

## Welcome!

To help us better understand your child's unique needs, we ask that you complete this form. It is designed to gather important information about your child, including:

- Their needs and goals
- Likes and dislikes
- Assistance they may require
- Preferred ways of communicating

This information will help us learn more about your child and plan an optimal Mini U experience for their needs.

## Contact Us

If you have questions, or you'd like to speak with a member of our team, please reach out:

- Email: [mini.u@umanitoba.ca](mailto:mini.u@umanitoba.ca)
- Phone: 204-474-7279

## Is Mini U a Good Fit for My Child?

If you're unsure whether Mini U is right for your child, we'd love to discuss it with you before you register. Some questions we might ask include:

1. Can your child successfully participate with a group of children of a similar age in the environment described below for at least 60% of the day?
2. Does your child receive support from an educational assistant (EA) at school?
3. Do they enjoy and find success in gym class at school?

## **A Bit About Mini U**

### **A. Our Environment**

Mini U offers a busy, energetic, and fast-paced environment. Each day is filled with activities, and participants often move to a new location or start a new activity every hour, with adjustments every 15–20 minutes. Activities are dynamic and usually done in groups. Each participant engages in at least three hours of physical activity daily.

### **B. Accommodations**

Inclusion support leaders are available to provide one-on-one support for children with diverse needs. Support is assigned on a first-come, first-served basis. These leaders identify, create, and implement accommodations to support your child's participation.

While we strive to be inclusive, there may be some limitations in what we can provide. Once we receive this completed form, we may need to discuss if and how we can best support your child.

### **C. Collection of Personal Information**

The information you provide will be kept confidential but may be shared with individuals working closely with your child.

This personal information is collected under the authority of *The University of Manitoba Act* and will be used for the registration and admission of applicants of Mini U Programs. It will not be disclosed for other purposes unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

If you have questions about the collection of your information, please contact:

#### **Access and Privacy Office**

233 Elizabeth Dafoe Library, University of Manitoba

Winnipeg, MB, R3T 2N2

Phone: 204-474-9462



## Inclusion Support Form

We prefer that this form be submitted at least two weeks before your child's first day of camp so that we can prepare to support them best.

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

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

### Inclusion Support Funding 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 inclusion leader. Families of children with diverse needs who do not have an EA 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 inclusion 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 in a **Mini U funded spot.**
  - We have registered online for Mini U support leader **through Children disAbility Services funding.**
  - 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.

## Inclusion Support Form

This form is intended as an opportunity for you to share additional information about your child. This will allow us to get to know them a little better before meeting in person and prepare to be able to provide them with the best experience possible.

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_

Child's gender: \_\_\_\_\_

Diverse Need(s):

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

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### Goals

What do you/ your child hope to achieve during their time at Mini U?

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### Likes/Dislikes

1. What are some of their favorite activities and interest? What are some of their talents?

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2. Are there any activities they dislike or struggle with?

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### Assistance

1. Do they have the support of an Educational Assistant at school?

If yes, are they full time or part time?

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2. Please describe their ability to participate in physical activities.

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3. Toileting: Our inclusion leaders will provide as much independence as possible for campers in changing and toileting.

If you answer **yes to any of the questions below**, please refer to the **Intimate Care Plan** at the end of the booklet.

1. Will your child need help when changing into/ out of their swimsuit? How resistant are they to changing their clothing?

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2. Does your child wear pull ups?

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3. Will they need assistance in toileting?

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4. Will your child need encouragement in toileting/diapering?

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## Communication

1. What are some optimal ways of communicating with them?

(For example: songs, key words, symbols)

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2. How do they learn best? Please describe some teaching or learning strategies that have been helpful in the past.

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

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

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## Group Participation

1. What percentage of the camp day would they be able to spend with a group of children around the same chronological age? \_\_\_\_\_%

2. Would they benefit from taking quiet breaks throughout the day? If yes, what are some alternate activities I would enjoy? (For example: drawing or reading)

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4. Inclusion support leaders take a half-hour lunch break each day; during this time, will they be able to remain in the lunchroom with supervision, but **without one-on-one supervision**, along with the other children? Activities such as watching a movie are provided during this time. \_\_\_\_\_

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### Behavior

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

Please explain:

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

Please explain:

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What might trigger such a response? (please explain any fears, frustrations etc.):

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

Would someone with experience and training for working with children but without additional, specific training be able to handle this response? Please explain.

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

Do you have a Behavioral Education Plan, An Incredible 5 Point Scale plan, Alert Program's, How Does Your Engine Run plan, or other? \_\_\_\_\_

**If yes, please submit a photocopy of this plan along with this form if possible.**

**Other**

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

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## **Inclusion Support Staff**

We employ a team of support leaders made up of all genders. In addition to our weeklong training session, some staff have extensive experience working with children with diverse needs. Others have undergone our training program but may have limited experience working one on one with children with diverse needs.

Please list some of the characteristics you are looking for in an inclusion support leader:

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If you feel your experience may be improved by meeting with a support leader prior to their attendance at camp, we may be able to make these arrangements for the week prior to attendance!

## **Arrival/ Departure**

Our support team's workday is from **8:30-4:30**. Please plan to drop off and pick up during this time.

## **Please return the completed form to:**

1. Email: [mu.inclusion@umanitoba.ca](mailto:mu.inclusion@umanitoba.ca)

Note: this email is monitored by our student Inclusion Supervisor during the months of May-August. Responses will be sent during this time.

2. Drop off in person to:

Mini U Programs

146 Frank Kennedy Centre - 420 University Crescent

Winnipeg, Manitoba

R3T 2N2

## Intimate Care Plan

If your child is independent in changing and toileting please check this box, skip the following section, and sign and date the last page.

### Basic Procedures For Intimate Care:

Below are the outlined basic steps our inclusion support leaders are will take when providing intimate care for campers. If your child requires any support that is not listed please explain further in the space provided below.

#### A) Diapering

- Inspect the physical changing area, ensure the space is private and all necessary equipment and supplies available.
- Prepare table/ surface by wiping with sanitized cloth/ done gloves.
- Ask the camper permission to help with the diapering process, explain to the camper each step while moving through steps of care.
- Remove soiled diaper and place covered waste in the receptacle.
- Clean camper using wipes and/or soap and water.
- Dispose of soiled gloves, put on clean pair.
- Place clean diaper on student and help with re dressing. Will offer a change into clean clothing if original clothing is soiled.
- Clean surface.

**If the support your child requires in diapering is more and/or different from this, please explain:**

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**B) Toileting**

- Put on gloves.
- Prepare toilet with sanitizing wipe.
- Talk to camper while moving through each of the steps below, explaining as they go.
- Assist with removal of bottoms (pants/ shorts/ undergarments)
- Transfer and/or assist camper to toilet.
- If required- stabilize student on toilet seat.
- Assist with cleaning if required.
- Dispose of soiled gloves and assist with cleaning if necessary.

**If the support your child requires in toileting is more and/or different from this, please explain:**

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**Expectations of Families:**

Listed below are the expected responsibilities of the caregiver completing this document.

- Understanding and agreeing to procedures to be followed during changing.
- Agree to inform inclusion support leader if child has any marks/ rashes at camp drop off each morning.
- Please share the terminology and vocabulary that the child is familiar with used to describe intimate care and body parts (in the lines below, or in an attached document if preferred):

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- Explain how often the camper would routinely be changed during a full day of camp:

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- Provide necessary products and change of clothes when necessary (diapers, wipes etc)
- Agree to participant being washed (water only) and changed into clean clothing if necessary.

**Expectations of Inclusion Support leader:**

- Agree to the intimate care of the camper they are supporting as described above including locating, and using, an accessible but private space for changing and toileting.
- Understand and agree to the frequency of care, communicate with caregivers if different than expected.
- Agree to review arrangements, in discussion with parents at the start of the child's camp experience to ensure mutual understanding.
- Inform parents if any marks or rashes are noticed during the intimate care process.
- Put wet/soiled clothes in plastic bag to send home for laundering.
- Provide consistent and caring approach.

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**This form was completed by:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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