



## Special Needs Information

In order to better understand the needs of each individual, families are required to complete this 'special needs form'. The form is designed to provide us with important information such as their: needs, goals, likes/dislikes, assistance required, optimal forms of communication, typical group participation, common behavioral traits and need for individual support. The following information will help us to learn more about your child and plan to provide our optimal Mini U experience.

### Our Environment

Our environment is energetic and fast-paced. Our days are full of activities. Participants will likely have a new location and activity every hour and adaptations every 15 to 20 minutes. Activities are dynamic and participants often engage in groups.

### Will My Child Succeed?

If you believe your child will not be successful participating with a group of children of similar chronological age in this environment for at least 60 per cent of the day, then Mini U might not be the best fit. To discuss your child and our programs, connect with our program coordinator, Ashley Gagnon @ [ashley.gagnon@umanitoba.ca](mailto:ashley.gagnon@umanitoba.ca).

### Accommodations

Our leadership team discusses the needs and prepare accommodations for each individual. Our support leaders are responsible for identifying, creating and executing accommodation throughout their experience. We make every effort to be fully inclusive but do have some limitations in providing an experience for all children. Once we receive your completed special needs form we may need to discuss if and how we can best care for your child.

### Personal Information

This information may be shared with anyone who is working closely with the child.

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the registration and admission of the applicant in the University of Manitoba Mini U Programs. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.





## Special Needs Form

This form is required at least 2 weeks before your child's start date.

Child First & Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Support 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 leader. Families of children with special needs who do not have a support worker at school will typically choose this option.

☐ **Option 2: With Support** (registration online)

My child will participate in a Mini U Program group with the assistance of a one on one support leader. 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:

☐ We have registered online for a Mini U support leader with funding through CdS.

CdS Case Manager (Name): \_\_\_\_\_

Phone #: \_\_\_\_\_

☐ We have registered online for a Mini U support leader in a Mini U funded spot.

☐ We have registered online for a Mini U support leader in a family funded spot.

☐ We are bringing our own support worker. **Note:** A child's parent/guardian may not act as the support worker.

### Who Am I

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Special Need(s):

\_\_\_\_\_  
\_\_\_\_\_

Associated Conditions/Needs:

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

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## Goals

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

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## Likes/Dislikes

1. What are your child's favorite activities?

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

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

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## Assistance

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

Yes

or

No

Full Time

or

Part Time

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

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## Communication

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

(For example, songs, key words, symbols)

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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.

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

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### Group Participation

1. What percentage of time do you think your child would be able to spend with a group of children of about the same chronological age? \_\_\_\_\_%

2. Would your child benefit from taking breaks throughout the day?

Yes

or

No

3. If your child requires some time away from the group, what are some alternate activities they would enjoy? (For example: drawing or reading)

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4. Support workers take a half-hour lunch break each day; during this time would your child be able to remain in the lunchroom with supervision, but without one on one supervision, along with the other children?

Yes

or

No

If yes, your child would be expected to participate in stationary, supervised activities. (For example: watching the movie or playing cards)

### Behavior

1. On a scale of 1-10 (1 being very flexible; 10 being very resistant) how tolerant is your child to change? \_\_\_\_\_

Please explain:

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

Please explain:

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

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How frequently do these reactions occur? \_\_\_\_\_

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

Yes

or

No

Please explain;

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

Yes

or

No

Does your child have a Behavioral 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?

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### 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:

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If you feel your child's experience may be improved by meeting with a support leader 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 ([mu.sneeds@umanitoba.ca](mailto:mu.sneeds@umanitoba.ca)) to discuss. Note: Supervisors begin employment May 11, 2020.

### **Return the completed form to:**

Mini U Programs  
146 Frank Kennedy Centre - 420 University Crescent  
Winnipeg, Manitoba  
R3T 2N2