

Level 4

Supporting Access to the ECCE Programme For Children with a Disability Access and Inclusion Profile



Overview

Síolta and Aistear view children as confident, competent, curious and creative learners and so as a professional it's important that you support babies, toddlers and young children to be as competent and confident as they can be (Aistear Síolta Practice Guide, 2015).

Better Start Access & Inclusion Model (AIM) is part of a Department of Children, Equality, Disability, Integration and Youth national initiative aiming to support access to the ECCE programme for children with a disability. Early Years Specialists (AIM) will support pre-school settings and the Parent/Guardian/Carer in having timely access to advice and supports from experts in early year's education with particular reference to disability issues. This will assist early year's practitioners in creating inclusive environments and meeting the needs of the child in the pre-school setting ensuring that children with a disability can access and meaningfully participate in the ECCE programme.

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 mentoring enabling the Early Years Specialists (Access and Inclusion) to prioritise 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 (Level 4-7)

The information documented in the Access and Inclusion Profile:

- Should be informed by the Parent/ Guardian/ Carer, the Pre-school Manager or Key Person and any other relevant professionals who work with the child e.g. Early Intervention Team, G.P., Pediatrician or Social Worker.
- Will inform the allocation of expert educational advice and mentoring from Better Start AIM
- Can be used to identify necessary additional supports to enable the child's access and inclusion under Level 5 (Equipment, Appliances and Minor Alterations Capital Grant) and Level 7 (Additional Assistance in the Pre-school Room).
- Can be used to support the development of an Individual 'My Inclusion Plan' for the child within their pre-school setting.

My Inclusion Plan

The purpose of the My Inclusion Plan is to support individual children’s transition into pre-school, their meaningful participation and transitions within the pre-school setting over the duration of their Early Childhood Care and Education (ECCE) programme, and to plan for their transition into primary school or another setting.

This plan can be used alongside Aistear; the Early Childhood Curriculum Framework, and supplements the documentation that is already in place in pre-school settings. This will enable practitioners, in consultation with parents to continually plan for and reflect on the child’s meaningful participation in pre-school.

Practitioners can use the plan independently or in consultation with their Early Years Specialists. Templates in the plan include:

- Key Relationships
- Communication Record
- Voice of The Child, Transitions into Pre-school- Signposts for Reflections
- Goal Planner
- Goal Record
- Goal Reflection
- The Voice of the child Transition to Primary School
- Transitions into Primary School- Signposts for Reflection
- Parental Consent



Data Protection and Freedom of Information

Better Start (AIM) will ensure that its obligations under the Freedom of Information Act 2014 are implemented in full in respect of the services provided.

Better Start (AIM) will ensure that its obligations under the Data Protection Act 2018 and any other statutory provisions in respect of the protection, storage and release of data are implemented in respect of the services provided. The Grantee will ensure that all data of a sensitive nature relating to any parties concerned with these services will be stored in a secure manner.



Access and Inclusion Model (AIM) - Informed Consent

***Please complete all sections requested below or the consent will be returned**

AIM is a national initiative that supports access and inclusion in the ECCE programme for children with a disability. AIM provides a range of targeted supports including educational advice (Level 4), collaboration with health professionals (Levels 5 and 6) and where necessary, supports for additional assistance in the pre-school room (Level 7). **AIM may where needed bring together relevant professionals working within Better Start Early Years Specialist Service, Health Service Executive or HSE Funded Agencies, Tusla, Pobal, Departments of Children, Equality, Disability, Integration and Youth; Education and Skills; Health, the National Council for Special Education or City and County Childcare Committees in order to access relevant information or advice to support a child. Please read the AIM Privacy Statement.**

We require your consent to gather and share information regarding your child with the relevant professionals named above. This will enable the Early Years Specialist and other professionals to support your child's inclusion in the pre-school for the duration of his or her ECCE registration and to plan for his or her transition to primary school. **This consent is valid for the duration of your child's enrolment in the ECCE programme, in the named setting.**

The information collected **will** include:

- Your child's personal information including PPSN, name, address, date of birth and gender
- Parent or Guardian or Carer names and contact details
- Information gathered through the Access and Inclusion Profile and/or Capital Application
- HSE or HSE funded healthcare professional or DES Visiting Teacher AIM Report for the pre-school setting and/or capital applications

The information collected **may** include:

- Health Assessment information, Assessment of Need summary report (if any)
- Information gathered through observation of your child in the pre-school setting
- Details of relevant health professionals involved with your child i.e. G.P. or Family Doctor, Occupational Therapist, Speech and Language Therapist, Physiotherapist, Psychologist, Pediatrician, Audiologist, other.

*Child's Name (block capitals)	
*Service Reference No.	*Pre-school Setting Name (block capitals)

Consent

I hereby give consent for information on my child:

- To be gathered by the Early Years Specialist Service and Pobal and shared with the relevant professionals under AIM who may be involved in the assessment and subsequent provision of services and equipment for my child;
- For an Early Years Specialist observing and noting my child's learning experiences within the pre-school setting under AIM for the purpose of identifying necessary additional supports and the development of an Individual Access and Inclusion Plan for my child which will be used by their pre-school setting.
- To be gathered by health professionals on behalf of the HSE or HSE funded agencies as part of this process to be shared with relevant professionals as mentioned above to allow for the subsequent provision of services and equipment for my child.

*Parent 1 or Legal Guardian or Carer Name (block capitals)	
*Relationship to the Child (block capitals)	
*Parent 1 or Legal Guardian or Carer Signature	*Date

**Parent 2 or Legal Guardian or Carer Name* (block capitals)	
**Relationship to the Child* (block capitals)	
**Parent 2 or Legal Guardian or Carer Signature*	*Date
**if a second parent or legal guardian or carer is available to sign	

Please Note: A Parent or Legal Guardian or Carer may withdraw their consent at any time, please see **Privacy Statement**. All records and data will be processed in compliance with GDPR.

Access and Inclusion Profile

The Access and Inclusion Profile should be completed by the Pre-school Manager or Key Person in consultation with the child's Parent/Guardian/Carer and submitted along with the completed Informed consent through Hive. Before you complete the Access and Inclusion Profile, please ensure that you are familiar with the information outlined in the guidance document and have completed the informed consent. Please ensure that all sections of the Access and Inclusion Profile are fully completed. If the child has not yet started pre-school answers can be based on information provided by the Parent/Guardian/Carer from the home environment.

Step 1 – Information

AIM 4 Information

ECCE Access and Inclusion Profile

The purpose of the Access and Inclusion Profile is:

- To assist the service provider, in partnership with the parent or guardian or carer, 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 or guardian or carer, 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) to prioritise 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 (Level 4-7).

Completion of the Access and Inclusion Profile will require joint input from the parents/ carers/ guardians and the pre-school in order to ensure all sections are completed as accurately as possible.

Before you begin completing the profile both parent/ guardian/carers and pre-school manager/ key person 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 AIM support, parental consent is required to share information regarding their child with relevant professionals in order to prepare and plan for the child's inclusion in the pre-school setting.

Programme Call

Step 2 – Parent Child information

Parent / Legal Guardian / Carer 1	
Name	
Relationship with the child	
Address	
Contact Number	
Email	

Parent / Legal Guardian / Carer 2	
Name	
Relationship with the child	
Address	
Contact Number	
Email	

Child Information	
First name	
Last name	
Child's Date of birth	
Child Identification	PPSN
Child's PPSN	
Child's gender	
ECCE Start Date <i>This should be the start date in the ECCE year that you are requesting the AIM support for.</i>	
Planned number of days	
Exemption code <i>Please provide exemption code given to you by the Department of Children, Equality, Disability, Integration and Youth only if child's age is outside the age allowed for ECCE start date provided.</i>	

Parental Consent	
Parental Consent Type	Document Upload Parent Consent

AIM Informed Consent form fully completed, signed and dated by the parent/legal guardian/carer
 Download [AIM Informed Consent](#) template

Step 3 – Physical

PHYSICAL

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.

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

Fine motor planning (manipulating tools and materials)	Never	Occasionally	Regularly	Frequently
Can grip large items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can pick up small items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stack blocks independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in mark-making activities such as colouring, painting, chalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Sensory Experiences	Never	Occasionally	Regularly	Frequently
Enjoys tactile (touch) stimuli (e.g. water, paint, sand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copes well with auditory (noise) stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copes well with visual stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 4 – Communication

COMMUNICATION

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.

Receptive	Never	Occasionally	Regularly	Frequently
Responds to his/her name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can understand non-verbal means of communication such as facial expressions and gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expressive	Never	Occasionally	Regularly	Frequently
Initiates communication with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates communication with his/her peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can make his/her needs known verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can use gestures/sign language to get his/her needs met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses a range of speech sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses appropriate vocabulary for age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses simple sentence structures (e.g. word order, verb tenses, pronouns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tells stories/asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly and can be understood by unfamiliar people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>
Recorded speech device	<input type="checkbox"/>	<input type="checkbox"/>
Voice amplification system	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Step 5 – Social Skills & Behaviour

Social Skills and Behaviour

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.

Social Skills	Never	Occasionally	Regularly	Frequently
Forms friendships with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows affection for friends without prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns in games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows concern for a crying friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the idea of "mine" and "his" or "hers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a wide range of emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with a variety of toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in pretend play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in group learning experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behaviour	Never	Occasionally	Regularly	Frequently
Can manage his/her emotions appropriately for their stage of development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can cope with small changes in routines/staff/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays positively with his/her peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses positive strategies to resolve conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can concentrate on an activity of interest for 10-15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears comfortable in the pre-school environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays purposefully in the indoor and outdoor learning environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts inputs from adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows familiar routines and instructions with ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses the materials and resources in the learning environment appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 6 – Health

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="checkbox"/>	<input type="checkbox"/>
Will your child need to take medication during their ECCE session?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pre-school setting have a policy on administering medicines?	<input type="checkbox"/>	<input type="checkbox"/>
Have staff in your pre-school setting been trained to administer medicines?	<input type="checkbox"/>	<input type="checkbox"/>
Is training available from the child's health professional if required?	<input type="checkbox"/>	<input type="checkbox"/>

Visual	Normal vision	Moderate visual impairment	Severe visual impairment	Blindness
Indicate the child's visual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing	Normal hearing	Slight/mild hearing loss	Moderate hearing loss	Severe hearing loss	Profound hearing loss
Indicate the child's hearing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Services	Yes	No
Has the child had an assessment carried out by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>

<i>Where your child has had a Health Assessment, please specify the health supports that have been recommended, provided or are awaiting and the relevant contact details for these services.</i>	N/A	Recommended	Provided	Awaiting
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information if any of the above is known:

Occupational Therapy professional contact details (leave blank if N/A):	
Contact Name	
Phone Number	
Email Address	
Contact Address	

Speech and Language professional contact details (leave blank if N/A):	
Contact Name	
Phone Number	

Email Address	
Contact Address	

Physiotherapy professional contact details <i>(leave blank if N/A):</i>	
Contact Name	
Phone Number	
Email Address	
Contact Address	

Psychology professional contact details <i>(leave blank if N/A):</i>	
Contact Name	
Phone Number	
Email Address	
Contact Address	

Paediatric Services professional contact details <i>(leave blank if N/A):</i>	
Contact Name	
Phone Number	
Email Address	
Contact Address	

Social Work professional contact details <i>(leave blank if N/A):</i>	
Contact Name	
Phone Number	
Email Address	
Contact Address	

Other - Please provide a description of the other health supports that have been recommended or provided. <i>(leave blank if N/A):</i>	
Contact Name	
Phone Number	
Email Address	
Contact Address	

Step 7 – Additional Information

Additional Information

If there is any additional information about your child that you would like to share with us , please do so in the space provided

Pre-school setting <i>The following questions aim to capture information about the pre-school setting.</i>	Yes	No
Is the indoor learning environment safe and fully accessible in relation to this child's needs?	<input type="checkbox"/>	<input type="checkbox"/>
Is the outdoor learning environment safe and fully accessible in relation to this child's needs?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach any supporting documentation (e g . HSE reports) - optional
Document <input type="button" value="Choose File"/> No file chosen

Privacy & Consent	
<input type="checkbox"/>	I confirm that the AIM Informed Consent form has been fully completed, signed and dated by the parent/legal guardian/carer and attached to this application.
<input type="checkbox"/>	I confirm that both the parent/legal guardian/carer and the pre-school manager/key worker have read the guidance document Access & Inclusion Profile Guidelines
<input type="checkbox"/>	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.

<input type="checkbox"/>	Would you like to create an AIM Level 7 application?
--------------------------	--

Notification of Receipt of the Access and Inclusion Profile

Thank you for taking the time to complete the Access and Inclusion Profile. The information you have provided will now be sent to the Better Start AIM Team, who will review the information provided and contact the pre-school setting in due course. You can expect a response within 4-6 weeks from the date of submission of the Access and Inclusion Profile.