**FILE ON THE INTEGRATION INTO DAY CARE
OF A CHILD WITH A DISABILITY**

ANNUAL EVALUATION

Working document to be kept
at the childcare establishment

PART A – GENERAL INFORMATION

IDENTIFICATION OF CHILD

Last name _____ First name(s) _____ Address (no, street, apt.) _____ City _____ Province _____ Postal code _____	Date of birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Year</th> <th style="width: 33%;">Month</th> <th style="width: 33%;">Day</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Year	Month	Day				Age now _____	Telephone (home)	Area code () _____
Year	Month	Day									

IDENTIFICATION OF PARENTS OR TUTORS

Name of mother _____	Tel. () _____ - _____
Name of father _____	Tel. () _____ - _____
Tutor(s) _____	Tel. () _____ - _____
Person(s) to contact _____	Tel. () _____ - _____

IDENTIFICATION OF CHILDCARE ESTABLISHMENT

Name of childcare establishment _____	<input type="checkbox"/> Childcare centre facility component														
Address _____	<input type="checkbox"/> Childcare centre home childcare component														
_____ Region _____	<input type="checkbox"/> For-profit day care centre														
Capacity on permit _____															
Number of spaces occupied by disabled children _____															
Name of person to contact _____															
Telephone _____ Position _____															
Date of registration at childcare establishment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Year</th> <th style="width: 33%;">Month</th> <th style="width: 33%;">Day</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Year	Month	Day				Date of admission to childcare establishment	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Year</th> <th style="width: 33%;">Month</th> <th style="width: 33%;">Day</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Year	Month	Day			
Year	Month	Day													
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PART B – EVALUATION OF CHILD’S LEVEL OF FUNCTIONING

The purpose of this section is to provide you with information you will require to analyze the child’s particular needs.

DAILY ACTIVITIES

Below is a list of activities of daily living.

1. Mark the answer that best describes the manner in which the child usually performs the activity. If the child has no difficulty performing it, or if the activity does not apply, **do not mark any box**.
2. To allow you to follow the child’s progress, mark his/her **present level of learning**.

Key

- A. Has not been exposed to the learning situation
- B. Is learning
- C. Learning completed

Note that these are specific and non-specific instances of learning other than those associated with a child’s normal development.

	1)				2) Level of learning		
	With difficulty (1)	Technical aid (2)	With someone’s help (3)	Incapable (4)	A	B	C
Eating							
Eats (e.g., non-slip plate, utensils)							
Drinks (e.g., from a straw, a cup)							
Particular diet							

Consistency of food (purée)							

Position at meals (e.g., chair with arms)							

Dressing

	1	2	3	4	A B C		
Unties shoes							
Ties shoes							
Takes off clothes							
Puts on clothes							
Unfastens clothes							
Fastens clothes							

Toilet training

Wears diapers ? occasionally ? always

Sits on the potty _____

Sits on the toilet _____

Asks to go _____

Washes hands and face _____

1)

	With difficulty (1)	Technical aid (2)	With someone's help (3)	Incapable (4)
Sits on the potty				
Sits on the toilet				
Asks to go				
Washes hands and face				

2) Level of learning

A	B	C

Intolerance

? to cold

? to ventilation

? to heat

? to dust

? allergies (Specify)

? to the sun

? to wind

? to noise

GROSS MOTOR COORDINATION

- Raises and bows head _____
- Turns, changes position _____
- Creeps _____
- Sits _____
- Crawls on hands and knees _____
- Walks _____
- Pushes or pulls a toy while walking _____
- Runs _____
- Participates in activities requiring movement coordination (claps hands, catches a ball, goes downstairs) _____
- Can perform activities such as using a swing, tricycle, slide _____

1 2 3 4

	1	2	3	4
Raises and bows head				
Turns, changes position				
Creeps				
Sits				
Crawls on hands and knees				
Walks				
Pushes or pulls a toy while walking				
Runs				
Participates in activities requiring movement coordination (claps hands, catches a ball, goes downstairs)				
Can perform activities such as using a swing, tricycle, slide				

A B C

A	B	C

FINE MOTOR COORDINATION

- Grasps an object with hands _____
- Manipulates an object _____
- Changes hands, releases an object at will _____
- Grasps an object using thumb and index finger _____
- Empties and fills a container _____

1 2 3 4

	1	2	3	4
Grasps an object with hands				
Manipulates an object				
Changes hands, releases an object at will				
Grasps an object using thumb and index finger				
Empties and fills a container				

A B C

A	B	C

FINE MOTOR COORDINATION (continued)

- Threads rings on a peg _____
- Stacks, makes a tower using three cubes _____
- Turns the pages of a book _____
- Makes balls with modelling clay _____
- Works a jigsaw puzzle _____
- Unscrews, turns a doorknob, screws _____
- Holds pencil between thumb and index finger _____
- Cuts out _____

1)	With difficulty (1)	Technical aid (2)	With someone's help (3)	Incapable (4)

2) Level of learning

A	B	C

Coordination problems

Position to encourage

Position to avoid

VERBAL AND NON-VERBAL COMMUNICATION

- Pays attention to sounds, messages, music _____
- Reproduces a sound _____
- Understands and carries out a simple command _____
- Gives or shows objects on request _____
- Makes him/herself understood through signs, gestures, sounds _____
- Imitates sounds, animal cries, etc. _____
- Uses two consecutive words to express him/herself ("Want that!") _____
- Answers simple questions _____
- Carries out two related instructions _____
- Speaks fluently _____

1	2	3	4

A	B	C

	1)				2) Level of learning
	With difficulty (1)	Technical aid (2)	With someone's help (3)	Incapable (4)	
VISION					
• Can find a hidden object _____					A B C
• Follows with eyes the movements of adults and other children _____					
• Is attracted by own reflection in mirror _____					
• Participates in activities requiring visual acuity (Distinguishes forms, objects, colours, etc.) _____					
• Moves around without bumping into objects or tripping _____					
• Participates in activities requiring distance vision or peripheral vision (games with balls, obstacle course) _____					
• Wears eyeglasses ? yes _____ ? no _____					

	1				2		
	1	2	3	4	A	B	C
REASONING							
• Finds a hidden object (behind him/her, under a pot) _____							
• Imitates simple gestures _____							
• Makes associations, sorts _____							
• Carries out instructions (give me, take this, come, etc.) _____							
• Points to the picture or object mentioned _____							
• Matches three primary colours _____							
• Knows the concept of "same, not same" _____							
• Concentrates during structured activities _____							
• Plays the same games as children his/her age _____							

	1				2		
	1	2	3	4	A	B	C
ADAPTATION AND SOCIALIZATION							
• Reacts to the adult's presence _____							
• Can bear parent's absence _____							
• Can bear educator's absence _____							
• Responds when called _____							
• Reproduces gestures made by another during play (imitation) _____							
• Follows simple directions _____							
• Plays with peers _____							
• Can play alone _____							
• Stays in the yard or within prescribed limits _____							
• Communicates _____							
• Shares _____							
• Waits his/her turn _____							
• Avoids certain dangers _____							
• Is organized in free play _____							
• Cooperates in play situations _____							

PART C – IDENTIFICATION OF CHILD’S PARTICULAR NEEDS AND MEANS PLANNED FOR MEETING THEM

Particular needs are needs directly related to the impairment and to functional limitations; other needs are identified as individual needs comparable to those of other children.

EATING

Explain the problems experienced:

Specify the means planned to overcome them: _____

DRESSING

Explain the problems experienced:

Specify the means planned to overcome them: _____

TOILET TRAINING

Explain the problems experienced:

Specify the means planned to overcome them: _____

INTOLERANCE, ALLERGIES

Explain the problems experienced:

Specify the means planned to overcome them: _____

GROSS MOTOR COORDINATION

Explain the problems experienced:

Specify the means planned to overcome them: _____

FINE MOTOR COORDINATION

Explain the problems experienced:

Specify the means planned to overcome them: _____

VERBAL AND NON-VERBAL COMMUNICATION

Explain the problems experienced:

Specify the means planned to overcome them: _____

VISION

Explain the problems experienced:

Specify the means planned to overcome them: _____

REASONING

Explain the problems experienced:

Specify the means planned to overcome them: _____

ADAPTATION AND SOCIALIZATION

Explain the problems experienced:

Specify the means planned to overcome them: _____

PART D – IDENTIFICATION OF CHILDCARE ESTABLISHMENT'S REQUIREMENTS FOR MEETING THE CHILD'S PARTICULAR NEEDS

NEEDS IN TERMS OF:

Human resources

Small group of children

Specify: _____

Individual help for some activities

Specify: _____

Material resources

Adaptation of regular materials*

Specify: _____

Particular equipment**

Specify: _____

Layout (for childcare centres, facility component, and eligible for-profit day care centres only)

Specify: _____

Outside cooperation

Information and documentation (e.g., type of disability, bibliography)

Specify: _____

Specific training (e.g., how to use an apparatus, particular means of communication)

Specify: _____

Professional assistance (rehabilitation centre, CLSC, etc.)

Specify: _____

IMPORTANT: **Modifications of materials must be approved by a qualified professional.*

***Following the recommendation of a professional recognized by the **Ministère de la Famille et des Aînés** and the particular needs identified by the childcare establishment, as discussed with the qualified professional, if necessary.*

SIGNATURE OF PARENT(S) OR TUTOR(S)

I agree with the program to integrate my child in the childcare establishment.

Signature(s) of parent(s) or tutor(s) _____

Date _____

Signature of person responsible for integration into the childcare establishment

For more information, call
Ministère de la Famille et des Aînés at these numbers:

- Québec City region:
418 643-4721
- Elsewhere in Québec:
1 888 643-4721
- Or visit the Ministère's Web site at:
www.mfa.gouv.qc.ca

Ministère de la Famille et des Aînés

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