



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality,
Disability, Integration and Youth



Forbairt Cáilíocht
Luathbhlianta Náisiúnta
National Early Years
Quality Development

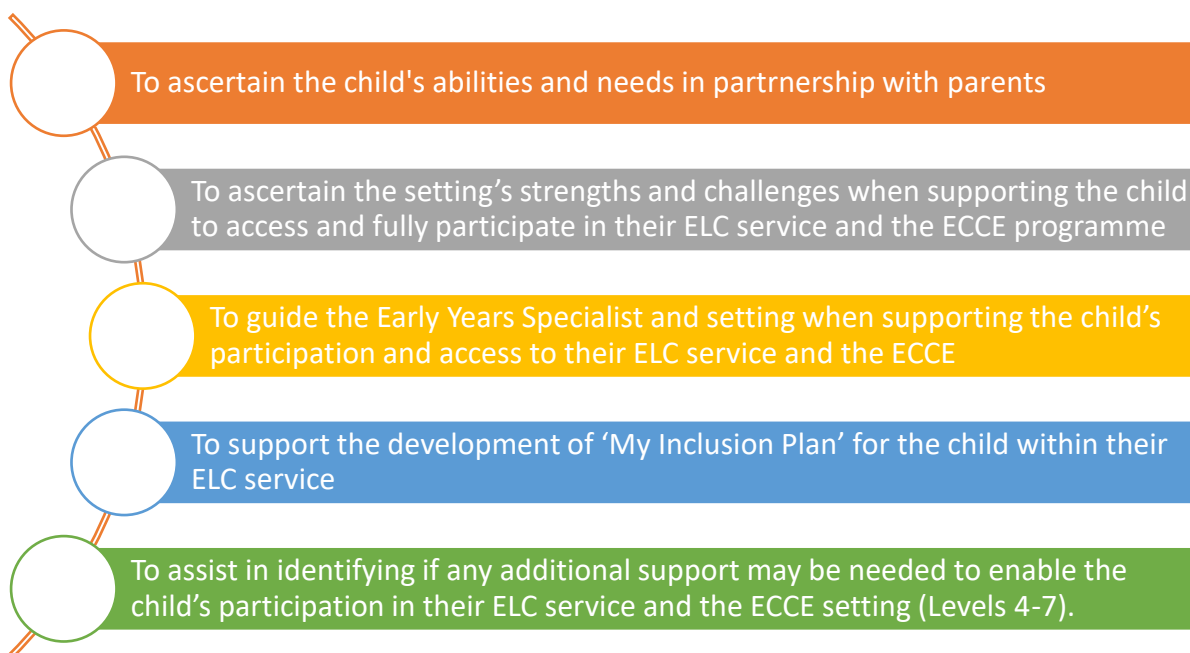
Completing the Access and Inclusion Profile

Guidance note for Early Learning and Care (ELC) settings, parents/ carers/ guardians

Who is the intended audience?

The Access and Inclusion Profile is completed by the Early Learning and Care (ELC) manager, INCO or Key Person in partnership with the child's Parent/Legal Guardian/Carer. This is submitted along with the completed AIM Application Acknowledgement through Hive, so that the service can apply for targeted supports under Levels 4 to 7. The Access and Inclusion Profile takes a strengths-based approach and focuses on the child's abilities as well as needs. The information provided will support the identification of the appropriate level of support required. Applications for support at Level 4 and Level 7 will include an on-site observation visit or an online Service Observation Review with the ELC service by a Better Start Early Years Specialist and a meeting of Better Start Early Years Specialist, ELC manager, INCO, Key Person and Parent/Legal Guardian/Carer.

What is the purpose of the Access and Inclusion Profile?



Before completing the Access and Inclusion Profile

To begin the process of completing the form, the ELC provider should contact the Parent/Legal Guardian/Carer of the child to agree a date and time to complete the form and explain the following:

***Please note that it can take up to 1 hour to complete the Access and Inclusion Profile. You can find a copy of the form at the bottom of this document.**

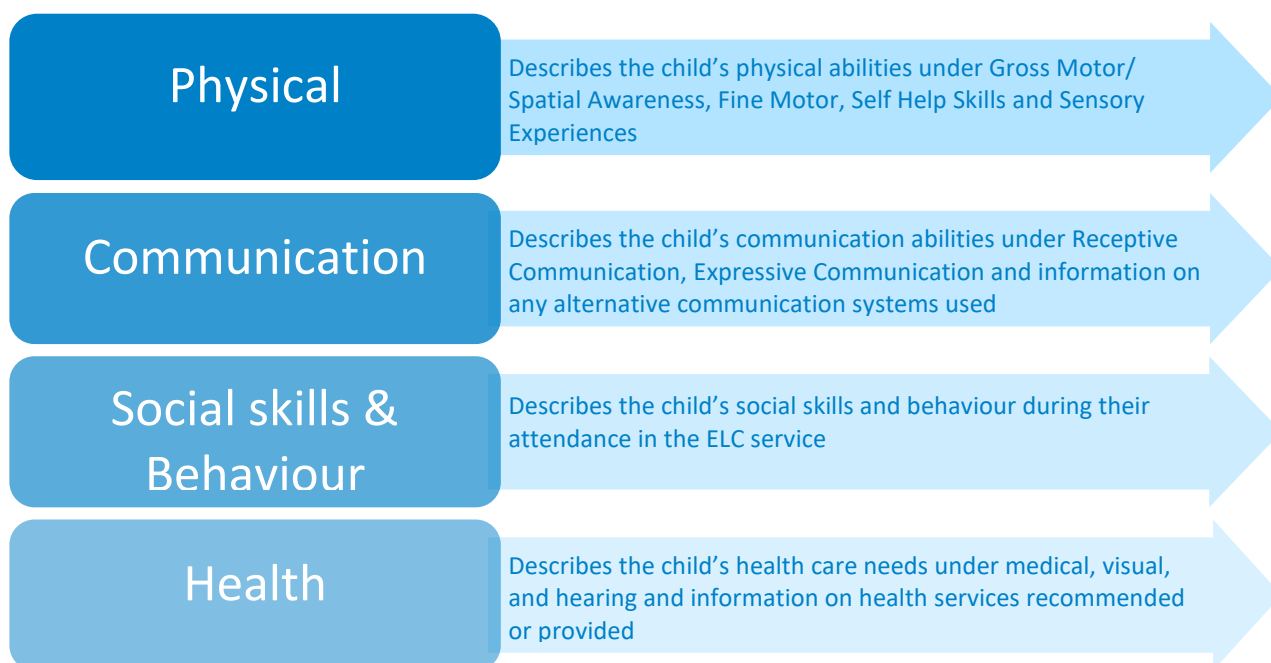
- The Access and Inclusion Profile is completed in partnership between the ELC provider and the Parent/Legal Guardian/Carer.
- [AIM Application Acknowledgement](#) is required. This can be uploaded or completed online.
- Applying for AIM support does not require a diagnosis. However, if the child has had an assessment or a diagnosis, the Parent/Legal Guardian/Carer can provide relevant information (e.g. assessments, Assessment of Need Summary Report). Copies of relevant documentation can be uploaded at the time of submission.
- Contact details of any health professionals involved with the child can be provided at the time of application. The Early Years Specialist may contact the relevant HSE/ HSE funded health professional to discuss how best to support the child's access and participation in the ELC service.

Completing the Access and Inclusion Profile

Completion of the Access and Inclusion Profile will require joint input from the Parent/Legal Guardian/Carer and the ELC service to ensure all sections are completed as accurately as possible.

It is important that all sections of the profile are fully completed. Contact details of the Parent/Legal Guardian/Carer must be included. The ELC service contact details cannot be used for this purpose.

This profile is used to describe the child's abilities under the developmental domains described below, which reflect the key areas of learning and development for the child's participation and engagement in the ELC setting.



For each section you will be able to record only one response under Never, Occasionally, Regularly and Frequently. *If you are unsure of any of the answers, please try and answer with what you think most closely describes the child's abilities and needs in the ELC environment.*

Additional Information

We would encourage you to provide any additional relevant information in the text box provided. In completing this section, please insert any information which would impact on or support the educators including your child in the ELC service. Think about arrivals/departures, the outdoors, transitions from one activity to another, mobility, feeding, toileting and whether the child is receiving funding or support from another agency.

This section also gathers information about the ELC setting, specifically in relation to the strengths and capacity of the setting and the areas on which they would welcome support from the Early Years Specialists.

Submission of the Access and Inclusion Profile

Please visit [Hive Resources - How to create an AIM Level 4 Application](#) to find out more information on how to submit the Access and Inclusion Profile on Hive.

Within 4-6 weeks of submitting the Access and Inclusion Profile, an Early Years Specialist will contact the ELC service to gather further information. It can take between 4 and 12 weeks from the date of submission to when a decision is made.

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. Please visit <https://earlyyearshive.ncs.gov.ie/how-to-guides/better-start-aim/better-start-aim4/> to read the AIM Privacy Statement.

What to do if you have any queries

Please visit <https://earlyyearshive.ncs.gov.ie/how-to-guides/better-start-aim/better-start-aim4/> for information on submitting an Access and Inclusion Profile on Hive.

You can also contact eypc@pobal.ie or 01 511 7222 8am to 6pm Monday to Friday.

Terminology included in the Access and Inclusion Profile

Access refers to the child's ability to attend the ELC service. Supporting access includes removing barriers and catering for the individual needs of the child.

Aistear is the Early Childhood Curriculum Framework in Ireland. Aistear is the Irish word for journey.

Child's interests refer to activities or areas that the child enjoys.

Child's strengths refer to the child's abilities and skills.

Early Learning and Care (ELC) is the setting the child attends. These include sessional, part-time, full day-care services and childminding services.

ELC Manager is the person in charge of the service who completes the Access and Inclusion form with the parents/ carers/ guardians.

Inclusion refers to the child's ability to participate as fully and actively as possible in the ELC service and ECCE programme. Where necessary, appropriate supports will be provided to ensure full and active participation.

INCO The Inclusion Coordinator working within the ELC setting

Key Person has special responsibility for a child. The Key Person works with the child and their parents/ guardians/ carers to ensure the child's care and educational needs are met.

Level 4 Expert Educational Advice and Mentoring will be provided to ELC services by Better Start Early Years Specialists.

The Early Childhood Care and Education (ECCE) programme is the free 2-year pre-school programme provided to all eligible children, from 2 years and 8 months to 5 years and 6 months by the end of the pre-school year before they commence primary school

Access and Inclusion Profile

The Access and Inclusion Profile is completed by the Early Learning and Care (ELC) manager, INCO or Key Person in partnership with the child's Parent/Legal Guardian/Carer and submitted along with the completed AIM Application Acknowledgement through Hive. Before you complete the Access and Inclusion Profile, please ensure that you are familiar with the information outlined in this document. Please ensure that all sections of the Access and Inclusion Profile are fully completed. If the child has not yet started in the ELC service, the responses can be based on information provided by the Parent/Guardian/Carer from the home environment.

Step 1 – Information

AIM 4 Information

Access and Inclusion Profile

The purpose of the Access and Inclusion Profile is:

- To ascertain the child's abilities and needs in partnership with parents
- To ascertain the setting's strengths and challenges when supporting the child to access and fully participate in their ELC service and the ECCE programme
- To guide the Early Years Specialist and setting when supporting the child's participation and access to their ELC service and the ECCE programme
- To support the development of '[My Inclusion Plan](#)' for the child within their ELC service
- To assist in identifying if any additional support may be needed to enable the child's participation in their ELC service and the ECCE setting (Levels 4-7).

Before you begin completing the profile both parent/ guardian/carers and ELC provider/ key person should read the [Access & Inclusion Profile Guidance Note](#).

Additionally, the parent/guardian/carers is asked to print off and read the AIM Application Acknowledgement form. As part of AIM support, parental acknowledgement is required to share information regarding their child with relevant professionals in order to prepare and plan for the child's inclusion in the ELC setting.

Please be aware that all Level 4 applications should be submitted within 6 weeks of the date the application was initially created or it will be automatically deleted.

All online AIM Application Acknowledgement for Level 4 applications should be accepted within 6 weeks of the date the application was initially created or the application will be automatically deactivated.

Programme Call

Step 2 – Parent Child information

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

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

Child Information	
First name	
Last name	
Child's Date of birth	
Child's gender	
Child Identification	PPSN
Child's PPSN	
Attendance Start Date <i>This should be the start date in the programme 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 Acknowledgement	
AIM Application Acknowledgement Type	Document upload AIM Application Acknowledgement

AIM Application Acknowledgement form fully completed, signed and dated by the parent/legal guardian/carer	
Download AIM Application Acknowledgement template	
Document	<input type="button" value="Choose File"/> No file chosen

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 throughout the child’s attendance

Occasionally: This may happen 2-3 times per day and is typically supported by an adult

Regularly: This happens several times per day throughout the child’s attendance

Frequently: This happens continuously throughout the child’s daily attendance

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"/>
Requires a mobility 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 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 or 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 throughout the child’s attendance

Occasionally: This may happen 2-3 times per day and is typically supported by an adult

Regularly: This happens several times per day throughout the child’s attendance

Frequently: This happens continuously throughout the child’s daily attendance

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 throughout the child's attendance

Occasionally: This may happen 2-3 times per day and is typically supported by an adult

Regularly: This happens several times per day throughout the child's attendance

Frequently: This happens continuously throughout the child's daily attendance

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 concerns 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 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 while attending the ELC service?	<input type="checkbox"/>	<input type="checkbox"/>
Does your ELC setting have a policy on administering medicines?	<input type="checkbox"/>	<input type="checkbox"/>
Have staff in your ELC 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.

Early Learning and Care Service <i>The following questions aim to capture information about the ELC 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 & Application Acknowledgement	
<input type="checkbox"/>	I confirm that the AIM Application Acknowledgement 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 ELC manager/key worker have read the Guidance note for the completing the Access & Inclusion Profile
<input type="checkbox"/>	confirm that the parent/legal guardian/carer has read the AIM Privacy Notice - Parents & Guardians and that the ELC manager/key worker has read the AIM Privacy Notice - Service Providers and that the ELC 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?
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Access and Inclusion Model (AIM)

***Please complete all sections requested below when applying for services under AIM**

What is AIM?

AIM is a national initiative that supports access and inclusion in Early Learning and Care (ELC) settings for children with a disability who are eligible for ECCE. 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 ELC programmes (Level 7). **AIM may, where needed to support your child, 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 regarding your child.**

Voluntary Participation

Participation in AIM is completely voluntary. When you choose to apply for services under AIM for your child it is important that you understand how and why your personal data and that of your child will be processed. Full details are provided in the Privacy Notice which can be found at <https://earlyyearshive.ncs.gov.ie/downloads/downloads-bs/>

Under data protection legislation, the Department relies on what is called **Task in the Public Interest** to gather your information and that of your child and, only when necessary to provide the services requested, to share this information with the relevant professionals named above. This may include health and other sensitive information which the Department is allowed process to provide **social care systems and services**. This processing of your child’s sensitive personal data will enable the Early Years Specialist and other professionals to support your child’s inclusion and to plan for their transition to primary school. The Department, and Pobal as the scheme administrator, make every effort to keep personal data safe using appropriate technical and organisational measures.

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 NCSE Visiting Teacher report for capital applications

Additional information collected **may** also include:

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

*Child’s Name (block capitals)			
*Service Reference No.		*Service Name (block capitals)	

Acknowledgment

I hereby acknowledge that, in order to receive services and supports under AIM, my personal data and that of my child will be gathered by the Early Years Specialist Service and Pobal and shared with the relevant professionals under AIM who may be involved in provision of services and equipment for my child.

This gathering of information may include an Early Years Specialist observing and noting my child’s learning experiences within the ELC setting under AIM for the purpose of identifying any necessary additional supports that may be beneficial and the development of an Individual Access and Inclusion Plan for use by the ELC setting.

Additional information may also be gathered from health professionals on behalf of the HSE or HSE funded agencies as part of this process and, only when necessary, shared with relevant professionals as mentioned above to allow for the subsequent provision of services and equipment in the ELC programme for my child’s access and inclusion.

I am aware I can withdraw my child from receiving AIM supports at any time but that the information collected to provide the supports received may need to be retained by the Department to meet its auditing requirements (normally 7 years) and any obligations set by the National Archives.

*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	
<i>**if a second parent or legal guardian or carer is available to sign</i>			