

CIRCLE OF CARE TREATMENT PLAN FOR
LEVEL III EBD FUNDING APPLICATION FOR SCHOOL YEAR

Date of Application:

1. IDENTIFYING INFORMATION:

Student name:

Birth date:

Grade:

Gender:

Caregivers: [may include parents, foster parents, special placement, group home]

School division/district:

School:

Agencies and personnel involved: [CCAMH; Family Services; Youth Justice]

Legal status: [permanent ward, temporary ward, voluntary placement, court pending, living with parents]

2. DESCRIPTION OF CONCERNING EMOTIONAL/BEHAVIOURAL PROBLEMS:

3. DEVELOPMENT AND FUNCTION OF STUDENT'S EMOTIONAL/BEHAVIOURAL PROBLEMS:

4. DIAGNOSTIC INFORMATION:

5. SUMMARY OF SCHOOL PERFORMANCE:

6. IDENTIFICATION OF TREATMENT/EDUCATIONAL GOALS

Treatment (Shared Service) Goals include:

7. PROPOSED MULTISYSTEM TREATMENT/EDUCATIONAL PLAN:

8. CASE MANAGEMENT PROCESS:

9. IMPLEMENTATION COSTS:

Detailed school division/district costs of implementing the school component of the multisystem education/treatment plan are attached.

Check here if the attendance information, parent/legal guardian and administrator signatures, and signed consent form requested below are already included in an attached funding application form.

Note school attendance for previous 12 months and reasons for absences. If student has not been attending full time in the school, please attach attendance sheet indicating full and part-time days in school, arrangements and services for out-of-school periods, and plan for full time re-entry into school.

I certify that the above information is true and accurate.

Student Services Administrator

Principal

Date:

Date:

I have been involved in a multisystem planning process for my child and agree to the proposed plan and funding application to Manitoba Education, Training and Youth.

Parent/Legal Guardian

Date:

NOTICE TO AND CONSENT ABOUT PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION

I UNDERSTAND THAT:

- the school division, school district or private school is collecting personal information and personal health information about my child and needs to share this information with Manitoba Education, Training and Youth, in order for the Department of Manitoba Education, Training and Youth to determine whether the Applicant is eligible to receive funding and the level of that funding respecting me, under the Government of Manitoba's Special Needs Categorical Funding.
- personal information is being collected by the Applicant under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba. My personal health information is being collected by the Applicant under the authority of subsection 13(1) of *The Personal Health Information Act* of Manitoba.
- any other disclosure of personal information or personal health information about me by a school division or school district must be authorized under *The Freedom of Information and Protection of Privacy Act* or under of *The Personal Health Information Act*.
- any other collection or use of my personal information and personal health information by the Department of Manitoba Education, Training and Youth must be authorized under *The Freedom of Information and Protection of Privacy Act* or under of *The Personal Health Information Act*.
- the Manitoba Education, Training and Youth will not disclose my personal information or personal health information without my consent, unless the disclosure is authorized under *The Freedom of Information and Protection of Privacy Act* or under of *The Personal Health Information Act*.
- personal information and personal health information about me which is being collected by the Applicant is protected by *The Freedom of Information and Protection of Privacy Act* or under of *The Personal Health Information Act*.

I CONSENT to the collection, disclosure and use of my child's personal information and personal health information.

Parent/Legal Guardian

Date

I CONSENT to the collection, disclosure and use of my child's personal information and personal health information.

Student

Date

If you have any questions about the collection of my personal information or personal health information by the Applicant, please contact the school division's Assistant Superintendent of Student Services.