



Completing the Access and Inclusion Profile


1.0.5.4


ECCE Access and Inclusion Profile

ID:
STATUS: In Progress

Pre-school Information * indicates mandatory fields

Name		
Address		
DCYA Reference		
Manager's Name		
Contact Number	Email	

The purpose of the Access and Inclusion Profile is:

- To assist the service provider, in partnership with the parent, to ascertain a child's abilities and needs in order to support them to fully participate and access the ECCE programme.
- To assist the service provider, in partnership with the parent, to ascertain the setting's strengths and challenges in supporting the child to fully and meaningfully access and participate in the ECCE programme.
- To identify the need for expert educational advice and support enabling the Early Years Specialists (Access and Inclusion) their response.
- To guide the Early Years Specialist and setting, in supporting the child's participation and access to the ECCE programme.
- To assist in identifying if any additional support may be needed to enable the child's participation in the ECCE setting (Le...

The Access & Inclusion Profile may be saved as a draft before submission on PIP. However, once the child's PPSN is entered must either be submitted or the PPSN must be removed in order to save the form as a draft.

Where an ECCE child has already registered, then the existing Registration or Profile ID number along with the child's full name and date of birth may be used in place of the PPSN when submitting the child's Profile on PIP.

Before you begin completing the profile both parent/guardian/carer and pre-school manager/key worker must read the [Access & Inclusion Profile Guidelines](#).

Additionally, the parent/guardian/carer is asked to print off and read the [AIM Informed Consent](#) form. As part of Better Start All consent is required to share information regarding their child with relevant professionals in order to prepare and plan for the child in the pre-school setting.

I confirm that both the parent/legal guardian/carer and the pre-school manager/key worker have read the guidance document and that the parent/legal guardian/carer has signed and attached the informed consent form.

I confirm that both the parent/legal guardian/carer and the pre-school manager/key worker have read the [AIM Privacy Statement](#) and that the pre-school manager/key worker are aware of their obligations under the Data Protection Acts.

Informed consent already submitted?

Please attach the Signed Informed Consent Declaration

[Click here to attach a file](#) *

Form Completed By

Please click on this link to access the **Informed Consent Form**. This must be printed, read, signed, scanned and attached.

You must tick this box and the one beneath it to proceed.

Once you have printed, read, signed and scanned the informed consent form, please attach here.

Parent / Legal Guardian / Carer 1

Name *

Address *

Contact Number *

The details of **at least one parent or legal guardian or carer** are required on this form.

Parent / Legal Guardian / Carer 2

Name

Address

Contact Number Email

Child Information

First name * Last name *

Child Date of Birth * Child's Gender Select... *

Child PPSN

Or Existing registration ID

Planned Start Date Planned Number Days

Service Requests

Add Registration Request

Click **Add Registration Request** to add information or attachments.

Please use the section entitled **Service Requests** to upload any supporting documentation about the child e.g. health assessment reports or an assessment of need summary report. Please select **Other** as the reason and then attach the relevant files.

Service Requests

Reason	Comment	Attachment
<input checked="" type="checkbox"/> Other	Please find attached additional information I would like to share about my child.	Letter from doctor.docx 1.83 MB

Add Registration Request

This is an example of how you submit additional information using the reason **Other**.

Service Requests

Reason	Comment	Attachment
<input checked="" type="checkbox"/> Level 7	We would like to be considered for additional Level 7 assistance. Please see Letter from doctor.	Letter from doctor.docx 1.83 MB
<input checked="" type="checkbox"/> Level 7	We would like to be considered for additional Level 7 assistance. Please see Letter from physiotherapist.	Letter from physiotherapist.docx 1.83 MB

Add Registration Request

You also use the section entitled **Service Requests** to express an interest in receiving Level 7 Support. Level 7 support relates to Additional Assistance in the Pre-school Room. Please select **Level 7** as the reason. Note that if you want to submit multiple attachments, you should create multiple Level 7 requests as you can only attach one file to each request.

Access & Inclusion Profile

For each item, please think about the child's current abilities and development. For each item, mark the box for Never, Occasionally, Regularly, or Frequently. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give the answer that most closely describes the child's abilities and needs, based on your experience with them.

Never: this does not happen during any session (a session is a 3 hour period in the pre-school setting).

Occasionally: this happens once a session or less (this support is usually managed by the setting).

Regularly: this happens several times during each session.

Frequently: this happens continuously throughout a session.

Please familiarise yourself with these definitions as you will need them as you fill out the Access and Inclusion Profile.

PHYSICAL

Gross motor planning / Spatial awareness

	Never	Occasionally	Regularly	Frequently
Can stand without support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can sit without support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can walk independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can run independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can jump independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can move without the use of an aid (e.g. walking frame, wheelchair)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has good balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can transfer and position themselves without support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can move safely around the pre-school environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section describes the child's physical abilities.

Fine motor planning (manipulating tools and materials)

Can grip large items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can pick up small items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can stack blocks independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engages in mark-making activities such as colouring, painting, chalking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-help skills

	Never	Occasionally	Regularly	Frequently
Can use the toilet independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can dress and undress independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can eat finger foods independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can eat using a spoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can drink independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sensory Experiences

Enjoys tactile (touch) stimuli (e.g. water, paint, sand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copes well with auditory (noise) stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copes well with visual stimulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNICATION				
Receptive	Never	Occasionally	Regularly	Frequently
Responds to his/her name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understands simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can understand non-verbal means of communication such as facial expressions and gestures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressive				
Initiates communication with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiates communication with his/her peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can make his/her needs known verbally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can use gestures/sign language to get his/her needs met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses a range of speech sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses appropriate vocabulary for age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses simple sentence structures (e.g. word order, verb tenses, pronouns)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tells stories/asks questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participates in conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaks clearly and can be understood by unfamiliar people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Tools			Yes	No
<i>Please select if the child uses any of the following forms of communication tools</i>				
PECS (Picture Exchange Communication System)			<input type="radio"/>	<input type="radio"/>
Lámh, Irish Sign Language			<input type="radio"/>	<input type="radio"/>
Recorded speech device			<input type="radio"/>	<input type="radio"/>
Voice amplification system			<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="text"/>			
SOCIAL SKILLS				
	Never	Occasionally	Regularly	Frequently
Forms friendships with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows affection for friends without prompting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes turns in games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows concern for a crying friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understands the idea of "mine" and "his" or "hers"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows a wide range of emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plays with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plays with a variety of toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engages in pretend play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participates in group learning experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section describes the child's **communication**.

This section describes the child's **social skills**.

BEHAVIOUR					
	Never	Occasionally	Regularly	Frequently	
Can manage his/her emotions appropriately for their stage of development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Can cope with small changes in routines/staff/activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plays positively with his/her peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Uses positive strategies to resolve conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Can concentrate on an activity of interest for 10-15 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Appears comfortable in the pre-school environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plays purposefully in the indoor and outdoor learning environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accepts inputs from adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Follows familiar routines and instructions with ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Uses the materials and resources in the learning environment appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
HEALTH					
<i>This describes the child's health and additional health care needs.</i>			Yes	No	
Does your child have any medical healthcare needs?			<input type="radio"/>	<input type="radio"/>	
If yes, please identify the medical healthcare needs.			<input type="text"/>		
Will your child need to take medication during their ECCE session?			<input type="radio"/>	<input type="radio"/>	
If yes, please describe the medication your child will need to take and the details of the administration of this.			<input type="text"/>		
Does your pre-school setting have a policy on administering medicines?			<input type="radio"/>	<input type="radio"/>	
Have staff in your pre-school setting been trained to administer medicines?			<input type="radio"/>	<input type="radio"/>	
Is training available from the child's health professional if required?			<input type="radio"/>	<input type="radio"/>	
Visual	Normal vision	Moderate visual impairment	Severe visual impairment	Blindness	
Indicate the child's visual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hearing	Normal hearing	Slight / mild hearing loss	Moderate hearing loss	Severe hearing loss	Profound hearing loss
Indicate the child's hearing ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section describes the child's **behaviour**.

This section describes the child's **health and additional healthcare needs**.

Health Services			
<i>Where your child has had a health assessment please specify the health services recommended and provided</i>	N/A	Recommended	Provided
Occupational therapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech and language therapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychology	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatric Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social work	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please provide a description of the other health supports that have been recommended or provided	<input type="text"/>		
Please indicate if you are awaiting health services		<input type="radio"/> Yes	<input type="radio"/> No
Additional Information			
Has the child had an assessment carried out by a health professional?		<input type="radio"/> Yes	<input type="radio"/> No
If there is any additional information about your child that you would like to share with us, please do so in the space provided.	<input type="text"/>		
Pre-school setting			
<i>The following questions aim to capture information about the pre-school setting</i>			
Does the ECCE setting have an Equality, Diversity and Inclusion Policy?		<input type="radio"/>	<input type="radio"/>
Is the indoor learning environment safe and fully accessible in relation to this child's needs?		<input type="radio"/>	<input type="radio"/>
Is the outdoor learning environment safe and fully accessible in relation to this child's needs?		<input type="radio"/>	<input type="radio"/>
Do all staff in the ECCE setting have a good understanding of child development and early learning?		<input type="radio"/>	<input type="radio"/>
Have any staff in the ECCE setting undertaken training in special education needs or disability?		<input type="radio"/>	<input type="radio"/>
Do you have a written policy on family involvement - e.g. open door policy, documented daily / weekly communication?		<input type="radio"/>	<input type="radio"/>
Is the curriculum for learning adapted to the learning interests and needs of all children?		<input type="radio"/>	<input type="radio"/>
<input type="button" value="Save Draft"/> <input type="button" value="Summary View"/> <input type="button" value="Submit"/>			

When completing this section please insert any information which would impact on or support the staff including the child in pre-school. Think about arrivals or departures, the outdoors, transitions from one activity to another, mobility, feeding and whether or not the child is receiving funding or support from another agency.

If you would like to save the Access and Inclusion Profile and return to it at a later date, please select **Save Draft**. This draft will not be submitted to the Better Start Team.

If you are happy that you have provided the most accurate and up to date information about the child on the Access and Inclusion Profile, please select **Submit**. The form will be submitted to the Better Start Team and you can expect a response within 4-6 weeks.

We encourage you to print two copies of the completed Access and Inclusion Profile, one copy for the parent or legal guardian or carer and one copy for the pre-school. Please select **Print Preview** from the top menu before you submit the Access and Inclusion Profile, you will be able to print the completed form from there. You will not be able to print the Access and Inclusion Profile after you submit it.