



Special Needs Form

The following information will help us to learn more about your child and ensure their experience at Mini U is a successful one. Please read through the form and fill out all pertinent information and return it to us with your registration form to:

Ashley Gagnon
102 Frank Kennedy Centre
University of Manitoba
Winnipeg, MB
R3T2N2
Ashley.Gagnon@umanitoba.ca

Program Options Please check an option below.

Option 1: No Support

My child will participate in a Mini U Program group for the entire day, without the assistance of a one on one support worker. Families of children with special needs who do not have a support worker at school will typically choose this option.

Option 2: With Support

My child will participate in a Mini U Program group with the assistance of a one on one support worker. This option is designed for children who will be able to participate with the group for at least 60% of the day.

- Identify which of the following funding options applies to your child:

- Funding through CDS
- Funding through CFS
- Requesting Mini U Funding

Please note: Mini U funded support is limited to 2 weeks per child

- We are bringing our own support worker (please note: we require that this person not be the child's parent)

For the best experience for your child please ensure that questions are answered completely and accurately. This information may be shared with anyone who is working closely with the child. Once we have received and reviewed all necessary documentation we may contact you to discuss if necessary.

Who Am I

Child's Name; _____

Age: _____

Gender: _____

Special Need(s);

Associated Conditions/Needs;

Medication / Allergies (please specify if medication is taken AT CAMP):

Goals

What do you hope your child will achieve from their Mini U experience?

Likes/Dislikes

1. What are your child's favourite activities?

2. What are some of your child's talents?

3. Are there any activities your child dislikes or struggles with?

Assistance

1. Does your child have the support of an Educational Assistant at school?

Please circle: Yes or No

If yes, circle: Full Time or Part Time

2. Please describe your child's ability to participate in physical activities:

Communication

1. What is/are the optimal method(s) of communicating with your child?

(For example, songs, key words, symbols)

2. Please list or describe any learning techniques or teaching strategies that have been helpful for your child.

(For example: visual demonstrations, verbal instructions, physical guidance)

3. Are there any phrases or words that are helpful? Should be avoided?

2. On a scale of 1-10 (10 being very extreme) how extreme is your child's most disapproving response? _____

Please explain; _____

To what triggers are these types of responses typical (fears, frustrations etc);

How frequently do these reactions occur? _____

Would someone without special training be able to handle this response?

Please circle: Yes or No

Please explain; _____

A quieter, more controlled location for drop off & pick up is available. Would your child be more successful if these arrangements were made?

Please circle: Yes or No

Does your child have a Behavioural Education Plan, An Incredible 5 Point Scale plan, Alert Program's How Does Your Engine Run plan, or other? A photocopy of this plan would be very helpful, if possible please submit with this sheet.

Other

Is there anything else you would like us to know to help make this experience a success for your child?

Support Staff

We employ a team of both male and female support workers. In addition to our weeklong training session, some staff have extensive experience working with children with special needs. Others have undergone our training program but may have limited experience working one on one with children with special needs.

Please list some of the characteristics you are looking for in a support worker:

If you feel your child's experience may be improved by meeting with a support worker prior to their attendance at camp then we may be able to make these arrangements. We may also be able to make arrangements involving pick up/drop off times. Please contact the Special Needs Supervisor (after May 2, 2016) to discuss.

Special Needs Supervisor; Office Hours; 9:00am-4:00pm (Mon-Fri; May 8-Sept 1)

Phone Number: 474-9268

Email: mu.sneeds@umanitoba.ca