

**Circle of Care Treatment Plan For
Level III EBD Funding Application
For School Year:**

Date of Application:

1. Identifying Information:

Student name:

MET:

Birth date:

Grade:

Gender:

Caregivers:

School division/district:

School:

Agencies and personnel involved:

Legal status:

2. Description of Concerning Emotional/Behavioural Problems:

3. Development and Function of Student's Emotional/Behavioural Problems:

4. Diagnostic Information:

5. Summary of School Performance:

6. Identification of Treatment/Educational Goals

Treatment (Shared Service) Goals include:

7. Proposed Multisystem Treatment/Educational Plan:

Treatment Plan (Circle of Care): See attached Circle of Care Plan

Safety Plan:

Educational Plan:

8. Case Management Process:

9. Implementation Costs:

Detailed school division/district costs of implementing the school component of the multisystem education/treatment plan are attached.

Check here if the attendance information, parent/legal guardian and administrator signatures, and signed consent form requested below are already included in an attached funding application form.

Note school attendance for previous 12 months and reasons for absences. If student has not been attending full time in the school, please attach attendance sheet indicating full and part-time days in school, arrangements and services for out-of-school periods, and plan for full time re-entry into school.

I certify that the information contained in this application is true and accurate.

Student Services Administrator

Principal

Date: _____

Date: _____

**NOTICE TO and CONSENT about PERSONAL INFORMATION
and PERSONAL HEALTH INFORMATION**

I UNDERSTAND THAT:

- the school division or private school (the "Applicant") is collecting personal information and personal health information about _____ and needs to share this information in a funding application with Manitoba Education, Citizenship and Youth, to determine funding eligibility on the basis of this application, under the Government of Manitoba's Special Needs Categorical Funding (Level II and III), pursuant to regulations under the Public Schools Act.
- only personal information reasonably necessary to support it's request for funding is being collected by the Applicant under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba. Personal health information is being collected by the Applicant under the authority of subsection 13(1) of *The Personal Health Information Act* of Manitoba.
- any other disclosure of personal information or personal health information by a school division must be authorized under *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.
- any other collection or use of personal information and personal health information by the Department of Manitoba Education, Citizenship and Youth must be authorized under *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.
- Manitoba Education, Citizenship and Youth will not disclose the personal information or personal health information provided in the application without my consent, unless the disclosure is authorized under *The Freedom of Information and Protection of Privacy Act* or under *The Personal Health Information Act*.
- this personal information and personal health information which is being collected by the Applicant for the submission to Manitoba Education, Citizenship and Youth is protected by *The Freedom of Information and Protection of Privacy Act* or *The Personal Health Information Act*.

On behalf of my minor age child/ward,
I CONSENT to the collection, disclosure and use of my child's personal information and personal health information for purposes and under the conditions noted above.
I HAVE BEEN INVOLVED in an individual planning process for above named child and agree to the proposed plan and funding application to Manitoba Education, Citizenship and Youth.

 Parent Legal Guardian

Date

I am 18 years of age or older and,
I CONSENT to the collection, disclosure and use of my personal information and personal health information for purposes and under the conditions noted above.
I HAVE BEEN INVOLVED in an individual planning process and agree to the proposed plan and funding application to Manitoba Education, Citizenship and Youth.

 Student

Date

**Please refer questions to: Student Services Administrator - Funding Process/Application
Freedom of Information & Protection of Privacy Coordinator - About this consent form.**

Circle of Care Treatment Plan

Shared Service Goal	Home Environment	School Environment	Other
Shared Service Goal:			

Safety Plan

Goal	Strategy	Resources	Backup
Goal:			