The Autism Society of PEI

Navigation Handout

There are many different programs and services on Prince Edward Island for both individuals and their families touched by Autism.

Please note:

Many programs require documentation of the disability in order to access the provided services. If your documentation is in a language other than English or French you may want to pursue getting it translated by a health care professional and signed off on to diminish wait times of translating the document.

A Provincial Health Card will be required as well to access services. After arriving to PEI, you may apply for the health card. Provincial Health Card information can be found at:
https://www.princeedwardisland.ca/en/information/health-pei/pei-health-card

1. **Accessibility Supports Program**
   Funding based on a Needs Assessment done by a support worker. The amount allotted is based on the assessed need. For example, Respite care needs, incontinence supplies, safety locks, etc.

2. **School Aged Funding**
   $6,600 is allotted each year to every school aged individual who has been diagnosed with Autism. This funding supports community support workers to help with social skills, or funding for tutors. To access school age autism funding speak to your Accessability supports worker.

3. **Disability Tax Credit (Federal)**
   The Disability Tax Credit (DTC) is a non-refundable tax credit that assists persons with disabilities or their supporting persons reduce the amount of income tax they have to pay. Their website is: The Form can be located at:
   https://www.canada.ca/content/dam/cra-arc/formspubs/pbg/t2201/t2201-18e.pdf

4. **RDSP (Registered Disability Savings Plan)**
   If the individual qualifies for the DTC (Disability Tax Credit) they will also qualify for the RDSP. More information regarding RDSP's can be found at:
   https://www.canada.ca/en/employment-social-development/programs/disability/savings/rdsp.html

Here are some additional Services provided through community organizations similar to the Autism Society. They include:

Stars For Life Foundation for Autism

Stars For Life work with students on the Autism Spectrum who are over the age of 18 with a focus on education, housing, day programing, and employment services. You can locate their website at:
https://starsforlife.com/

Serene View Ranch

Serene View Ranch is a team of health professionals dedicated to supporting mental health challenges, especially those that are trauma based. Their website can be found at:
https://www.sereneviewranch.com/

Sylvan Learning Centre

Sylvan Learning offers a variety of services including personalized tutoring, Test Prep, Academic Coaching and much more. Their website is located at:
https://www.sylvanlearning.com/

Project LifeSaver PEI INC

Project LifeSaver provides timely responses to save lives and reduce potential injury for adults and children who wander due to Alzheimer's, autism, and other related disorders or conditions. Their website is located at:
https://www.projectlifesaverpei.ca/

Triple P Parenting

Triple P uses simple, positive tips to help Islanders and caregivers face typical challenges or raising children and teens. The Positive Parenting Program offers various levels of support to parents including a stay positive public awareness campaign, large group parent seminars, parenting skills and supports along with intensive family interventions. More information about Triple P Parenting supports can be located at their website:
https://www.princeedwardisland.ca/en/information/social-development-and-housing/triple-p-positive-parenting-program

The Island Helpline (Canadian Mental Health)

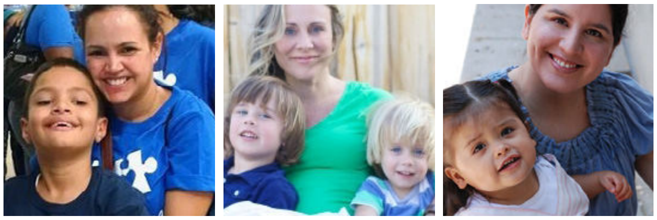
1-800-218-2885 or visit their website at:
https://www.theislandhelpline.com/

PEI 211

Connect with Social, Government, and non-urgent free and confidential health services 24 hours a day 7 days a week. Text or Call 2-1-1 via phone or visit their webpage at:
https://www.princeedwardisland.ca/en/information/211-pei

Social ABC’s

The Social ABC’s program is a structured, evidence-based early intervention program for children identified as possibly having autism spectrum disorder (ASD), providing families with intervention support at the first signs of concern, even before diagnosis. Parents will play a major role in the program.
The website for Social ABC’s is: https://www.socialabcs.com/



autism speaks®

Parent's Guide to Autism

AUTISM
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Table of Contents

Introduction

If your child has recently been diagnosed with an autism spectrum disorder, you have come to the right place. ***A Parent's Guide to Autism*** was developed as part of Autism Speaks' series of *Family Support Tool Kits* to support you and promote a positive future for your child and family during an often challenging time. You are not alone in this journey and this guide is a step toward finding the help you need to travel the road to optimal outcomes for you, your child and your family.

The Autism Speaks 100 Day Kit for Newly Diagnosed Families (versions for both children under 5 and school age children) was designed to provide you with the information and tools you need to make the best possible use of the days following the diagnosis. It is a comprehensive tool filled with facts and resources such as information about symptoms, treatment, legal rights and advocacy. The *100 Day Kit* can be found at AutismSpeaks.org.

A Parent's Guide to Autism will help you:

- *Learn about how autism may impact your family.*
- *Find strategies and resources for raising a child with autism.*
- *Find support so you don't feel alone or isolated.*
- *Reduce the negative impact of the diagnosis on your family.*
- *Promote a positive future for your child and family.*

For additional guidance and support, the ***Autism Speaks Autism Response Team*** is here to help. The team is specially trained to connect you and your family to resources and information specific to your child's strengths and challenges.

Contact the team at
FamilyServices@AutismSpeaks.org
(888) 288-4762
(en Español 888-772-9050)

Response to the Diagnosis

Learning that your child has been diagnosed with autism is a powerful moment in your life. Suddenly your life may feel very different from what you expected it to be. You worry first about your child and what it will mean for his or her life experiences. You worry about how you and your family will adjust to this in the years ahead. You worry about the day-to-day challenges of caring for your child with autism.

This is an important turning point in your life as well as the lives of your child and other family members. Getting emotional support and factual information to help you cope and promote a positive future for your child and family will be critical during this period.

**For the purposes of this tool kit, the term "autism" will be used to describe children with all types of autism spectrum disorders, including Autistic Disorder, Asperger Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)*

Common Reactions to the Diagnosis

Each family's reaction to the diagnosis will be different depending on many factors. When a child is diagnosed with autism, parents and other family members frequently experience a range of uncomfortable emotions. Whether or not you have suspected something for awhile or the diagnosis seems to have been out of the blue, many parents experience shock when they hear the words, "your child has autism."

You may go through periods of denial or refusing to believe this is happening to your child. During this time, you may not be able to hear the facts as they relate to your child. Denial is a way of coping. It may be what gets you through a particularly difficult period. It is important to be aware that you may be experiencing denial, so that it doesn't interfere with making good decisions about your child's treatment.

Some parents mourn some of the hopes and dreams they held for their child before they are able to move on. There will probably be times when you feel sad. Allowing yourself to feel sadness can help you grow. You have every right to feel sad and to express it in ways that are comfortable. Anger is also a natural part of the process and you may find that it's directed at those closest to you. Anger is a healthy and expected reaction to the feelings of stress that come with your child's diagnosis. Expressing your anger is natural and at times healthy.

There are times you might feel isolated and lonely. These feelings come from a variety of sources when you experience a diagnosis or other significant life change. Loneliness may also come from the fact that you simply don't feel you have the time to contact friends or family for company. You may also feel that if you did reach out to others, they wouldn't understand or be supportive.

It's easy to become overwhelmed with your emotions and concerns about what the future may hold. Painful emotions are natural. If you accept your reactions and acknowledge your feelings, you will be able to move forward and begin advocating for your child. Emotions are powerful. If you deny your feelings or ignore them, they will often surface in unpleasant ways.

Ultimately, you will likely feel a sense of acceptance. Your life may not look like what you had planned and you may have to alter your expectations, but your goal remains the same: to help your child live a happy and fulfilling life. Once you accept the diagnosis, you will be ready to advocate for your child and start working toward a brighter future.

Common Areas of Concern

Like any stressful event in your life, learning your child has autism will affect everyone in your family and network of friends. It's probably not a surprise that your role as parent will change and you will go through many positive and negative experiences in your new role. Below are examples of new feelings you may encounter:

- *May feel burden with everyday responsibility of caring child with autism.*
- *May feel pressure to become an autism expert and learn everything overnight.*
- *May worry about child and family's future.*
- *May have difficulty finding balance and time to manage household tasks, other children, daily activities, etc.*
- *May be less inclined to share feelings.*
- *May become stressed about the family's finances and the unknowns of the situation.*
- *May develop other problems such as stress and anxiety that can affect work life.*

It is important to know that most families find a way to work together, grow stronger and learn ways to reduce the negative impact of the diagnosis and promote a positive future for their children and families.

When to Seek Professional Help

If you are experiencing several of the following signs and symptoms over a period of time, you may want to seek professional counseling:

- *You have trouble sleeping and don't feel rested when you do sleep.*
- *You can't control your negative thoughts, no matter how hard you try.*
- *You have lost your appetite or you can't stop eating.*
- *Others point out that you seem irritable, short-tempered or more aggressive than usual.*
- *You are consuming more alcohol than normal or engaging in other reckless behaviors.*
- *You have thoughts that life is not worth living.*

If you have trouble working through your emotions within a reasonable timeframe or you feel unable to function in your usual ways, it may be a good idea to seek professional help. Professional help can prevent serious problems from developing in the future. It can help to empower us to face challenges more effectively.

Your Role as a Parent

Your Child's Advocate

When your child is first diagnosed, you will likely find yourself fulfilling many roles: care coordinator, therapist, parent, teacher, etc. One of the most important roles you will have is serving as your child's advocate. Advocating for your child will be a lifelong journey that will require different skills depending on your child's needs.

In her book, *Everyday Advocate: Standing Up for Your Child with Autism*, Areva Martin describes seven principles that can be applied to serve as an effective advocate for your child:

1. ***Take Responsibility - Be a leader***
2. ***Learn - Be an expert***
3. ***Think Critically - Be discerning***
4. ***Speak with Authority- Be proactive***
5. ***Document - Be prepared***
6. ***Collaborate - Be a team builder***
7. ***Educate - Be a voice for your child***

Martin's book offers examples of each principle as it relates to real world activities that parents can do to advocate for their child with autism.

Supporting Your Other Children

Parents of children with autism can be under tremendous stress. It may seem like there is never enough time to do everything that needs to be done. So much focus and attention is placed on the child with autism, that it is common for parents to have little time or energy left to focus on their other children.

Brothers and sisters of children with autism frequently face their own challenges. Much more may be expected from these siblings. They often need help understanding the emotional reactions they are experiencing as a result of the many changes occurring in their lives. This support is essential to their future well-being.

Some things your other children may be struggling with:

Young children may not understand what is wrong with their brother or sister. *They may be confused and unable to fully comprehend the implications of diagnosis.*

They may have feelings of jealousy and resentment *if they see that their parents are spending less time with them compared to their brother or sister with autism.*

They may feel angry over unequal treatment *if their brother or sister is not disciplined in the same way they are or given similar chores to do.*

They may feel embarrassment *with friends or in community settings where strangers react negatively because of their sibling's unusual and sometimes aggressive behaviors.*

They are often frustrated *by the fact that they are not able to get their brother or sister to respond or interact with them in "normal" ways.*

Quietly, and sometimes secretly, siblings worry *about their brothers and sisters and their parents as everyone in a family is impacted by the disorder in some way.*

Many children are unable to express their feelings *so sometimes revert to "acting out" behaviors. For example, they may misbehave by defying their parents or getting into trouble at school.*

Strategies for supporting your other children:

It is important that your other children understand autism *and what is going on with their brother or sister. Talk with them early and often in age appropriate ways. Many books and other resources are available to help them to understand this diagnosis, some of which are listed on the Books page of the Autism Speaks Resource Library.*

Help your children learn how to play and form relationships *with their sibling with autism. There are a few simple things that you can do that will help with this, including teaching your other children how to get their sibling's attention and give simple instructions. It's also important to praise all your children when they play well together.*

Find sibling support groups *that can help them build friendships and relate to other peers who have a sibling with autism.*

Don't hesitate to consult a professional if you feel your child is internalizing most of his or her feelings or beginning to act out. The earlier you address this, the better. It is not a failure to ask for this type of help. Rather, it is a sign of strength and evidence of good parenting.

Ten Things a Parent Can Do to Help Their Child with Autism

This is a post by Kimberlee Rutan McCafferty, mother to two sons on the autism spectrum and an Autism Family Partner at the Children's Hospital of Philadelphia (CHOP). Kim is also the author of a blog about her two children with autism, at ***AutismMommyTherapist.Wordpress.com****. Her book "****Raising Autism****" is available on Amazon.*

Thirteen years ago this fall our beautiful son, Justin, was diagnosed with PDD at seventeen months of age. He would later go on to receive an "official" autism diagnosis, and would remain on the more severe end of the spectrum. I will never forget the day he was diagnosed – it was both comforting to put a name to something I'd suspected he'd had for a long time, and overwhelming because I just didn't know what to do next. I remember leaving the developmental pediatrician's office wishing someone had given me a checklist of things to accomplish which would help both him and our family in those early days post diagnosis.

Here are some things I did (and some things I wish I'd done) – I hope they are helpful to you and your family. Number ten is the most important!

1) No matter how exhausted you are, get your child out in the community. It was a struggle with us with Justin (I have the tiny little bitemarks on my body to prove it) but getting him out so he could have a repertoire of leisure activities was crucial to his happiness and to our family's. It set him up for a lifetime of being able to try different things, which will set him in good stead when I'm no longer here to take him places. Yes, I'm always planning.

2) If you haven't already done so, join a parent group and/or your school district's special education PTA. You will make invaluable connections at both. Try to find parents of kids with your kid's level of autism as you're making friends. These people will be a wealth of information for you and a lifeline.

3) If you can afford it, hire an advocate to check out your child's school program. A fresh set of eyes may see areas that need to improve, or may reassure you that they are doing all they can for your son or daughter. It's always good to know one in case you need an advocate at an IEP meeting. If you've already met, you won't be scrambling to find one.

4) If possible, volunteer at school functions or offer to be a class mom. This is a great way to get to know your child's teacher and your school's administrators better. You may also make friends with other parents too.

5) No matter how difficult your child can be, take any offer of babysitting you can and get out. You need a night off from autism once in a while. Even if it's for a few hours, a break will help.

6) Now that your child's program is set, tackle the big issues one at a time- perhaps it's sleeping, or eating, or potty training. If your child is in a private school there may be a BCBA on staff who can help you. If not and you can afford it, consider hiring a BCBA from an agency. Pick an issue and prioritize.

7) Educate your friends and family as to what's going on in your household. Perhaps you've been too tired up to this point to talk to people not in the "tribe" about what raising an autistic child is really like. It's time to tell them and ask for the support you need, even if it's just an ear to listen. My husband and I kept too much to ourselves, and if I could go back in time I'd be more open with everyone in our lives.

8) Make those doctor appointments for yourself that you've been putting off. Just do it.

9) Get involved in an autism walk in your community. It is so powerful to meet so many families like (and unlike) yours. It will give you strength.

10) I can't stress this one enough – take care of yourself, not just your kid. Autism is a marathon, not a sprint. You owe it to yourself and your child to be whole, healthy, and happy. Do whatever it takes to get there.

Building a Support Network

In today's world, there are a variety of family models and this can be especially true for parents or guardians of children with autism.

Whatever your family structure, you can expect you will need support and help at many times in your journey as a parent of a child with autism. It's important to remember to maintain relationships with your family, friends and community in order for your support network to be there when you need them the most.

Keeping your Marriage Strong

It is important to stay as connected as possible to your spouse and keep the lines of communication open. In addition to the normal demands of marriage, parents of a child with autism may also experience:

- *Additional stress from navigating the maze of agencies, funding sources and paperwork to help your child.*
- *Loss of income due to one parent not working in order to care for your child and the additional expense of hiring and managing specialized caretakers.*
- *Different points of view regarding your child's challenges and decisions about treatments and interventions.*
- *Loss of friendships or loss of time and energy to maintain outside friendships.*
- *Worries about the long-term future of your family.*
- *Changes in your retirement plans, your ability to take vacations or explore enrichment activities, etc.*

Tips to keep your marriage strong while dealing with the everyday challenges of living with autism:

- *Communicate! The more you can communicate in challenging times, the stronger you will be as a couple. You and your spouse may not react to your child's diagnosis in the same way, but try to explain how you feel and listen carefully as your spouse shares his or her feelings as well.*
- *Talk openly about problems as they occur.*
- *Be kind to yourself and your spouse during this difficult time.*
- *Work together to learn all that you can about autism.*
- *Help each other focus on the present and what you can do to make things better today.*
- *Spend time together. Plan some alone time, even if it is just a few hours a week, to relax and have fun together. Try and enjoy the leisure activities you did before your child was diagnosed with autism.*
- *Share the responsibilities at home when possible. Work together on chores, childcare, homework and other household tasks.*
- *Get help if you need it. A marriage counselor can help you and your spouse sort through your feelings and maintain a healthy marriage.*
- *Sort out what is important and what isn't important to the two of you. Take a close look at the best ways to make a good life for you and your family.*

Support for Single Parents

While stress affects all parents, single parents who have a child with autism may experience even more challenges. Single parents are often forced to take on several roles. They may be responsible for both the overall emotional and financial needs of their families while also caring for a child with special needs.

Come to an agreement that involves both parents. *If possible, start with your child's other parent and try to establish "agreements" that support everyone. The best situation is for your child to have frequent contact with the non-custodial parent so that your child will interact with both parents. This also gives the custodial parent a break or some down time.*

Build a support network of friends and relatives. *If you don't have family in your local community, you may want to consider moving closer to family or friends where you and your child will have a support network to fall back on.*

Take time for yourself. *If you can't depend on family or friends, find respite care in your area, so you can recharge and focus on yourself even for a short time each week.*

Social Networking – Find Support Online!

Many parents turn to the internet to avoid feeling isolated. Today's social networking sites will make it easy to seek out support from likeminded parents on the web. Social networking sites such as Facebook, Twitter and autism blogs will allow you to:

- *Connect with parents in similar situations, who are facing the same challenges.*
- *Ask specific question and get immediate feedback.*
- *Get support from other parents without having to travel or leave home.*
- *Read communications from trusted health organizations.*

Remember, your child with autism is part of a family and community. Family and friends are more likely to play a part in your support network if they understand your needs and the needs of your child. Do your best to keep family and friends informed and updated on your child's progress, as well as anything they might be able to do to help.

Taking Care of Yourself

Caring for a child with autism can be physically exhausting and emotionally draining. Parenting responsibilities can create extraordinary stress. Trying to balance your time and energy with the needs of your other children, the needs of your marriage and your own personal needs is not easy. It takes time to find a good balance and put it into practice.

What You Can Do for Yourself Right Now

Practice self-care.
Even if it is just for 15 minutes a day, take a breather. You need to take care of yourself in order to be able to take care of others. Take time to yourself so you can run errands, relax or enjoy time with your partner or other family members.

Acknowledge what you have accomplished.

It's easy at the end of the day to think about all the things you haven't been able to do that day. But this tends to discourage us from trying later. Instead, think about all that you did accomplish that day. You will be amazed at how long that list is, and you will feel better about getting started the next day.

Focus on the positive.

Nothing in life is perfect. Every situation has positive and negative aspects to it. Focusing on the positive, such as the progress your child is making or the amazing speech therapist you found, will give you the energy you need to move forward.

Continue family rituals.

When possible, continue your family routines or rituals. This will be helpful for your entire family. It may be a Friday night trip to the movies, or Sunday lunch in the park. Tradition and rituals give your family an increased sense of stability and create fun times to enjoy together and to remember.

Give yourself time to adjust.

Be patient with yourself. It will take some time to understand your child's disorder and the impact it has on you and your family. Difficult emotions may resurface from time to time. There may be times when you feel helpless and angry that autism has resulted in a life that is much different than the one you had planned. Remember, you will also experience feelings of hope as your child begins to make progress.

Make time for your friends.

Many parents report that long-lasting friendships have given them the strength and comfort during the most difficult times. If you feel isolated, it's time to take action.

Explore creative interests outside of autism.

Try to exercise or explore some creative interests. Take the time to realize that you are important and are more than just the parent of a child with autism.

Get involved with the autism community!

Sometimes families of individuals with autism find themselves feeling isolated from others. It is important to connect with families that share similar experiences and seek the support of others. We encourage you to reach out and come together with other families at one of the many *Autism Speaks Walks* held around the country. For more info on how to get involved, visit AutismSpeaksWalk.org.

Respite Care

If you don't have a family member or friend to babysit, find respite care in your area so you can recharge and focus on yourself even for a short time each week. Building a relationship with a respite provider gives you a reliable caregiver for your child if there is a family emergency. Respite care allows you to take a break in order to relieve you and prevent stress and fatigue. When you are ready to interview respite care providers, keep in mind that the most important step is to observe how the respite worker interacts with your child with autism and your family. If possible, have the worker spend supervised time with your family member. Below is a checklist of what you will want to discuss with a potential respite worker:

- *Previous work experience with an individual with autism*
- *Background checks*
- *Training sessions*
- *Behavioral concerns*
- *Safety issues*
- *Availability and flexibility*
- *Work references*

To find respite care in your area, please look at our online *Resource Guide* for your state's information: AutismSpeaks.org/Resource-Guide.

How I Let Go of My Expectations and Learned Unconditional Love

Ths is a post from blogger Chrissy Kelly who has two sons on the autism spectrum.
*Read more from Chrissy's blog, **Life with Greyson + Parker**, at **LifewithGreyson.com**.*

With one final, excruciating push he flew into the world. All the pressure was released and for the first time in so long I am able to take in a deep inhale. In that same very instant a brick house of expectation was also born.

He was perfect. Ten fingers and toes and I sighed, and fell in love with every single blessed detail. Soaked him up and felt it - the sweetest, purest love. I didn't know it existed quite so lucidly. My expectations already had his life all planned out for him.

He will smile and sit and crawl and one day even walk. He will say Momma, and love ice cream. He will dress up for Halloween. He will love his birthday. He will say the funniest things. I will read him books at night and scare the monsters away from under his bed. He will ask for extra pancakes and wrap me around his currently teeny tiny finger.

He will go to school. He will be smart. I will help him with science projects and pretend to be annoyed but actually love it. He will play sports, and be a humble winner and the very best loser. He will be fast. He will be brave. He will be kind. He will go to college and get married and have babies.

I had great expectations. And then right before his third birthday, I heard the words, "Your son fits the diagnostic criteria for autism". In an instant, my boy's life vanished right before me.

I didn't realize at the time, but it was really just the death of expectation. You see, I confused the two; my real boy and the son I expected him to be. And mourning expectation is so very hard. Letting go of years worth of day dreams doesn›t happen in a day or a week. And like many before me, I deeply grieved the loss of that expectation. Some of what I expected for me. Some of what I expected for him. I ached for each and every single one of those experiences I might not ever have.

But the more I shed the pain of expectation, the better I got to know my boy.

The real one I got, not the made-up one I expected. He doesn't deserve to be expected to be anyone other than who he is, and who he is - is amazing. It took time and strength and a determination to willingly let my expectations go, without throwing hope out at the same time. To wake up every day still, and decide to let go again and again. And the truth is that my real boy is alive and better than any of my wildest expectations- in ways completely different than I could have even imagined.

And as far as his future - anything is still possible. I just don't need certain things to happen in certain order to be happy and to measure the worth of my parenting experience.

The truth is, for most of us, reality is nothing like we expected. It is only in the letting go of our expectations that we are able to realize that our reality may not be so bad at all. When you are living an unexpected life it is easy to focus what you don't have. But there is also incredible beauty, perspective, love and experiences that come with the unexpected. It's so important that we notice those gifts too.

Sometimes I have moments when I still focus on the death of the expected. But now I remind myself how awful it would feel if someone constantly expected me to be different - and to be someone I'm not.

I've learned the very definition of unconditional love is choosing to love someone exactly for who they are.

A love not based on expectations, but on reality. I've finally knocked down that brick house of expectations. Turns out it was hiding the most incredible view.

Frequently Asked Questions from Parents

Q: My daughter is 2 years old and was recently diagnosed with autism. I have some family members who keep insisting she's just delayed. Can you give me any suggestions for how to respond to them?

Your situation is very common in families of children diagnosed with special needs, most especially autism. There are so many emotional processes that are occurring for the family as a unit and for each family member individually after getting this diagnosis. Of course there is the initial shock that can send you spiraling into a true grieving process, and each of you in the family will work through this in your own time frame. Part of that process includes a stage of denial as particularly seen from family members who aren't living with your child day-to-day. It's probable that it will take them longer to come to terms with the diagnosis. In addition to everything else you are doing, you must also remain patient for this to happen. Family members who love your child will benefit most from learning about autism so they can adapt their interactions and expectations to more appropriate levels.

There are also professionals and effective support groups in your community who have a lot of experience and expertise in understanding this process. They may be able to provide you and your extended family with assistance.

Q: My husband refuses to accept the diagnosis and will not attend appointments with our doctor. What can I do?

This is not uncommon, where one parent accepts the diagnosis and the other is in denial. Denial happens both to fathers and mothers. As difficult as it may be for you at a time like this, you must be patient and supportive. Your spouse will eventually work through his or her denial. Meanwhile, you might try to recommend a book or share an article about autism, but be careful not to pressure. Most people need to do this on their own terms.

Q: Since my son was diagnosed, I've felt overwhelmed and I can't even bring myself to read anything about autism.

Being an advocate for your child with autism will most likely be a lifelong activity. Early on when faced with the diagnosis, parents are easily overwhelmed by the news. They feel confused, fearful and angry. Many tire easily as they try to cope. It is helpful to remember that you are not alone, that others are going through this so there is support available for you. Keep a folder of articles and other information material so that when you are able to read it, you will have it available. Pace yourself and in time you will do what needs to be done and your efforts over time will make a difference.

Q: My family's involvement in church is important to us. How do I get my church to be more accepting of my son?

For many people, including those members of your church, autism is not something they may have experience with or adequate information about, so you must help educate them. A good place to start is with your pastor or minister. See what he or she knows and offer information as needed. Sometimes a leader will incorporate the related issues into a sermon or lesson. He or she can also suggest folks who can be approached as more open to learning about autism. Then, suggest the church invite a professional to do a workshop on special needs children, with emphasis on the challenges associated with autism. Suggest the church develop a plan to accommodate special needs children in their various activities such as the Sunday school classes, the worship service, the choir, etc. At some point, it may be helpful to bring in a behavioral specialist to work with and train the staff. It may mean asking teachers, parents and other trained professionals in the church to volunteer time helping out in Sunday school, modifying the lessons, etc. Get your community involved and they will thank you later!

Once members of your congregation are given accurate information, they will become more open and supportive. You may have to suggest ways they can become involved with your child and with advocacy organizations. There are so many opportunities for the religious community to get involved and to partner with parents. As advocates, parents have a unique opportunity to lead the charge.

Q: How do I know everything possible is being done for my child? Sometimes it seems like not enough progress is being made.

Almost daily, every parent with a child with autism asks this question: is there more that can be done to help my child? We work as hard as we can, yet very often we feel as though we aren't doing enough. It is also easy for us to project this on to others involved in our child's life. In fact, historically, not enough has been done and in many ways, more should be done in today's world. This is what advocacy is all about. We must continue to push for the best treatments and services available.

Meanwhile, we must recognize that there are some limits that we have to accept. Treatments available today have limits. We are learning so much, but we have a long way to go. Government funding clearly has limits, especially in today's economy. Teachers are frequently overworked with too many students. Sometimes it does help to focus on what is being done and to acknowledge our efforts and the efforts of others. At the same time, as suggested above, parents must be their child's biggest advocates.

When you look at what you do each day, you may want to give yourself a compliment for what you have accomplished. Your child is doing the best he or she can given the many challenges he or she faces daily. Be kind to yourself and remember that your child with autism, like all children, is going to grow and develop at his or her own pace. While we may want to see our children go from one sentence to five paragraphs in a semester, we must accept and celebrate what they do accomplish and gently encourage them forward. Consulting with outside professionals, such as educational therapists, can also help you set goals and look at progress realistically. On this journey, we have to redefine success and progress. It has to be based on our own child's gifts, and nothing else!

Q: Is there any financial assistance available to assist in the care and education for our child with autism?

Financial difficulty is one of the biggest stressors that families with special needs children face. There seems to never be enough funding or financial help available and each family often finds that their own resources are stretched by providing for their child with little hope of reimbursement for all that gets spent.

The primary funding source for your child's services is mandated through a United States federal law, the Individuals with Disabilities Education Act (IDEA). IDEA governs how states and public agencies provide early intervention, special education and related services to children with disabilities.

In addition, your family's medical insurance may reimburse you for autism services, such as speech therapy or behavioral health treatment, such as Applied Behavior Analysis. Start by speaking with the human resources department where you or your spouse work, and inquire about insurance reimbursement for autism services. Many states now have government agencies monitoring the health insurance industry so this can be a back-up resource to explore benefits as needed.

Continuing to advocate for increased funding by the government and by the insurance industry is important. For more information about autism insurance reform in your state, visit the Autism Speaks website.

Q: My wife and I worry that over time our other children will develop deep resentments for all the attention and "special treatment" their brother gets and this could negatively impact their lives. Do you have any suggestions for raising our other children so they don't feel resentment?

Sibling rivalry occurs in all families with more than one child and it can be especially complex when it involves a child with special needs. There is no way to avoid giving some extra attention and treatment to a child with autism. For siblings of children with autism, these feelings may develop early because the children may be together all the time.

Constantly checking in with your other children about how they are doing, what they need, etc. is a good start. Finding time to be with each child individually also helps immensely, when possible. Involving grandparents, aunts, uncles, trusted neighbors, etc., may help as well.

Children at various ages have the capacity to understand the special needs of someone else if you take the time to explain in terms they will understand. Explain behaviors they see in their brother or sister and why you respond differently to deal with these situations. While you don't want them to become surrogate parents, they do need to know some basic explanations. Also, creating a safe space for them to talk about their feelings with you or with others can prevent later development of toxic resentments. Helping your other children find successful ways to play or interact with their brother or sister is powerful.

Siblings may sometimes feel guilty because they do feel resentment and anger, or even just because they are "normal" while their brother or sister is not. Guilt and resentment are normal growing up issues, made more complex often because of a special needs sibling. But like any feeling, they can be talked about and processed so that your other children move forward in their own emotional development and life journeys.

Resources

Autism Speaks Autism Response Team

*The **Autism Response Team (ART)** is specially trained to connect people with autism, their families and caregivers to information, tools, and resources. A team member can help you find resources to meet your family's specific needs.*

888-288-4762 (en Espanol 888-772-9050)

FamilyServices@AutismSpeaks.org

Autism Speaks 100 Day Kit for Newly Diagnosed Families

*The **100 Day Kit** was created to help families make the best possible use of the 100 days following an autism diagnosis. Important topics include understanding symptoms, accessing services, finding the right treatments and knowing your child's rights.*

AutismSpeaks.org/Family-Services/Tool-Kits/100-Day-Kit

Versions for both young children (under 5) and school age children (5-13)

Autism Speaks Tool Kits

Autism Speaks has developed nearly 50 tool kits for parents and caregivers of children and adults with autism on topics ranging from toilet training and challenging behaviors to housing and employment for adults. All tool kits are available free of charge.

AutismSpeaks.org/Family-Services/Tool-Kits

Find a Local Resource: Autism Speaks Resource Guide

*The **Resource Guide** contains tens of thousands of local resources including pediatricians, behavioral therapists, after school programs and more.*

AutismSpeaks.org/Resource-Guide

Autism Speaks Walk

*The **Autism Speaks Walk** is a great way to connect with families and services in your area. Autism Speaks Walk is the world's largest autism fundraising event dedicated to improving the lives of people with autism. Powered by the love of parents, grandparents, siblings, friends, relatives, and supporters, the funds raised help ensure people of all abilities have access to the tools needed to lead "their best lives".*

AutismSpeaksWalk.org

**Have more questions or need assistance?
Please contact the Autism Response Team for
information, resources and tools.**

TOLL FREE: 888-AUTISM2 (288-4762)
EN ESPAÑOL: 888-772-9050

Email: FAMILYSERVICES@AUTISMSPEAKS.ORG
AUTISMSPEAKS.ORG/ART

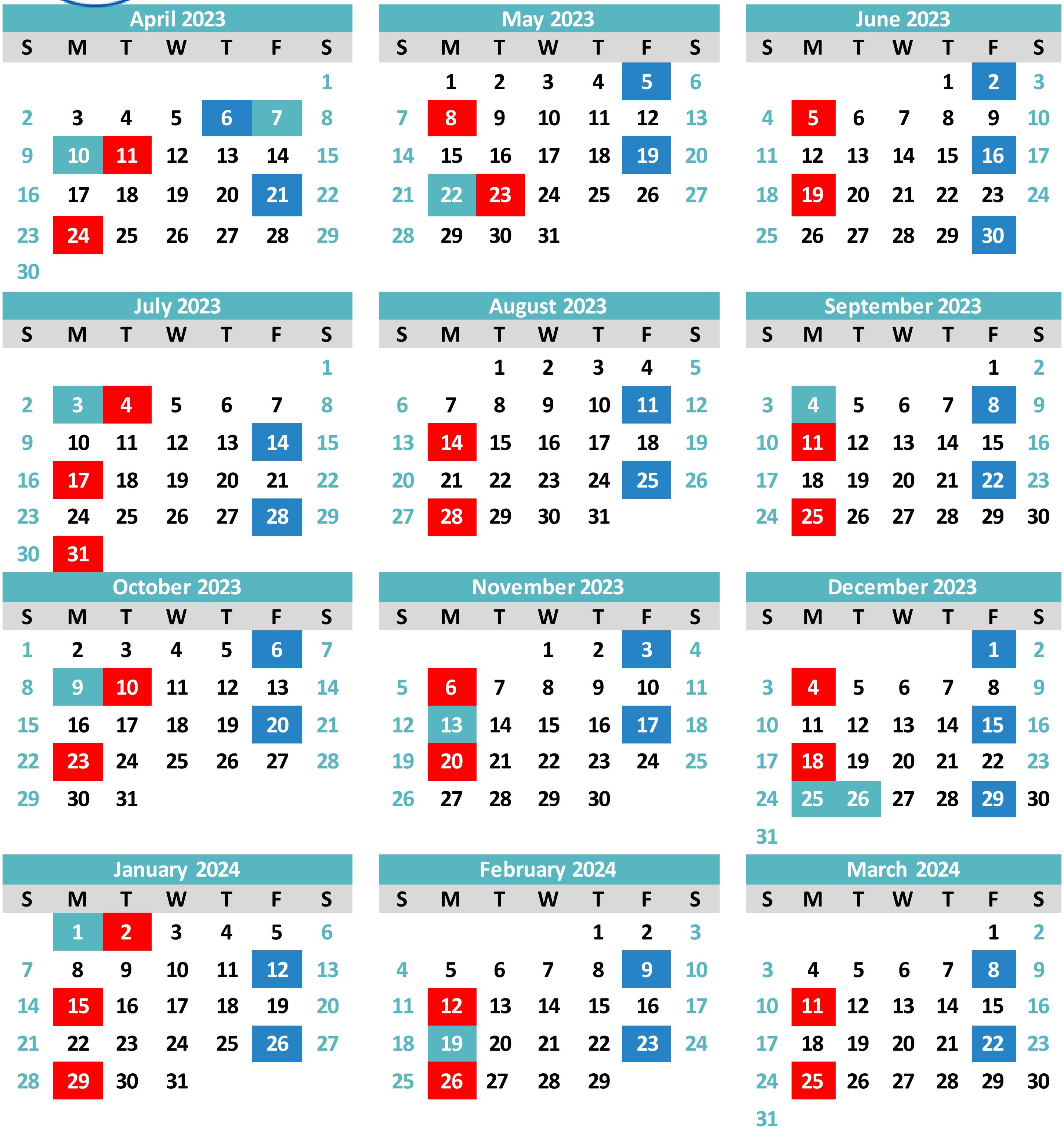
AUTISM SPEAKS®

Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the life span, for the needs of individuals with autism and their families. We do this through advocacy and support; increasing understanding and acceptance of people with autism; and advancing research into causes and better interventions for autism spectrum disorder and related conditions.

To learn more about Autism Speaks, please visit AutismSpeaks.org.

2023 – 2024

School Age Autism Funding Payment Calendar



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🟥 **DEADLINE TO SUBMIT FOR NEXT PAYMENT DATE**
🟦 **PAYMENT ISSUED**
🟩 **HOLIDAY AND/OR OFFICE CLOSED**

AccessAbility Supports Handbook

A guide to AccessAbility Supports
in Prince Edward Island

Prince
Edward
Island
CANADA

SOCIAL PROGRAMS

Toll Free: 1-877-569-0546

Charlottetown

Sherwood Business Centre
161 St. Peter's Road
902-368-6440
Email: aas@gov.pe.ca

Summerside

Access PEI
120 Heather Moyse Drive
902-888-8122
Email: aas@gov.pe.ca

Souris

Access PEI 15 Green Street
902-687-7170
Email: aas@gov.pe.ca

O'Leary

Access PEI 45 East Drive
902-859-8811
Email: aas@gov.pe.ca

Montague

Access PEI
41 Wood Islands Road
902-838-0700
Email: aas@gov.pe.ca

***Interested in applying?
Do you have questions about eligibility criteria?***

***Call the screening line at
1-877-569-0546***

Table of Contents

About this Handbook

This handbook is for people who may want to apply for, or who may be receiving, AccessAbility Supports. It can help you understand:

- ***How to apply***
- ***AccessAbility Supports you are eligible for***
- ***How to appeal a decision***

This handbook gives basic information. The details of your application will depend on your situation. Each application is different and unique.

Defining AccessAbility Supports

The AccessAbility Supports Program offers supports to Islanders living with physical, intellectual, neurological, sensory, or mental disabilities. These supports are designed to empower individuals with disabilities to reach their full potential and participate in society as fully as possible.

Who Can Apply?

To apply for the AccessAbility Supports Program, you must be:

- ***A person with a disability diagnosed by a health professional.***
- ***Experiencing significant impairment as a result of your diagnosed disability that is expected to last for more than 12 months.***
- ***A PEI resident with a provincial health number.***
- ***Lawfully entitled to remain in Canada with permanent residency status.***
- ***Under the age of 65 at the time of application.***

An AccessAbility Support Coordinator will help you with your intake to the program and to understand what supports are available.

Frequently Asked Questions

How do I apply?

To apply, simply call our toll-free screening number 1-877-569-0546. You will then speak with someone who will be able to assess your eligibility and book an appointment for you to speak with an AccessAbility Support Coordinator.

What happens when I call the screening number?

The screener will help you determine if you may be eligible. They will ask you questions about the eligibility requirements. If you meet the initial eligibility, the screener will also schedule an appointment for you to meet with a clinical assessor.

In that appointment, the clinical assessor will guide you through a capability assessment that will help determine what supports you may benefit from, and what your funding ceiling will be.

In order to complete your intake and discuss what supports you need, you will still need to meet with an AccessAbility Support Coordinator. An appointment will be scheduled for you.

What will happen at my intake appointment?

You will meet your AccessAbility Support Coordinator and they will ask you questions about your life, your diagnosis, and the types of support you are looking to receive. They will go over the results of your capability assessment and explain your funding ceiling and what supports you will be able to utilize. They will discuss your unique needs and what needs you think you will have in the future.

What does my AccessAbility Support Coordinator do?

Your AccessAbility Support Coordinator is here to help you navigate the AccessAbility Supports Program. They will be able to answer your questions and help you access the supports available under the program that you need to be able to thrive in your everyday life. They may ask you to provide receipts, invoices, or other documents that are required to continue providing you with AccessAbility Supports. Your AccessAbility Support Coordinator will discuss your diagnosis and how it affects your life specifically. They will work with you to find ways to support your current needs and to help you plan for your future needs.

How do I request support?

Please feel confident to ask your AccessAbility Support Coordinator for any supports you may need. Your AccessAbility Support Coordinator will let you know if the requested support fits within the parameters of the program. If the requested support does not fit within AccessAbility Supports, they may be able to assist you in looking for a community organization or other service provider who can help you. AccessAbility Support Plans are unique to the individual and you should feel comfortable speaking about your needs.

What if there is a change in my situation?

If there is any change in your situation, you are responsible for informing your AccessAbility Support Coordinator of that change. Open communication will allow them to help you receive the supports you need that fit within the parameters of the program.

Can I appeal a decision I disagree with?

If a decision is made about your case that you are unhappy with, you can request an appeal within 30 days. Your AccessAbility Support Coordinator will guide you through the process of appealing a decision.

Program Belief Statement

As staff of the AccessAbility Supports Program, we will make every effort to:

- ***Recognize a person's right to apply for AccessAbility Supports;***
- ***Treat people with respect;***
- ***Protect people's privacy;***
- ***Recognize people's right to make their own choices;***
- ***Promote self-reliance;***
- ***Provide quality service;***
- ***Promote excellence;***
- ***Be well-informed about other supports and services;***
- ***Work in partnership with our clients; and***
- ***Maintain our own well-being.***

Our Promise to You

Our service standards are how we ensure quality service. As our commitment to you, we will:

- ***Return phone messages and emails in a timely manner;***
- ***Welcome a friend, family member, or advocate to any appointment;***
- ***Tell you what is needed to complete your application;***
- ***Assess your application fairly, according to the <u>Supports for Persons with Disabilities Act</u> and Regulations of the AccessAbility Supports Program; and***
- ***Let you know if your application is approved in a timely manner, once the application is complete.***

Client Rights & Responsibilities

A client is any person who applies for AccessAbility Supports. As a client, you have the right to:

- ***Apply for AccessAbility Supports;***
- ***Receive quality services;***
- ***Be treated with respect;***
- ***Have your application reviewed according to the Act and Regulations of the AccessAbility Supports Program;***
- ***Expect to receive supports if your application is approved;***
- ***Ask someone for help – a friend, family member, or advocate;***
- ***Appeal a decision if you disagree;***
- ***Ask to see your file; and***
- ***Expect privacy regarding the information in your file.***

You are responsible to:

- ***Provide evidence of documented diagnosis from a medical professional and other documentation as requested;***
- ***Always provide complete and true information;***
- ***Report changes to your finances or living situation;***
- ***Repay any money that you were not entitled to receive;***
- ***Actively look for work, if you are an employable person;***
- ***File your Income Tax Return, each year, on time; and***
- ***Explore other ways to receive money; for example: Employment Insurance (EI) or the Canada Pension Plan (CPP).***

Clients may be expected to pay a portion of their disability-specific needs based on their annual income. However, if you are eligible for Assured Income or are under the age of 18, you will be exempt from this contribution.

Five Areas of Support

Personal Supports

Personal supports are directly related to the individual's disability. Personal supports help with personal daily living assistance such as life skills training, technical aids and assistive devices, in-home supports, personal care workers, and support for extraordinary care needs.

Community Supports

Community supports are designed to help increase active participation and full inclusion within the community for individuals with disabilities. Community supports include peer supports, day programming, personal support workers, and specialized transportation.

Housing Supports

Housing supports assist individuals with disabilities with living independently. Housing supports include vehicle modifications, residential supports, and home modifications.

Caregiver Supports

Caregiver supports provides funding to applicants with disabilities, to purchase supports and services to support the applicant's caregiver. Caregiver supports include supervision funding, behavioural supports, and respite funding.

Financial Support

Assured Income is for individuals and families with disabilities who may not be able to provide for their basic needs, such as food, clothing, shelter, household, and personal supplies.

Unique Needs and Future Planning

Unique Needs

You have important and unique needs. Please have discussions with your AccessAbility Support Coordinator about the unique needs you have and the ways you feel you can be best supported. The AccessAbility Support Coordinators will always be open to discussion and will do their best to support your needs within policy parameters.

Future Planning

Thinking about and making plans for the future is always important, especially for individuals with a disability and their caregivers. Your AccessAbility Support Coordinator will have discussions with you about supports you may need in the future and can help you take proactive steps toward your goals.

As a caregiver, if you have questions about estate planning and leaving assets (houses, cars, money, etc) to individuals receiving AccessAbility Supports, please do not hesitate to discuss this with your AccessAbility Support Coordinator.

Funding Ceilings

As part of your intake into the AccessAbility Supports Program, you will take part in a Capability Assessment with one of our clinical assessors. This assessment is designed to look at the areas of your life and determine where you need extra support due to your disability. From this assessment, you will receive a funding level. Your funding level indicates the amount of money per month that can be used to fund available supports. If you are eligible for a technical aid, mobility device, vehicle modification, or home modification, the payment for those supports may be spread out over time, depending on how much they cost.

Personal Supports

Personal Supports provide funding to purchase supports directly related to the applicant's disability needs and goals. Support options include:

Life Skills Development

Interventions for teaching and modeling daily living skills such as cleaning, meal preparation, budgeting, grocery shopping, and laundry.

Independent Living

Supports that enable the individual to be self-sufficient and live independently in the community.

Daily Living Supports

Supports to assist an adult with a disability to live more independently by supporting daily living activities.

Technical Aids and Assistive Devices

Applicants may be eligible for technical aids and assistive devices to improve their ability to live independently. Technical Aids and Assistive Devices include bathroom aids, bedroom aids, communication devices, feeding equipment, hearing aids, household aids, orthotic devices, ostomy supplies, positioning and ambulation aids, including wheelchairs, prosthetic devices, and visual aids.

Capacity Building

Supports to assist the individual with building skills and capacity in daily living activities, social interactions, and interpersonal relationships.

Specialized Care

Individualized funding supports to assist with extraordinary care needs.

Personal Supports are intended to supplement the natural supports that an applicant receives from their family and other personal supports, and through other government and community resources.

Community Supports

Community Supports provide funding to applicants with disabilities to purchase supports and services to support inclusion in their community. Supports include:

Community and Peer Connection

Supports for applicants over the age of 12 to establish connections with peers in a group environment. The goal of peer connection is to establish social interactions which can be maintained by the individual and/or family.

Community Participation

Supports for applicants to participate in the community, such as day programming, a personal support worker, or specialized transportation needs.

Peer Supports

AccessAbility Support Coordinators work closely with an applicant with a disability who is over the age of 18 to develop, implement, monitor and adapt their life plans as their circumstances change.

Employment and Vocational Supports

Employment supports are designed for clients to support employment participation by developing the necessary skills to prepare for, find, and maintain meaningful employment while simultaneously removing barriers to employment. Vocational training is programming designed to support the development of essential work skills and/or post-secondary or other adult education courses.

Community Supports are intended to supplement the natural supports that an applicant receives from their family/personal supports, and through other government and community resources.

Housing Supports

Housing Supports provide funding to applicants with disabilities to purchase supports and services to help the applicant to live with independence. AccessAbility Supports include:

Vehicle Modification

Funding for eligible applicants to make modifications to their primary vehicle directly related to their disability needs as determined by a licensed Occupational Therapist and adhering to the AccessAbility Supports Program funding parameters.

Home Modifications

Funding for eligible applicants to make modifications to their primary residence directly related to their disability needs as determined by a licensed Occupational Therapist and adhering to the AccessAbility Supports Program funding parameters.

Residential Supports

Funding provided to a paid caregiver to provide daily supervision and guidance in a community-based residential setting.

Housing Supports are intended to supplement the natural supports that an applicant receives from their family/personal supports, and through other government and community resources.

Caregiver Supports

Caregiver Supports provide funding to applicants with disabilities to purchase supports and services to support the applicant's caregiver. They are designed to assist the family or caregivers to support the applicant. Supports include:

Supervision

Funding for applicants over the age of 12 who cannot safely be left alone, enabling the primary care provider(s) to attend school or work.

Respite

Funding for eligible applicants to provide temporary relief for caregivers from full care and supervision demands, while facilitating a positive experience for the person with a disability.

Behavioural Supports

Focused interventions for teaching/modelling functional social skills and targeting improvement in non-normative social behaviours related to the safety of self or others.

Caregiver Supports are intended to supplement the natural supports that an applicant receives from their family/personal supports, and through other government and community resources.

Assured Income

Assured Income provides financial support for individuals and families with disabilities that may not be able to provide for basic needs such as shelter, food, and other essentials.

Based on a budget deficit calculation, eligible applicants can access funds from the following Assured Income components:

- ***Essentials (clothing, household supplies, personal requirements, and local transportation)***
- ***Food Allowance***
- ***Shelter Supports***
- ***Communication Supports (telephone and/or internet)***
- ***Special Needs (ie. optical, furniture)***
- ***Medical Supports***
- ***Transportation***
- ***Community Living Expense***

Income

Income is money you receive. The program looks at two kinds of income: earned and unearned.

Earned Income

Earned Income is money you receive from working, such as wages or salary or self-employment.

Unearned Income

Unearned Income is money you do not earn from work, such as Canada Pension Plan, Old Age Security, Employment Insurance, Worker's Compensation, and gifts or gambling winnings.

Excluded Income

Excluded Income is money you receive that is not counted as income in your application, such as Canada Child Benefit, Child Support (Maintenance Enforcement Payments), foster care payments, HST & Income Tax refunds.

Income Exemption

The earned income exemption allows you to keep additional income over your Assured Income when you work. By working, you have the opportunity to build job skills and experience while spending time in the community. If you are receiving Assured Income, you are able to earn an extra $500 per month, plus 30% of any additional earnings above the $500 without it affecting your Assured Income. However, it is still important that you report **all** earned income to your AccessAbility Support Coordinator.

Example:

John is receiving Assured Income and working a part-time job, earning $700 in March.

John's earned income = **$700**
Earnings exemption = **$500**
Amount left over = **$200**
30% of the amount over $500 = **$60**
John's Total Exemption = **$560 ($500 + $60)**

$560 of John's earned income will not be counted in his assessment and therefore won't affect his Assured Income.

Asset Exemption:

Applicants are expected to look at any other assets they may have to meet their needs before applying for Assured income. However, certain assets are exempt from consideration when determining the individual's application, including the principal residence of the applicant/co-applicant, and one vehicle (as long as it is not used primarily for recreation).

Overpayments, Deposits, and Repayment

An overpayment is when you receive more money than you are eligible to receive. If this happens, you are responsible to pay the money back. Your AccessAbility Support Coordinator will speak to you about repayment options for any overpayments you receive.

Clients receiving Assured Income: If you receive a damage or utility security deposit, you are required to pay it back within 12 months.

Clients receiving only AccessAbility Supports: overpayments will be dealt with on an individual basis.

Important Reminders:

Report all changes in your finances or living situation right away.

Explore all income sources available to you and your family (for example: Employment Insurance or Canada Pension Plan).

File your Income Tax Return each year. This may provide more income including an HST refund or Canada Child Benefit.

Documents Checklist

Document	This Applies To	AI	Disability Specific
Identification	Each adult family member	Yes	Yes
Citizenship	Each person born outside Canada	Yes	Yes
Direct Deposit Information	Primary Applicant	Yes	Yes
Bank Statements	Each adult with a bank account	Yes	No
Pay stubs for the last 31 days	Each adult that is employed	Yes	No
Business Financial Records	Each self-employed adult	Yes	No
Record of Employment	Each adult who recently stopped working	Yes	No
Verification of income	Each adult family member	Yes	No
Confirmation of Residency	1 person per household	Yes	No
Utility bills	1 person per household	Yes	No
Verification of household expenses	Each adult who pays an expense	Yes	No
Medical Information	As needed	Yes	Yes
Verification of custody	As needed	Yes	Yes
Verification of Assets	For each applicant	Yes	No
Notice of Assessment (NOA)	As needed	Yes	Yes

Alternative Programs

Other Government programs may help you meet your needs, such as:

Social Assistance Program

Helps when you do not have enough money to pay for your basic needs, such as food, shelter and utilities. It may also provide support for other needs such as medications, glasses and/or furniture.

Child Care Subsidy

Assists Islanders with the cost of child care and daycare services for children up to and including 12-year-olds. Assistance is available for Islanders who are working, attending school or at home - depending on your situation and income level. The program is flexible and offers a range of options for support.

Housing Assistance

Provides low income Islanders with appropriate housing at a reduced cost. For qualified applicants, this might be renting a social housing unit, receiving a rent supplement or mobile rental voucher that reduces the cost for rental market housing. The program is needs- based with priority given to those assessed to be in the greatest need.

Seniors Housing Program

Many seniors find their housing needs change over time. You may find your income is less than in earlier years and/or you may find it more difficult to maintain your home. You are eligible to apply if you are 60 years of age and older, or 55 years of age and older and have a disability.

Seniors Independence Initiative

Provides financial assistance for practical services making it easier for seniors to remain in their own homes and communities. Help is available for services such as light housekeeping, transportation, meal preparation, or snow removal and complements supports provided to seniors by Home Care or family members.

People Experiencing Family Violence

If you or someone you know is experiencing family violence, help is available. The AccessAbility Supports Program provides financial support to meet the emergency needs of people experiencing family violence.

911

Call 911 if your health, safety, or property is threatened and you need immediate assistance for yourself or someone else.

811

A registered nurse is available 24 hours a day to answer your health questions over the phone and will:

- help you determine whether you require emergency or non-urgent medical attention;
- provide current, reliable information related to your health issue; and
- offer helpful guidance about health services available in the province.

988

Suicide Crisis Helpline. If you are dealing with thoughts of suicide, or are worried about someone else, 9-8-8 is here for you. When you reach out, a trained responder will listen without judgement, provide support and understanding, and can tell you about resources that will help.

211

If you need help and don’t know where to start, dial 2-1-1.

211PEI is a support service offered by United Way of PEI, in partnership with the Province of Prince Edward Island to help Islanders navigate the network of community, social, non-clinical health and government services available across the Island.

https://pe.211.ca/

Notes

Government of Prince Edward Island

Department of Social Development and Seniors

Jones Building, 2nd Floor, 11 Kent Street,
Charlottetown, PE C1A 1M7

General Inquiries 902-620-3777

Toll-Free Number Within PEI 1-866-594-3777

www.princeedwardisland.ca/en/topic
/social-development-and-seniors

DeptSDS@gov.pe.ca

Clear Data

Canada Revenue Agency
Agence du revenu du Canada

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when completed

Disability Tax Credit Certificate

Help
canada.ca/disability-tax-credit
1-800-959-8281

The information provided in this form will be used by the Canada Revenue Agency (CRA) to determine the eligibility of the individual applying for the disability tax credit (DTC). For more information, see the general information on page 16.

Part A – Individual's section

1) Tell us about **the person with the disability**

First name: ______________________

Last name: ______________________

Social insurance number: ☐☐☐ ☐☐☐ ☐☐☐

Mailing address: ______________________

City: ______________________

Province or territory: ______________________

Postal code: ☐☐☐ ☐☐☐

Date of birth: ☐☐☐☐ ☐☐ ☐☐ (Year Month Day)

2) Tell us about **the person claiming the disability amount**

☐ The person with the disability is claiming the disability amount

or

☐ A supporting family member is claiming the disability amount (the spouse or common-law partner of the person with the disability, or a parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, or niece of that person or their spouse or common-law partner).

First name: ______________________

Last name: ______________________

Relationship: ______________________

Social insurance number: ☐☐☐ ☐☐☐ ☐☐☐

Does the person with the disability live with you? ☐ Yes ☐ No

Indicate which of the basic necessities of life have been regularly and consistently provided to the person with the disability, and the years for which it was provided:

☐ Food ____________ Year(s)

☐ Shelter ____________ Year(s)

☐ Clothing ____________ Year(s)

Provide details regarding the support you provide to the person with the disability (regularity of the support, proof of dependency, if the person lives with you, etc.):

If you want to provide more information than the space allows, use a separate sheet of paper, sign it, and attach it to this form. Make sure to include the name of the person with the disability.

As the supporting family member claiming the disability amount, I confirm that the information provided is accurate.

Signature: ______________________

Canada

Clear Data

Part A – Individual's section (continued)

3) Previous tax return adjustments

Are you the person with the disability or their legal representative, or if the person is under 18, their legal guardian?

☐ Yes ☐ No

If eligibility for the disability tax credit is approved, would you like the CRA to apply the credit to your previous tax returns?

☐ Yes, adjust my previous tax returns for all applicable years.

☐ No, do not adjust my previous tax returns at this time.

4) Individual's authorization

As the person with the disability or their legal representative:

- I certify that the above information is correct.
- I give permission for my medical practitioner(s) to provide the CRA with information from their medical records in order for the CRA to determine my eligibility.
- I authorize the CRA to adjust my returns, as applicable, if I opted to do so in question 3.

Signature: ______________________________

Telephone number: __________________________ Date: Year Month Day

Personal information (including the SIN) is collected to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 218 on Information about Programs and Information Holdings at **canada.ca/cra-information-about-programs**.

This marks the end of the individual's section of the form. Ask a medical practitioner to fill out Part B (pages 3-16). Once the medical practitioner certifies the form, it is ready to be submitted to the CRA for assessment.

Next steps:

Step 1 – Ask your medical practitioner(s) to fill out the remaining pages of this form.

Note
Your medical practitioner provides the CRA with your medical information but does not determine your eligibility for the DTC.

Step 2 – Make a copy of the filled out form for your own records.

Step 3 – Refer to page 16 for instructions on how to submit your form to the CRA.

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Part B – Medical practitioner's section

If you would like to use the digital application for medical practitioners to fill out your section of the T2201, it can be found at **canada.ca/dtc-digital-application**.

Important notes on patient eligibility

- Eligibility for the DTC is not based solely on the presence of a medical condition. It is based on the impairment resulting from a condition and the effects of that impairment on the patient. Eligibility, however, is not based on the patient's ability to work, to do housekeeping activities, or to engage in recreational activities.
- A person may be eligible for the DTC if they have a severe and prolonged impairment in physical or mental functions resulting in a marked restriction. A marked restriction means that, even with appropriate therapy, devices, and medication, they are unable or take an inordinate amount of time in one impairment category, **all or substantially all** (generally interpreted as 90% or more) of the time. If their limitations do not meet the criteria for one impairment category alone, they may still be eligible if they experience significant limitations in two or more categories.

For more information about the DTC, including examples and eligibility criteria, see Guide RC4064, Disability-Related Information, or go to **canada.ca/disability-tax-credit**.

Next steps

Step 1 – Fill out the sections of the form on pages 4-15 that are applicable to your patient.

When considering your patient's limitations, assess them compared to someone of similar age who does not have an impairment in that particular category. If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

If you want to provide more information than the space allows, use a separate sheet of paper, sign it, and attach it to this form. Make sure to include the name of the patient at the top of all pages.

Step 2 – Fill out the "Certification" section on page 16 and sign the form.

Step 3 – You or your patient can send this form to the CRA when both Part A and Part B are filled out and signed (refer to page 16 for instructions).

The CRA will review the information provided to determine your patient's eligibility and advise your patient of our decision. If more information is needed, the CRA may contact you.

Clear Data

Patient's name: ______________________________

Protected B when completed

Initial your designation if this category is applicable to your patient:

______ medical doctor ______ nurse practitioner ______ optometrist

Vision

1) Indicate the aspect of vision that is impaired in each eye (visual acuity, field of vision, or both):

Left eye after correction	**Right eye** after correction
Visual acuity	**Visual acuity**
☐ Measurable on the Snellen chart (provide acuity)	☐ Measurable on the Snellen chart (provide acuity)
___ / ___ Example: 20/200, 6/60	___ / ___ Example: 20/200, 6/60
☐ Count fingers (CF)	☐ Count fingers (CF)
☐ No light perception (NLP)	☐ No light perception (NLP)
☐ Light perception (LP)	☐ Light perception (LP)
☐ Hand motion (HM)	☐ Hand motion (HM)
Field of vision (provide greatest diameter)	**Field of vision** (provide greatest diameter)
______ degrees	______ degrees

2) Is the patient considered blind in both eyes according to at least one of the following criteria:

- The visual acuity is 20/200 (6/60) or less on the Snellen Chart (or an equivalent).
- The greatest diameter of the field of vision is 20 degrees or less.

☐ Yes (provide the year they became blind) ____ Year

or

☐ No (provide the year the vision limitations began) ____ Year

Medical doctors and nurse practitioners only: If your patient experiences limitations in more than one category, tell us more about the patient's limitations in vision. They may be eligible under the "Cumulative effect of significant limitations" section on page 14.

Provide examples of how their limited vision impacts other activities of daily living (for example, walking, feeding). Also provide any other relevant details such as devices the patient uses to aid their vision (for example, cane, magnifier, service animal).

3) Has the patient's impairment in vision lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

4) Has the patient's impairment in vision improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ____ Year ☐ No ☐ Unsure

Initial your designation if this category is applicable to your patient:

Speaking

______ medical doctor ______ nurse practitioner ______ speech-language pathologist

1) List any medical conditions that impact the patient's ability to speak so as to be understood and provide the year of diagnosis (if available):

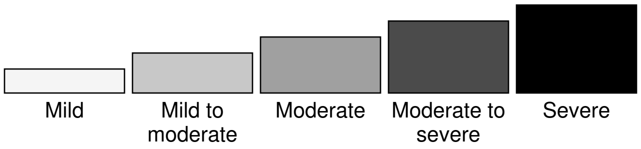
2) Does the patient take medication that aids their speaking limitations?

☐ Yes ☐ No ☐ Unsure

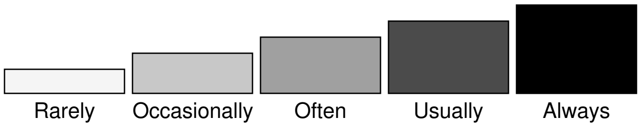
3) Describe if the patient uses any devices or therapy to aid their speaking limitations (for example, voice amplifier, behavioural therapy):

4) Provide examples of the factors that limit the patient's ability to speak using the severity and frequency scales provided as a guide (for example, they often require repetition to be understood, always experience mild difficulty with articulation, selective mutism, they use sign language as their primary means of communicating):

Severity



Frequency



5) Tell us in the table below about the patient's ability to speak so as to be understood by a familiar person in a quiet setting (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to speak so as to be understood when using the medication, devices, and therapy listed above, if applicable.

	Limitations in speaking	Is this the case all or substantially all of the time (see page 3)?	Year this began
☐	The patient is unable to speak or takes an inordinate amount of time to speak so as to be understood (at least three times longer than someone of similar age without a speech impairment) by a familiar person in a quiet setting.	☐ Yes ☐ No	
☐	The patient has difficulty, but does not take an inordinate amount of time to speak so as to be understood by a familiar person in a quiet setting.[1]	☐ Yes ☐ No	

[1] If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations section" on page 14.

6) Has the patient's impairment in speaking lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

7) Has the patient's impairment in speaking improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ________ ☐ No ☐ Unsure

Year

Initial your designation if this category is applicable to your patient:

_______ medical doctor _______ nurse practitioner _______ audiologist

Hearing

1) Indicate the option that best describes the patient's level of hearing loss in each ear with any applicable devices (normal: 0-25dB, mild: 26-40dB, moderate: 41-55dB, moderate-to-severe: 56-70dB, severe: 71-90dB, profound: 91dB+, or unknown):

Left ear ☐

Right ear ☐

2) Provide the patient's overall word discrimination score in both ears:

______ % ☐ Unknown

3) Describe if the patient uses any devices to aid their hearing (for example, cochlear implant, hearing aid):

4) Provide the medical condition causing hearing loss and examples of the impacts of hearing loss on your patient using the severity and frequency scales as a guide (for example, they often require the use of repetition, lip-reading or sign-language to understand verbal communication, they have severely impaired awareness of risks to personal safety):

Severity

Mild	Mild to moderate	Moderate	Moderate to severe	Severe

Frequency

Rarely	Occasionally	Often	Usually	Always

5) Tell us in the table below about the patient's ability to hear so as to understand a familiar person in a quiet setting (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to hear when using the devices listed above, if applicable.

Limitations in hearing	Is this the case all or substantially all of the time (see page 3)?	Year this began
☐ The patient is unable to hear or takes an inordinate amount of time to hear so as to understand (at least three times longer than someone of similar age without a hearing impairment) a familiar person in a quiet setting.	☐ Yes ☐ No	
☐ The patient has difficulty, but does not take an inordinate amount of time to hear so as to understand a familiar person in a quiet setting.[1]	☐ Yes ☐ No	

[1] If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

6) Has the patient's impairment in hearing lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

7) Has the patient's impairment in hearing improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ______ Year ☐ No ☐ Unsure

Patient's name: ____________________

Initial your designation if this category is applicable to your patient:

Walking

______ medical doctor ______ nurse practitioner ______ occupational therapist ______ physiotherapist

1) List any medical conditions that impact the patient's ability to walk and provide the year of diagnosis (if available):

2) Does the patient take medication to aid their limitations in walking?

☐ Yes ☐ No ☐ Unsure

3) Describe if the patient uses any devices or therapy to aid their limitation in walking (for example: cane, occupational therapy):

4) Provide examples of the factors that limit the patient's ability to walk using the severity and frequency scales provided as a guide (for example, they have severe pain in their legs, they often have moderately impaired balance, they experience shortness of breath upon mild exertion):

Severity

▁	▂	▃	▅	█
Mild	Mild to moderate	Moderate	Moderate to severe	Severe

Frequency

▁	▂	▃	▅	█
Rarely	Occasionally	Often	Usually	Always

5) Tell us in the table below about the patient's ability to walk, for example, a short distance such as 100 metres (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to walk when using the devices and therapy listed above, if applicable.

Limitations in walking	**Is this the case all or substantially all of the time (see page 3)?**	**Year this began**
☐ The patient is unable or takes an inordinate amount of time to walk (at least three times longer than someone of a similar age without an impairment in walking).	☐ Yes ☐ No	
☐ The patient has difficulty, but does not take an inordinate amount of time to walk.[1]	☐ Yes ☐ No	

[1] If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

6) Has the patient's impairment in walking lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

7) Has the patient's impairment in walking improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ____ Year ☐ No ☐ Unsure

Clear Data

Patient's name: ______________________________

Protected B when completed

Initial your designation if this category is applicable to your patient:

______ medical doctor ______ nurse practitioner

Eliminating

1) List any medical conditions that impact the patient's ability to personally manage bowel or bladder functions and provide the year of diagnosis (if available):

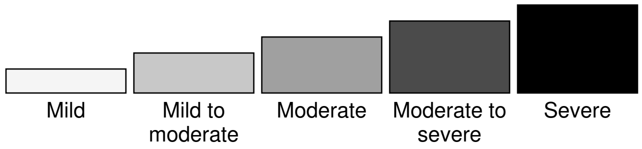
2) Does the patient take medication to aid their limitations in bowel or bladder functions?

☐ Yes ☐ No ☐ Unsure

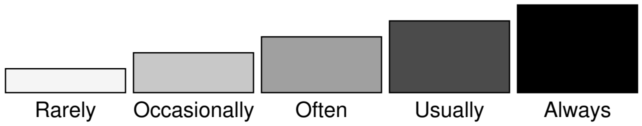
3) Describe if the patient uses any devices or therapy to aid their limitations in bowel or bladder functions (for example, ostomy, biological therapy):

4) Provide examples of the factors that limit the patient's ability to personally manage their bowel or bladder functions using the severity and frequency scales provided as a guide (for example, they always require assistance from another person to manage bowel or bladder functions, they have chronic constipation or diarrhea, they often have fecal or urinary incontinence, they usually require intermittent catheterization):

Severity



Frequency



5) Tell us in the table below about the patient's ability to personally manage their bowel or bladder functions (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to personally manage bowel or bladder functions when using the medication, devices, and therapy listed above, if applicable.

Limitations in eliminating	Is this the case all or substantially all of the time (see page 3)?	Year this began
☐ The patient is unable or takes an inordinate amount of time to personally manage bowel or bladder functions (at least three times longer than someone of similar age without an impairment in these functions).	☐ Yes ☐ No	
☐ The patient has difficulty, but does not take an inordinate amount of time to personally manage bowel or bladder functions.[1]	☐ Yes ☐ No	

[1] If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

6) Has the patient's impairment in bowel or bladder functions lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

7) Has the patient's impairment in bowel or bladder functions improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ________ ☐ No ☐ Unsure
Year

Patient's name: ____

Initial your designation if this category is applicable to your patient:

______ medical doctor ______ nurse practitioner ______ occupational therapist

Feeding

This impairment category includes the acts of feeding oneself as well as preparing food, except when the time spent on food preparation is related to a dietary restriction or regime. It does not include identifying, finding, shopping for, or obtaining food.

1) List any medical conditions that impact the patient's ability to feed themselves and provide the year of diagnosis (if available):

2) Does the patient take medication to aid their limitations in feeding themselves?

☐ Yes ☐ No ☐ Unsure

3) Describe if the patient uses any devices or therapy to aid their limitations in feeding themselves (for example, assistive utensils, occupational therapy):

4) Provide examples of the factors that limit the patient's ability to feed themselves using the severity and frequency scales provided as a guide (for example, they often require assistance from another person to prepare their meals or feed themselves, their dexterity is always severely impaired, they have moderate tremors, they rely exclusively on tube feeding):

Severity

▁	▂	▄	▆	█
Mild	Mild to moderate	Moderate	Moderate to severe	Severe

Frequency

▁	▂	▄	▆	█
Rarely	Occasionally	Often	Usually	Always

5) Tell us in the table below about the patient's ability to feed themselves (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to feed themselves when using the medication, devices, and therapy listed above, if applicable.

Limitations in feeding oneself	Is this the case all or substantially all of the time (see page 3)?	Year this began
☐ The patient is unable or takes an inordinate amount of time to feed themselves (at least three times longer than someone of similar age without an impairment in that ability).	☐ Yes ☐ No	
☐ The patient has difficulty, but does not take an inordinate amount of time to feed themselves.[1]	☐ Yes ☐ No	

[1] If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

6) Has the patient's impairment in feeding themselves lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

7) Has the patient's impairment in feeding themselves improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ______ ☐ No ☐ Unsure
Year

Patient's name: ______________________________

Initial your designation if this category is applicable to your patient:

______ medical doctor ______ nurse practitioner ______ occupational therapist

Dressing

This impairment category does not include identifying, finding, shopping for, or obtaining clothing.

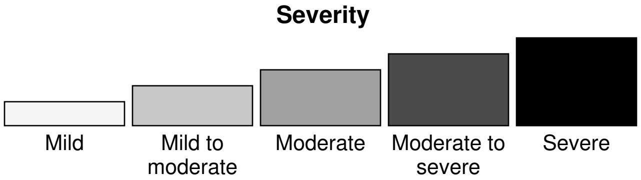
1) List any medical conditions that impact the patient's ability to dress themselves and provide the year of diagnosis (if available):

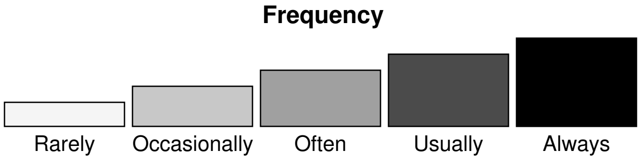
2) Does the patient take medication to aid their limitations in dressing?

☐ Yes ☐ No ☐ Unsure

3) Describe if the patient uses any devices or therapy to aid their limitations in dressing themselves (for example, button hook, occupational therapy):

4) Provide examples of the factors that limit the patient's ability to dress themselves using the severity and frequency scales provided as a guide (for example, they often require assistance from another person to dress themselves, they have severe pain in their upper extremities, they often have moderately limited range of motion):





5) Tell us in the table below about the patient’s ability to dress themselves (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to dress themselves when using the medication, devices, and therapy listed above, if applicable.

Limitations in dressing oneself	Is this the case all or substantially all of the time (see page 3)?	Year this began
☐ The patient is unable or takes an inordinate amount of time to dress themselves (at least three times longer than someone of similar age without an impairment in that ability).	☐ Yes ☐ No	
☐ The patient has difficulty, but does not take an inordinate amount of time to dress themselves.[1]	☐ Yes ☐ No	

[1] If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

6) Has the patient's impairment in dressing themselves lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

7) Has the patient's impairment in dressing themselves improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ________ ☐ No ☐ Unsure
Year

Clear Data

Patient's name: ______________________________

Protected B when completed

Mental functions necessary for everyday life

Initial your designation if this category is applicable to your patient:

______ medical doctor ______ nurse practitioner ______ psychologist

Mental functions necessary for everyday life include adaptive functioning, attention, concentration, goal-setting, judgment, memory, perception of reality, problem-solving, regulation of behaviour and emotions, and verbal and non-verbal comprehension.

1) List any medical conditions that impact the patient's ability to perform mental functions necessary for everyday life and provide the year of diagnosis (if available):

2) Does the patient take medication that aids their ability to perform mental functions necessary for everyday life?

☐ Yes ☐ No ☐ Unsure

Does the patient require supervision or reminders from another person to take their medication?
This question is not applicable to children.

☐ Yes ☐ No ☐ Unsure

Select the option that best describes how effectively the medication treats their condition:

☐ Effective ☐ Moderately effective ☐ Mildly effective ☐ Ineffective ☐ Unsure

3) Describe any devices or therapy the patient uses that aid their ability to perform mental functions necessary for everyday life (for example, memory aids, assistive technology, cognitive-behavioural therapy):

4) Does the patient have an impaired capacity to live independently (or to function at home or at school in the case of a child under 18) without daily supervision or support from others?

☐ No ☐ Yes

Select all types of support received by the adult or child under 18:

Adult

☐ Assisted living or long-term facility

☐ Community-based health services

☐ Hospitalization

☐ Support from family members

Child under 18

☐ Adult supervision at home beyond an age-appropriate level

☐ Additional support from educational staff at school

Provide additional details about support received (optional):

The Mental functions section continues on pages 12 and 13.

Patient's name: ______________________________

Mental functions necessary for everyday life (continued)

5) Indicate the extent of the patient's limitations **compared to someone of similar age** without an impairment in mental functions:

Note: For a child, you can indicate either their current or anticipated limitations.

		No limitations	Some limitations	Very limited capacity
Adaptive functioning	Adapt to change	☐	☐	☐
	Express basic needs	☐	☐	☐
	Go out into the community	☐	☐	☐
	Initiate common, simple transactions	☐	☐	☐
	Perform basic hygiene or self-care activities	☐	☐	☐
	Perform necessary, everyday tasks	☐	☐	☐
	Other (optional):			
Attention	Demonstrate awareness of danger and risks to personal safety	☐	☐	☐
	Demonstrate basic impulse control	☐	☐	☐
	Other (optional):			
Concentration	Focus on a simple task for any length of time	☐	☐	☐
	Absorb and retrieve information in the short-term	☐	☐	☐
	Other (optional):			
Goal-setting	Make and carry out simple day-to-day plans	☐	☐	☐
	Self-direct to begin everyday tasks	☐	☐	☐
	Other (optional):			
Judgment	Choose weather-appropriate clothing	☐	☐	☐
	Make decisions about their own treatment and welfare	☐	☐	☐
	Recognize risk of being taken advantage of by others	☐	☐	☐
	Understand consequences of their actions or decisions	☐	☐	☐
	Other (optional):			
Memory	Remember basic personal information such as date of birth and address	☐	☐	☐
	Remember material of importance and interest to themselves	☐	☐	☐
	Remember simple instructions	☐	☐	☐
	Other (optional):			

The Mental functions section continues on page 13.

Clear Data

Patient's name: ____________________

Protected B when completed

Mental functions necessary for everyday life (continued)

Note: For a child, you can indicate either their current or anticipated limitations.

		No limitations	Some limitations	Very limited capacity
Perception of reality	Demonstrate an accurate understanding of reality	☐	☐	☐
	Distinguish reality from delusions and hallucinations	☐	☐	☐
	Other (optional):			
Problem-solving	Identify everyday problems	☐	☐	☐
	Implement solutions to simple problems	☐	☐	☐
	Other (optional):			
Regulation of behaviour and emotions	Behave appropriately for the situation	☐	☐	☐
	Demonstrate appropriate emotional responses for the situation	☐	☐	☐
	Regulate mood to prevent risk of harm to self or others	☐	☐	☐
	Other (optional):			
Verbal and non-verbal comprehension	Understand and respond to non-verbal information or cues	☐	☐	☐
	Understand and respond to verbal information	☐	☐	☐
	Other (optional):			

6) Tell us in the table below about the patient's ability to perform mental functions necessary for everyday life (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to perform mental functions when using the medication, devices, and therapy listed above, if applicable.

Mental functions	**Is this the case all or substantially all of the time (see page 3)?**	**Year this began**
☐ The patient is unable to perform these functions by themselves or takes an inordinate amount of time compared to someone of similar age without an impairment in mental functions.	☐ Yes ☐ No	
☐ The patient has difficulty performing these functions, but does not take an inordinate amount of time.[1]	☐ Yes ☐ No	

[1] If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section.

7) Has the patient's impairment in performing mental functions necessary for everyday life lasted, or is it expected to last, for a continuous period of at least 12 months?

☐ Yes ☐ No

8) Has the patient's impairment in performing mental functions necessary for everyday life improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ____ Year ☐ No ☐ Unsure

Clear Data

Patient's name: ______________________________

Protected B when completed

Initial your designation if this category is applicable to your patient:

______ medical doctor ______ nurse practitioner ______ occupational therapist[2]

Cumulative effect of significant limitations

[2] An occupational therapist can only certify limitations for walking, feeding, and dressing.

When a person's limitations in one category do not quite meet the criteria to qualify for the DTC, they may still qualify if they experience significant limitations in two or more categories.

1) Select all categories you completed in previous pages and in which your patient has significant limitations, even with therapy and the use of appropriate devices and medication:

☐ Vision
☐ Hearing
☐ Eliminating (bowel or bladder functions)
☐ Dressing
☐ Speaking
☐ Walking
☐ Feeding
☐ Mental functions necessary for everyday life

Important: If you checked a box for a particular category on this page but did not complete the corresponding section on the applicable page of this form, fill out that section prior to completing this page. The CRA will need that information to determine your patient's eligibility under the cumulative effect of significant limitations.

2) Do the patient's limitations in at least two of the categories selected above exist together all or substantially all of the time (see page 3)?

Note: Although a person may not engage in the activities simultaneously, "together" in this context means that they are affected by the limitations during the same period of time.

☐ Yes ☐ No

3) Is the cumulative effect of these limitations equivalent to being unable or taking an inordinate amount of time in one single category of impairment, all or substantially all of the time (see page 3)?

☐ Yes ☐ No

4) Provide the year the cumulative effect of the limitations described above began:

|_|_|_|_|
Year

Patient's name: ______________________________

Protected B when completed

Initial your designation if this category is applicable to your patient:

______ medical doctor ______ nurse practitioner

Life-sustaining therapy

Eligibility criteria for life-sustaining therapy are as follows:

- The therapy **supports a vital function**.
- The therapy is needed at least **2 times per week**.

  Note: For 2020 and previous years, the therapy had to be needed at least 3 times per week to be eligible.
- The therapy is needed for an average of at least **14 hours per week** including only the time that your patient or another person must dedicate to the therapy, that is, the time they spend on activities to administer the therapy requires them to take time away from normal everyday activities.

Refer to the following table as a guide for the types of activities to include in the 14-hour requirement.

Examples of eligible activities:	**Examples of ineligible activities:**
• Activities directly related to adjusting and administering dosage of medication or determining the amount of a compound that can be safely consumed • Maintaining a log related to the therapy • Managing dietary restrictions or regimes related to therapy requiring daily consumption of a medical food or formula to limit intake of a particular compound or requiring a regular dosage of medication that needs to be adjusted on a daily basis • Receiving life-sustaining therapy at home or at an appointment • Setting up and maintaining equipment used for the therapy	• Exercising • Managing dietary restrictions or regimes other than in the situations described in the eligible activities • Medical appointments that do not involve receiving the therapy or determining the daily dosage of medication, medical food, or medical formula • Obtaining medication • Recuperation after therapy (unless medically required) • Time a portable or implanted device takes to deliver therapy • Travel to receive therapy

1) Which type of life-sustaining therapy is your patient receiving?

Specify the life-sustaining therapy: ______________________________

Specify the medical condition: ______________________________

Note: If the life-sustaining therapy indicated is for type 1 diabetes and you are filing this form for 2021 or later years only, you may skip to question 6. Individuals in this case are deemed to have met the criteria for life-sustaining therapy.

2) List the eligible activities for which the patient or another person dedicates time to administer the life-sustaining therapy:

3) Does your patient need the therapy to support a vital function? ☐ Yes ☐ No

4) Provide the minimum number of times per week the patient needs to receive the life-sustaining therapy: ______________ times per week

5) Provide the average number of hours per week the patient or another person needs to dedicate to activities in order to administer the life-sustaining therapy: ______________ hours per week

6) Enter the year the patient began to meet the eligibility criteria at the top of the page:

|_|_|_|_| Year **or** ☐ Not applicable (provide the year life-sustaining therapy began) |_|_|_|_| Year

7) Has the impairment that necessitated the life-sustaining therapy lasted, or is it expected to last, for a continuous period of at least 12 months? ☐ Yes ☐ No

8) Has the impairment that necessitated the life-sustaining therapy improved or is it likely to improve to such an extent that they would no longer be in need of the life-sustaining therapy?

☐ Yes (provide year) |_|_|_|_| Year ☐ No ☐ Unsure

Patient's name: ______________________________

Certification – Mandatory

1) For which year(s) has the person with the disability been your patient? ____________ to ____________

2) Do you have medical information on file for all the year(s) you certified on this form? ☐ Yes ☐ No

Select the medical practitioner type that applies to you. Tick one box only:

☐ Medical doctor ☐ Nurse practitioner ☐ Optometrist ☐ Occupational therapist

☐ Audiologist ☐ Physiotherapist ☐ Psychologist ☐ Speech-language pathologist

As a **medical practitioner**, I certify that the information given in Part B of this form is correct and complete. I understand that this information will be used by the CRA to make a decision if my patient is eligible for the DTC.

Signature: ______________________________

It is a serious offence to make a false statement.

Name (print): ______________________________

Medical license or registration number (optional): ______________________________

Telephone number: ______________________________

Date: Year Month Day

Address

General information

Disability tax credit

The disability tax credit (DTC) is a non-refundable tax credit that helps persons with disabilities or their supporting persons reduce the amount of income tax they may have to pay.

For more information, go to **canada.ca/disability-tax-credit** or see Guide RC4064, Disability-Related Information.

Eligibility

A person with a severe and prolonged impairment in physical or mental functions **may be eligible** for the DTC. To find out if you may be eligible for the DTC, fill out the self-assessment questionnaire in Guide RC4064, Disability-Related Information.

After you send the form

Make sure to keep a copy of your application for your records. After we receive your application, we will review it and make a decision based on the information provided by your medical practitioner. We will then send you a notice of determination to inform you of our decision.

You are responsible for any fees that the medical practitioner charges to fill out this form or to give us more information. You may be able to claim these fees as medical expenses on line 33099 or line 33199 of your income tax and benefit return.

If you have questions or need help

If you need more information after reading this form, go to **canada.ca/disability-tax-credit** or call **1-800-959-8281**.

Forms and publications

To get our forms and publications, go to **canada.ca/cra-forms** or call **1-800-959-8281**.

How to send in your form

You can send your completed form at **any time** during the year online or by mail. Sending your form before you file your annual income tax and benefit return may help us assess your return faster.

Online

Submitting your form online is secure and efficient. You will get immediate confirmation that it has been received by the CRA. To submit online, scan your form and send it through the "Submit documents" service in My Account at **canada.ca/my-cra-account**. If you're a representative, you can access this service in Represent a Client at **canada.ca/taxes-representatives**.

By Mail

You can send your application to the tax centre closest to you:

Winnipeg Tax Centre
Post Office Box 14000, Station Main
Winnipeg MB R3C 3M2

Sudbury Tax Centre
Post Office Box 20000, Station A
Sudbury ON P3A 5C1

Jonquière Tax Centre
2251 René-Lévesque Blvd
Jonquière QC G7S 5J2

For internal use ____________

GENERATIONS
FINANCIAL GROUP

199 Weymouth Street
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(902) 892-7141
info@generationsfinancial.ca

Plan for Your Future with an RDSP

Registered Disability Savings Plan (RDSP) is a long-term savings tool introduced in 2008 by Employment and Social Development Canada to help people with disabilities no matter their level of income. If you, your spouse, or your child has a disability, you may be eligible for this program.

Obligation:

- **There is no obligation.** A person with a disability can be eligible to receive up to **$10,000** in their RDSP in the form of a Canada Disability Savings Bond without having to contribute any money themselves. An additional **$1000** could be deposited into the plan every year going forward to a maximum of **$20,000**.

Eligibility:

- Be a resident of Canada
- Be 49 years of age or younger
- Have a valid Social Insurance Number (SIN)
- Be eligible or have already been approved for the Disability Tax Credit (DTC)

Benefits:

- An RDSP could help with long-term financial security for the individual with a disability.
- For increased savings, the government could match up to **$3** for every **$1** dollar contributed to the plan by the individual or family member to a maximum of **$70,000** per plan.

Process:

- We are Financial Advisors who are very well versed in this government program. We will fully explain the DTC process and the RDSP process to determine if it is deemed beneficial to the individual with a disability.
- We guide the qualified individual through the DTC eligibility process and then through the RDSP application process.
- We also guide the plan holder through the internal investment process.
- A regular review of the RDSP is also important and we intend to follow-up with the plan holder on a regular basis.

For more information, please contact one of our Advisors.

Justin Richard (902) 394-2748

Anton Mikhailov (902) 218-9367

www.generationsfinancial.ca

MACKENZIE
Investments

CONFIDENCE
IN A CHANGING WORLD

Registered Disability Savings Plans

Your guide to saving for a secure future

People with disabilities and their loved ones face a distinct set of financial challenges throughout their lives. To help address these challenges, in 2008 the Government of Canada introduced the Registered Disability Savings Plan (RDSP). Designed to help build long-term financial security for disabled persons, the RDSP makes it easier to accumulate funds by providing assisted savings and tax-deferred investment growth.

This brochure explains the main features of the RDSP and provides some examples to illustrate how the RDSP can best be used.

What is an RDSP?

The RDSP is a tax-deferred savings vehicle introduced by the Government of Canada to help parents and others save for the long-term financial security of a person with a severe disability.

Eligibility

A Canadian resident who is eligible for the Disability Tax Credit (DTC) is eligible for an RDSP until December 31st of the year they reach age 59.

The DTC is available to individuals who have mental or physical impairments that markedly restrict their ability to perform one or more of the basic activities of living (i.e., speaking, hearing or walking). The impairment must be expected to last a period of one or more years, and a physician or nurse practitioner must certify the extent of the disability. Individuals can apply to the Canada Revenue Agency (CRA) for the DTC using Form T2201.

To qualify for an RDSP, you must:

- Be eligible for the Disability Tax Credit
- Be a resident of Canada
- Be less than 60 years of age
- Have a valid SIN

Opening an RDSP account

Only one RDSP can be established per beneficiary. The plan must be established by the disabled individual, unless he or she is not legally competent to sign a contract (e.g., a minor or mentally impaired). When the beneficiary is not legally able to sign a contract, the person(s) legally authorized to act on behalf of the disabled individual can establish the plan.

A change was made in Budget 2012 and under the new rules a "qualifying family member" is allowed to establish an RDSP for a beneficiary who is not contractually competent. The definition of a qualifying family member is only a spouse, common-law partner or a parent. Otherwise, anyone other than the qualifying family member will still have to go through the formal process of being named a legal representative or guardian. This is a temporary change and applies from July 2012 to the end of 2023. Even though this is temporary, it is important to note that the account holder is able to remain as account holder beyond 2023. The temporary nature of the rule simply means that new accounts cannot be opened this way after 2023, unless the legislation is extended again.

The person who establishes the plan is referred to under the Income Tax Act (Canada) as the "holder" and has principal decision-making ability over the plan (e.g., directing investments and the amount and timing of withdrawals).

The Social Insurance Number (SIN) of the disabled individual is also required.

There can be more than one holder, but only one beneficiary per plan. A substitute beneficiary designation is not permitted.

An RDSP can be transferred from one financial institution to another as the holder and/or beneficiary wish.

To open an RDSP:

1. Determine if you are eligible for the disability tax credit. If so,
2. Get an application from Mackenzie Investments and fill it out. Your financial advisor can help you with this.

A car accident left 16-year-old Steve disabled. His father, Colin, decided to establish an RDSP on Steve's behalf. Because Steve qualifies for the disability tax credit, he is eligible for an RDSP. On setup, Colin becomes the holder of the plan (as Steve is a minor) and acquires decision-making authority over the plan. It is decided that once Steve reaches the age of majority, he will become a joint holder with his father.

Contributions

Once an RDSP is established, contributions can be made by anyone, with the holder's written consent or by giving the money to the holder to deposit. Written consent is required to ensure the holder of the plan is able to schedule contributions to maximize government grants (described later).

The maximum lifetime contribution is $200,000 per beneficiary. There is no annual contribution limit – $200,000 can be contributed in any one year, if so desired.

Contributions are not tax-deductible; however, the earnings on contributions grow tax-free while held in the plan.

Contributions must cease by the end of the year in which the beneficiary reaches age 59.

Once an RDSP is set up, there are five ways to put money in:

1. Contributions by the account holder
2. Contributions by people the account holder has authorized
3. Federal grants and bonds
4. Transfers from a qualified RRSP, RRIF or RPP
5. Transfers of the accumulated income from a Registered Education Savings Plan on which the beneficiary is on both RESP and RDSP

Jennifer, a widow and ailing mother was worried about who would care for her disabled daughter, Susan, following her death and decided to establish an RDSP for Susan with an initial contribution of $50,000. She then consulted her lawyer and revised her will to ensure an additional $150,000 would be contributed to the plan upon her death (provided Susan is age-eligible at that time, i.e., under 60). After Jennifer's death, $150,000 was contributed to the RDSP, thereby maximizing the amount available to Susan.

Government help: Taking advantage of grants and bonds

To assist in saving, the federal government offers Canada Disability Savings Grants (CDSGs) and Canada Disability Savings Bonds (CDSBs).

The RDSP is eligible for CDSGs and CDSBs until December 31 of the year the beneficiary turns 49.

Canada Disability Savings Grants (CDSGs)

CDSGs are matching grants that the Government will deposit into a beneficiary's RDSP to help accumulate savings. The Government provides matching grants of up to 300%, depending on the amount contributed and family net income.

The chart below outlines 2019 CDSG matching rates:

Family net income*	CDSG matching rates	Maximum annual CDSG
Up to or equal to $95,259	300% on first $500 200% on next $1,000	$3,500
Over $95,259	100% on first $1,000	$1,000

*2019 rates. For a minor beneficiary, the family net income is that of his or her parents. Where the beneficiary is over the age of majority, the family net income is that of the beneficiary and his or her spouse, if applicable. The income threshold is indexed annually to inflation.

Maximum grant

CDSGs are subject to a lifetime limit of $70,000 per beneficiary, and are payable until the end of the year in which the beneficiary reaches age 49 if the beneficiary remains a resident of Canada.

Unused grants

Beginning in 2011, you are allowed to carry forward unused grant and bond entitlements for a 10-year period.

The maximum CDSG that can be paid in any year is $10,500 and the maximum CDSB is $11,000.

Income thresholds for carry-forward will use the family net income applicable for each year used.

As part of a birthday gift, Meg and Allen agree to contribute $2,000 for each of the next five years to an RDSP for their disabled adult nephew, Tony. Because Tony is age of majority, his family income is used for CDSG purposes. Tony's family net income and grant allocation for the next five years is as follows:

	Family Net Income	Contribution	CDSG
Year 1	$44,500	$2,000	$3,500
Year 2	$48,350	$2,000	$3,500
Year 3	$50,000	$2,000	$3,500
Year 4	$75,000	$2,000	$3,500
Year 5	$100,000	$2,000	$1,000
Total	–	**$10,000**	**$15,000**

Since there are no annual contribution limits for RDSPs, contributions of up to $200,000 can be made in any given year. However, where a lump sum $200,000 contribution is made, no CDSG would be paid after the initial year. RDSP contributors should work with a financial advisor to determine whether lump sum or periodic contributions are the better option. Depending on expected rates of return, age of the RDSP beneficiary and cash flow needs, smaller annual contributions may be more suitable. Lump sum contributions would provide a longer period of tax-deferred growth, whereas annual contributions would maximize CDSGs.

RDSP lump sum or annual contributions: an example

Kevin, age 44, has $10,000 to contribute to his RDSP. He has a decision to make – contribute the full $10,000 upfront to maximize tax-deferred growth, or, because of annual cash flow needs contribute $2,000 for each of the next five years. Kevin speaks to his financial advisor, and the following potential outcomes are discussed (assuming a 6% rate of return and family net income of less than $95,259):

Option 1

Contribute $10,000 upfront

Total contribution: $10,000
CDSG: $3,500
RDSP value after five years: $18,066

Option 2

Contribute $2,000 per year for five years

Total contribution: $10,000
CDSG: $17,500
RDSP value after five years: $32,864

Kevin elects Option 2 as it is expected to provide a greater return and flexibility for annual cash flow needs. Also, his overall return may be enhanced if the excess amount each year (the amount that exceeds $2,000) is invested in a non-registered account.

If Kevin is receiving provincial disability support, there are limitations to the assets he can hold outside an RDSP. This could negatively impact his support.

Kim, age 44, receives an inheritance of $200,000. She, like Kevin, has a decision to make. Should she contribute the full $200,000 upfront, or contribute $40,000 each year for five years to allow cash flow flexibility? Kim speaks to her financial advisor and the following outcomes are discussed (assuming a 6% rate of return and family net income of less than $95,259):

Option 1

Contribute $200,000 as a lump sum

Total contribution: $200,000
CDSG: $3,500
RDSP value after five years: $272,329

Option 2

Contribute $40,000 per year for five years

Total contribution: $200,000
CDSG: $17,500
RDSP value after five years: $259,926

Unlike Kevin, Kim opts for Option 1. For her, a lump sum RDSP contribution will likely produce a better return despite forfeited grants. As well, if Kim chooses Option 2, deposits $40,000 to her RDSP and invests the remaining $160,000, she could lose part or all of her disability tax credit, as the value of tax credits decreases when income (from investments, employment, etc.) reaches a specified level. Kim contributes the full $200,000 upfront and considers other options for her annual cash flow needs.
In addition, if Kim is receiving provincial disability support, there are limitations as to assets inherited as well as income that may negatively impact Kim's support unless the entire inheritance is contributed to her RDSP.

Canada Disability Savings Bonds (CDSBs)

In addition to CDSGs, lower income families have access to Canada Disability Savings Bonds (CDSBs). The Government may deposit up to $1,000 a year to the RDSP of a low income beneficiary, even if no contributions are made into the RDSP.

Family net income*	Maximum annual CDSB
Up to or equal to $31,120	$1,000
Between $31,120 and $47,630	$1,000 is reduced on a prorated basis (based on the formula in the Canada Disability Savings Act)
Over $47,630	No bond is paid

*2019 rates. For a minor beneficiary, the family net income is that of his or her parents. Where the beneficiary is over the age of majority, the family net income is that of the beneficiary and his or her spouse, if applicable.

CDSB payments are subject to a lifetime limit of $20,000 per beneficiary, and are payable until the end of the year in which the beneficiary reaches age 49 (if the beneficiary remains a resident of Canada).

Starting in 2011, you may carry forward unused grant and bond entitlement to future years. The carry forward is for a maximum period of 10 years.

Lower income families may qualify for up to a lifetime maximum of $20,000 from the Canada Disability Savings Bond (CDSB) program.

Victor and Shauna have a 16-year-old son, Mark, who requires regular life-sustaining therapy and have a family net income of $20,500. As Mark is eligible for the disability tax credit, he is also eligible for an RDSP. Although Victor and Shauna do not have funds to contribute to an RDSP for Mark, they can establish a plan and still receive CDSBs of $1,000 a year, since the Government does not require contributions to be made to be eligible for CDSBs.

Note: The Province of British Columbia also provides a one-time Disability Bond amount of $150 from the Endowment 150 Fund.

Repayment of CDSGs and CDSBs

When withdrawing funds from an RDSP, it is important to be aware of the 10-year rule. When a redemption is done the government will look to see if CDSGs or CDSBs were deposited to the account in the 10 years prior to the redemption. If the account did receive CDSGs or CDSBs, a repayment known as the Assistance Holdback Amount (AHA) will apply. This means for every $1 withdrawn, $3 worth of CDSGs or CDSBs must be repaid to the government.

The purpose of the Assistance Holdback Amount is to ensure that RDSPs are used for long-term savings, and also to ensure that government funds contributed are not withdrawn and used as leverage for matching grants in future years. The same rule applies to grants and bonds received in the 10-year period before death or the cessation of a disability. Grants and bonds received before the 10-year period do not have to be repaid.

Because of the repayment provisions, an RDSP might not be the best option for short-term expenses. The scenario below illustrates this.

Arnold, 35 and disabled, has an RDSP that his family has been contributing to for the past 10 years. Arnold wishes to withdraw $10,000 from his RDSP to purchase a car.

Details of his plans are as follows:

***Plan value:** $194,963*

***CDSGs (last 10 years):** $35,000*

***CDSBs (family income exceeds threshold):** $0*

Arnold's $10,000 redemption will result in repayment of $30,000 for CDSG for the 10-year period before the withdrawal. CDSGs received prior to the 10-year period are not subject to repayment, so if Arnold only contributed once and received CDSGs and CDSBs in Year 1, if this withdrawal is made after 10 years, no repayment would be required.

It is possible to *not* request grants or bonds for a period if there is a likelihood a Disability Assistance Payment will be required. Grants and bonds can be restarted after the payment.

The 10-year rule

Once a withdrawal of any amount is made, all federal grants and bonds paid into the RDSP in the previous 10 years have to be repaid to the federal government on a $3 for $1 basis.

Investment options

Qualified investments for RDSPs are generally the same as those for Registered Retirement Savings Plans (RRSPs) and Registered Education Savings Plans (RESPs) and include cash, stocks, bonds, GICs, mutual funds and a variety of other investments.

It is important to talk to your financial advisor to ensure that investments are appropriate for RDSPs. Where a non-qualified investment is acquired by an RDSP or where a qualified investment ceases to be qualified, a tax of 50% of the fair market value of the investment would be levied, and income earned on the investment would also be taxable.

Taking money out of your RDSP

RDSP withdrawals are also known as disability assistance payments. There are two types of payments from an RDSP – Lifetime Disability Assistance Payments (LDAPs) and Disability Assistance Payments (DAPs).

Beneficiaries are not required to pay taxes on their RDSP until withdrawals are made or the RDSP is terminated.

Lifetime Disability Assistance Payments

- LDAPs are recurring annual payments that once started, must be paid until the plan is terminated or the beneficiary has died.
- LDAPs may begin at any age, but must commence by the end of the year in which the beneficiary turns 60.
- Payments are generally limited to a maximum tied to the fair market value of the plan and the beneficiary's life expectancy (age 80 in most cases). The maximum amount does not apply where a physician certifies that the RDSP beneficiary is not expected to survive beyond five years.

Disability Assistance Payments

- DAPs are lump sum payments made to the beneficiary or the beneficiary's estate.
- DAPs may only be made if the plan's fair market value after payment will be more than the Assistance Holdback Amount (CDSGs and CDSBs received in the 10-year period prior to a disability assistance payment).

Both LDAPs and DAPs can be used for disability or non-disability-related expenses.

As of 2014, maximum withdrawals are the greater of the LDAP formula or 10% of the value of the plan at the beginning of the year.

Taxation of withdrawals

Disability assistance payments generally consist of original contributions, investment income, CDSGs and CDSBs (subject to repayment obligations). Because original contributions are non-deductible when contributed, they are non-taxable on withdrawal. Investment income, CDSGs and CDSBs are fully taxable to the RDSP beneficiary when received.

RDSP holders cannot encroach on capital alone, as each payment will consist of both taxable and non-taxable amounts. Generally speaking, the proportion of the payment that would be non-taxable is the same as the proportion of total contributions to total plan value.

If an RDSP beneficiary has little or no other income, a portion, if not all of the withdrawal can be received without incurring any tax liability due to the combined effect of the disability tax credit and the basic personal amount on the beneficiary's tax return. Taxable portions of withdrawals will be reported on a T4A-RDSP tax form.

Note: RRSP, RRIF or RPP proceeds transferred from deceased parent or grandparent will be taxable to the RDSP beneficiary. This is also the case with tax-deferred transfers of the taxable amount of RESPs.

Fred just celebrated his 60th birthday, so by the end of the year must begin withdrawals from his RDSP. His financial advisor advises him that $24,500 must be withdrawn from his plan, an amount calculated based on Fred's life expectancy of age 80. Details of his RDSP are as follows:

Plan value: *$587,996*

Total contribution: *$200,000*

CDSGs: *$35,000*

CDSBs: *$0*

Of the $24,500 payable in the year, $8,333 would be non-taxable ($200,000/$587,996 x $24,500). The excess, $16,167 would be taxable to Fred.

However, if Fred has no other income, he can receive the taxable RDSP distribution of $16,167 and not incur any taxes after taking into account his disability tax credit and basic personal amount.

Note: As of 2014, withholding tax will apply to the taxable portions withdrawn from an RDSP. The tax withheld can be claimed by the beneficiary on his or her tax return. The amount withheld should be taken into consideration when determining the withdrawal amount.

Eligible transfers

An RDSP may be transferred to another RDSP for the same beneficiary. To ensure RDSP beneficiaries only have one plan, the transferring plan must be terminated immediately after the transfer. Also, the receiving plan must agree to pay minimum amounts for the year where the transferring plan has not yet done so (generally applicable to beneficiaries age 59 or older).

Tax-deferred transfers from RRSPs, RRIFs or RPPs to an RDSP to the maximum contribution limit are permitted as of July 2011. These transfers must be from an RRSP, RRIF or RPP of a deceased parent or grandparent if the beneficiary of the RDSP was financially dependant on that individual. Tax-deferred transfers of the taxable amount of RESPs are allowed as of 2014.

Impact on Social Assistance Benefits

Payments from an RDSP do not impact other income-tested federal government programs, including:

- Old Age Security (OAS)
- Guaranteed Income Supplement (GIS)
- Canada Pension Plan (CPP)
- The Goods and Services Tax Benefit (GST Benefit)
- Social assistance benefits

As well, generally speaking RDSPs assets and payments should not have a negative impact on eligibility for programs such as subsidized housing and long-term care. However, each province and territory has legislation that provides support to persons with disabilities, so be sure to check with your legal and/or financial advisor for the most up-to-date legislation in your province.

What if the beneficiary dies or is no longer disabled?

When an RDSP beneficiary dies the RDSP will collapse and full proceeds of the plan will be paid to the beneficiary's estate or the estate beneficiary, respectively (subject to CDSG and CDSB repayment obligations).

Original contributions remain non-taxable, while CDSGs, CDSBs and investment income received will be taxed as ordinary income to the beneficiary or his or her estate.* Recognizing that a beneficiary's estate will receive RDSP proceeds on death of the beneficiary, provision should be made in the beneficiary's will for distribution of the assets so that the beneficiary has greater control over the intended distribution of the assets.

If the beneficiary dies without a will, the proceeds would be distributed according to the laws of intestacy for the province or territory in which the beneficiary resided. These laws generally provide for the spouse and children of the deceased, if any, followed by the next closest relatives.

However, relying on the laws of intestacy could lead to unintended distributions, particularly if the beneficiary has a preference that non-related individuals (e.g., friends, caregivers) inherit. Because the rules differ between jurisdictions, it is important to speak to a lawyer in the jurisdiction of the RDSP beneficiary to determine applicable rules.

If the beneficiary ceases to be eligible for the disability tax credit because their condition has improved, the RDSP must either be collapsed by the end of the year following the cessation of the DTC, or an election, with medical verification can be made to put the RDSP " on hold" (no contributions or withdrawals) for up to four years. If there is a relapse and the beneficiary is again DTC-eligible, then the RDSP can be restarted without requiring an entirely new application.

***Note:** If CDGs or CDSBs were paid into the RDSP within 10 years of the death of the beneficiary, those funds must be repaid to the Government.

Karen recently passed away. At the time of her death, her RDSP was valued at $251,471 of which $100,000 was original contributions. No grants or bonds were received in the 10-year period prior to death. On death, Karen's estate received a payment of $251,471, of which $100,000 was non-taxable. The remaining $151,471, consisting of grants, bonds and investment income was taxable on her final tax return.

Other Planning Issues

Henson Trust

Named after the Henson family, a Henson trust is a formal trust to which assets can be contributed on behalf of a disabled individual. Because the trust is discretionary in nature (i.e., the trustee has full discretion over when, how and if assets are distributed to the disabled beneficiary), the trust can provide a certain level of financial support without having the disabled beneficiary's provincial benefits clawed back. It should be noted that some provinces, Alberta, for example, do not recognize such trusts.

In many provinces, Henson trusts will continue as an effective estate planning strategy alongside RDSPs. Suitability should be discussed with a financial advisor and lawyer. Greater flexibility may be achieved through a Henson trust as maximum and minimum withdrawals do not normally apply. Short-term expenses may also be addressed more easily in the absence of CDSG and CDSB repayment provisions. As an estate planning strategy, a contribution of $200,000 could be put into an RDSP during the contributor's lifetime with any excess being left to a trust in the deceased contributor's will.

As of 2016, a Henson trust may be designated as a "Qualified Disability Trust", which receives preferential tax treatment on income earned in the trust.

For more information on the RDSP or to set up a plan, please contact your financial advisor.

GENERAL INQUIRIES

For all of your general inquiries and account information please call:

ENGLISH	1-800-387-0614
BILINGUAL	1-800-387-0615
ASIAN INVESTOR SERVICES	1-888-465-1668
TTY	1-855-325-7030 416-922-4186
FAX	1-866-766-6623 416-922-5660
E-MAIL	service@mackenzieinvestments.com
WEB	mackenzieinvestments.com

Find fund and account information online through Mackenzie Investments' secure InvestorAccess.
Visit mackenzieinvestments.com for more information.

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Commissions, trailing commissions, management fees and expenses all may be associated with mutual fund investments. Please read the prospectus before investing. Mutual funds are not guaranteed, their values change frequently and past performance may not be repeated.

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Investments

Autism Services for Children and Youth

Autism services are offered to preschool and school-age children and youth in Prince Edward Island. Early Years Autism Specialists provide services to young children diagnosed with autism spectrum disorders before entering school. An integrated approach between professionals and the school boards ensures a smooth transition into the school system, where support continues with school-based Autism Consultants.

Supports for preschool children with autism spectrum disorders

Intensive Behavioural Intervention (I.B.I.)

I.B.I. often begins with one-on-one instruction and gradually moves into more natural settings as the child gains new skills. Your child may receive up to 25 hours of I.B.I. each week at home or in your child's early childhood centre, based on assessed needs. As your child progresses, fewer hours may be appropriate.

You or your child's centre hires the Autism Assistant to provide direct instruction. An Early Years Autism Specialist will supervise and monitor your child's program with additional clinical supervision by the Early Years Autism Coordinator.

How do I know if the I.B.I. program is right for my child?

Methods for assessment and instruction are grounded in Applied Behaviour Analysis (ABA). The primary assessment used to guide programming is the Verbal Behaviour Milestones Assessment and Placement Program (V.B.-M.A.P.P.). A variety of methods are used including (but not limited to) Analysis of Verbal Behaviour, Discrete Trial Instruction, Natural Environment and Activity Embedded Instruction.

What happens when my child enters school?

Planning begins six months before your child enters school to ease the transition from the preschool to the school environment. Family information meetings, case conferences, assessment and orientation activities for your child all contribute to the transition process. A school-based Autism Consultant will continue to monitor and assist during your child's school years.

What if my child needs more support in kindergarten?

Your child may need frequent and individualized instruction during this important first year of school. If this is the case, an Early Years Autism Specialist can provide regular support for both your child and the school staff. This **Intensive Kindergarten Support (I.K.S.)** includes weekly or biweekly consult visits to assist your child's teacher in individual programming, modifying curriculum, helping to address behavioural challenges, and participating in individual education plan (I.E.P.) development. Your child will continue to receive support and assistance from a school-based Autism Consultant in Grades 1 to 12, based on your child's assessed needs.

Autism funding support

Parents and licensed early childhood centres can access preschool autism funding to hire an Autism Assistant for children receiving I.B.I. support. Parents and designated community-based organizations can access school-age autism funding to offset the costs of hiring one-on-one tutors and aides in home and group settings.

Who can I contact for more information?

Early Years Autism Coordinator
Education and Lifelong Learning
Early Childhood Development
Aubin Arsenault Building
3 Brighton Rd.
Charlottetown, PE C1A 8T6
Tel: (902) 368-4472
Fax: (902) 368-4622
Email: dmrochon@edu.pe.ca(link sends e-mail)
Published date:
February 18, 2020

Who We Are

Speech-Language Pathologists and Audiologists are involved in preventing, identifying and treating speech, language and hearing disorders. We work with families as well as child care and health care providers. Social, emotional, behavioral and/or learning problems may occur if speech and/or hearing problems are not found early. Difficulties with communication affect not only the child, but the whole family.

When To Get Help

Communication develops over time and every child develops at his/her own rate. This brochure outlines the ages at which most children will reach speech, language and hearing milestones. If you think there is a problem, it is important to get help early.

Things To Consider

- parental concern
- low birth weight
- pre-maturity (less than 37 weeks)
- lack of oxygen at birth
- family history of speech, language and/or learning problems
- family history of hearing loss
- drug/alcohol use during pregnancy
- a history of ear infections
- the child speaks loudly or often asks people to repeat

How We Can Help

Health PEI's Speech-Language Pathology Program offers services to children from birth to the time they begin kindergarten. Assessment and a range of treatment services are provided to children and their families in many different communities across the province.

Health PEI's Audiology Program offers services to those who have concerns about their hearing.

How To Reach Us

You may call one of the numbers listed below to be seen by a Speech-Language Pathologist :

Souris	687-7016
Montague	838-0762
Charlottetown	368-4440
Summerside	888-8162
Wellington	854-7259
O'Leary	859-8720

For your child to be seen by the Provincial Audiologist, please call 368-5807.

Health PEI

CASLPA-ACOA

Brochure adapted from information compiled by CASLPA (see CASLPA.ca)

11HPE06-32463

Health PEI

My Steps In Development

- ***Speech***
- ***Language***
- ***Hearing***

"Help Me Grow"

At Birth to 3 months I will...

- make cooing sounds
- have different cries for different needs
- smile at you
- startle to loud sounds
- soothe/calm to a familiar voice

At 4 to 6 months I will...

- babble and make different sounds
- make sounds back when you talk
- enjoy games like peek-a-boo
- turn my eyes toward a sound source
- respond to music or toys that make noise

At 7 to 12 months I will...

- wave hi/bye
- respond to my name
- let you know what I want using sounds and actions like pointing
- begin to follow simple directions (e.g., Where is your nose?)
- turn my head toward a sound
- pay attention when spoken to

At 12 to 18 months I will...

- use common words and start to put words together
- enjoy listening to storybooks
- point to body parts or pictures in a book when asked
- look at your face when talking to you

At 18 to 24 months I will...

- understand more words than I can say
- say two words together (e.g. More juice?)
- ask simple questions (e.g. What's that?)
- take turns in a conversation

At 2 to 3 years I will...

- use sentences of three or more words most of the time
- understand different concepts (e.g. in-on; up/down)
- follow two-part directions (e.g. Take the book and put it on the table.)
- answer simple questions (e.g. Where is the car?)
- take part in short conversations

At 3 to 4 years I will...

- tell a short story or talk about daily activities
- talk in sentences with adult-like grammar
- generally speak clearly so people understand me
- hear you when you call from another room
- listen to TV at the same volume as others
- answer a variety of questions

At 4 to 5 years I will...

- say most speech sounds correctly
- take part in and understand conversations even with background noise
- recognize common signs (e.g. stop sign)
- make up rhymes
- hear and understand most of what is said at home and school
- listen to and retell a story and ask and answer questions about a story

Speech Language Pathology

Speech Language Pathology Services are offered to **pre-school** children who need help developing speech and language abilities. Services include consultation, screening, assessment, treatment, workshops, community visits, and caregiver training. Speech Language Pathology Services are provided by Health PEI until children enter school.

Adult services are provided on a short- to medium-term basis, if required, for individuals experiencing Auditory Processing Disorder, stuttering, voice disorders, communication needs as a result of a genetic syndrome, dementia, traumatic brain injury, progressive degenerative conditions, and hearing loss.

How can I receive speech and language services?

You can contact Speech Language Pathology Services to arrange an appointment for you or your child.
Parents can refer their children. Self-referrals are accepted for adults. Referrals from health care professionals are also accepted.

Complete the appropriate referral form and case history information:

- Children's (Pediatric) Speech and Language Pathology Referral Form [PDF | 348 KB] and the All About Your Child: Basic Information Form [PDF | 182 KB]
- Adult Speech and Language Referral Form [PDF | 300 KB] and the Adult Speech Language Pathology Services Case History Form [PDF | 111 KB]

How will I know if my child needs to visit a speech pathologist?

Communication develops over time and children will reach speech, language and hearing milestones [PDF | 239 KB] at his/her own rate. You can request speech language pathology services if you are concerned your child is late in learning to speak or shows no interest in communication.

- In general, a child will:
    - babble by nine months;
    - say first words by 15 months;
    - say consistent words by 18 months; and
    - speak word combinations by 24 months.
- You should be able to understand what your child is saying at age 24 months.
- A stranger should be able to understand what your child is saying at age 36 months.

Consider referring your child if:

- he/she does not respond when spoken to or react to loud noises, or
- he/she experiences sudden loss of speech and language ability.

What happens when my child starts school?

Health PEI Speech Language and Pathology Services focus on the time period **before your child starts school**. After your child enters school, contact their school to explore speech language support through the school system.

How do I contact Speech Language Pathology Services?

Speech Language Pathology Services
Sherwood Business Centre
161 St. Peters Road
Charlottetown, PE   C1A 7N8

Telephone:1-844-344-TALK (8255)
Email: speechandhearing@ihis.org(link sends e-mail)
Souris
Johnny Ross Young Service Centre
15 Green Street
Souris, PE   C0A 2B0

Telephone: (902) 687-7016
Fax: (902) 687-7100

Montague
126 Douses Road
Montague, PE   C0A 1R0

Telephone: (902) 838-0762
Fax: (902) 838-0803

Charlottetown
Sherwood Business Centre
161 St. Peters Road
Charlottetown, PE   C1A 7N8

Telephone: (902) 368-4440
Fax: (902) 620-3195

Summerside
205 Linden Avenue
Summerside, PE   C1N 2K4

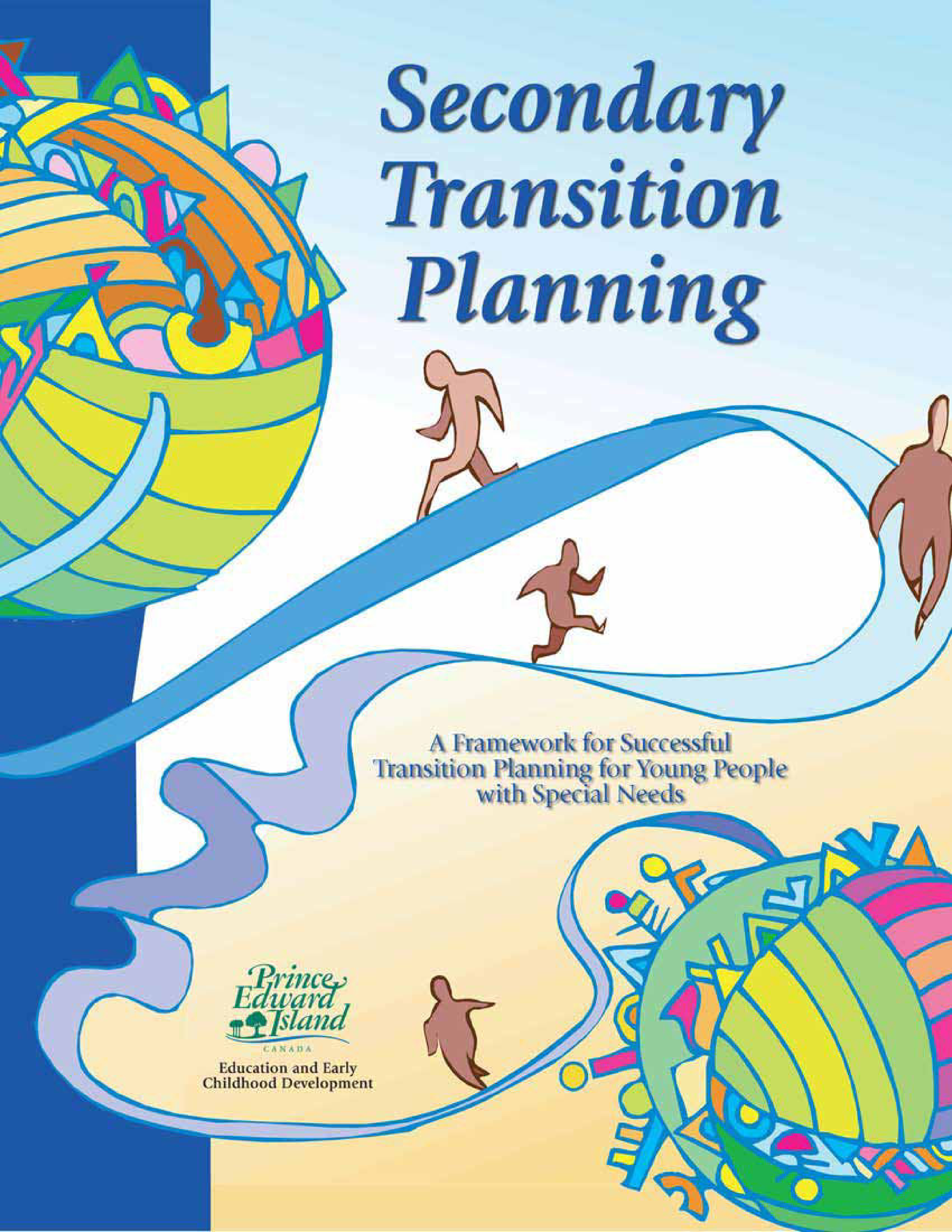
Telephone: (902) 888-8160
Fax: (902) 888-8153

Wellington
Evangeline Health Centre
48 Mill Road
Wellington, PE   C0B 2E0

Telephone: (902) 854-7259
Fax: (902) 854-7270

O’Leary
Community Hospital
14 MacKinnon Drive
O'Leary, PE   C0B 1V0

Telephone: (902) 859-8720
Fax: (902) 859-8701
Published date:
January 15, 2019



Secondary Transition Planning

A Framework for Successful Transition Planning for Young People with Special Needs

Prince Edward Island
CANADA

Education and Early
Childhood Development

Secondary Transition Planning

A framework for successful transition planning for young people with special needs

Prince Edward Island
CANADA
Department of Education

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January 2007

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Individual Transition Planning

Overview

The transition from school to work, further education and community living can be particularly challenging for students with special needs especially those with an autism spectrum disorder. Thoughtful planning and coordination are required in order for these students to be well prepared for their post high school living, learning, working and leisure environments. **Collaboration** including the student, family, school and community agencies is needed to identify desired post-school outcomes that can guide the student's educational programming during the final school years.

The transition **planning** process should begin **early** by age 14. The Transition Action Plan is a dynamic document which is cumulative over the last several years in school. Each year the team reviews and adds to or revises the plan as needed and insures that planning is **continuous**. Careful documentation of this information enables the Transition Team to provide continuity based on the desired long term goals. Goals are initially broad and become increasingly more focused and specific as the student nears graduation.

To ensure a smooth transition, it is essential that the last years of school focus on **teaching skills** that will be required in the new environment**.** These may include daily living skills including personal care, work and social skills and/or functional academic skills. Current skill **assessment** in the targeted areas is important in determining appropriate objectives.

Over the course of the transition planning process, the student and family are also introduced to the adult service system for individuals with special needs and helped to establish **connections** that will be important in this transition. Community service providers learn about the individual needs of the young adult and can begin to identify **supports** that will be needed for the student to live, work and recreate in the community as an adult.

Resource Components

The purpose of *Secondary Transition Planning* is to assist schools and families as they begin this essential process of preparing students with special needs for post school environments. Not all sections of this resource will be relevant or necessary for every student. Following the suggested process, choose the most important components for each individual based on your knowledge of the student and input from the student and family.

Secondary Transition Planning includes:

- a student centered process describing the steps and time line for transition planning
- suggestions for establishing the transition team and an organizational structure outlining roles and responsibilities of team members
- suggested formal and informal assessment information to be gathered from parents, the school and the student. Structured interviews are included to facilitate this.
- examples of informal assessments and checklists which can assist the team in identifying interests, strengths and weaknesses for and with the student
- suggestions for creating a Student Transition Portfolio, including adapted checklists for more challenged students
- considerations for developing the Transition Action Plan
- forms to facilitate monitoring and recording of the plan and completed steps in the process

- *Community Resource Guide.* PEI Association for Community Living (2006). Charlottetown, PE.

  This is a listing of PEI community agencies and educational programs which may provide services or support for the student in the post school environment. Description of available services as well as contact information is included.

- *PEI Transitions From School to Community. Post-secondary Scholarship and Bursary Guide for Students with Disabilities.* PEI Association for Community Living (2006). Charlottetown, PE.

  This comprehensive listing includes funding, scholarship and financial aid information for individuals with disabilities

- *Secondary Transition Planning* CD

  Reproducible forms contained in this resource have been included on a CD to make the tool user friendly and adaptable. This allows the forms to be filled out using a computer if desired.

Additional Resources provided:

- *Transition Planning Inventory (TPI).* Clark, G. & Patton, J. (1997). Austin, TX: Pro-Ed

  This is an informal assessment instrument for identifying and planning for the transitional needs of students. It is designed to provide a systematic way to address critical transition planning areas and take into account the individual student's needs, preferences, and interests

- *Informal Assessment for Transition Planning.* Clark, G., Patton, J. & Mouton, L. (2000). Austin, TX: Pro-Ed.

  This resource can be used to determine transition needs and to develop appropriate transition plans. It includes a comprehensive listing of competencies that have been identified as important to adult functioning. In addition, it contains a number of informal instruments that assist with the generation of transition-related information. This resource can be used as stand-alone material or to extend information derived from the *Transition Planning Inventory (TPI)* on which this resource is based.

What is transition planning?

Transition planning is an **outcome oriented process** which is designed to promote success in the post school environment. Planning is **student centered** and based on the individual student's needs, preferences and interests. The planning process provides a systematic framework through which information is gathered to guide the development of the school program. Information gathered throughout the process is **carefully documented** to ensure that the plan is **continuous** and evolves from year to year. A written record of the Transition Action Plan is included in the Individual Education Plan and is developed collaboratively by the student, family and school.

Who may need specific transition planning?

- students with identified special needs who have required significant resource support in their educational programs
- students who have required individualization in their educational programming as documented in Individual Education Plans
- students who have required significant modifications to their educational program
- students who need adapted assessment strategies in order to help them participate in the transition planning process

What long-term outcome areas will be considered in planning?

The intent of the process is to assist the student in determining how he or she will live, work, learn and recreate in the community after leaving high school. Thus, the main areas of focus are Living, Employment, Community-Leisure and Learning-Education. In all areas, the focus is on selecting actions and objectives that will lead to the greatest degree of independence and choice in the future environment.

Living Outcomes

This area explores the student's wishes for living arrangements as well as personal management, social interaction and self care skills needed in that living environment. Families and students are encouraged to consider living options that may change over time as students increase their independence or family needs change.

Employment Outcomes

This key area is directly linked to the student's interests, preferences and current skills and requires thoughtful assessment and collaboration. Work, volunteer, school jobs and coop experiences during the final school years will help in determining the student’s motivation and interest in particular work environments and tasks. For some students, on-the-job training may be an option. The Team is encouraged to think “outside the box” about the types of job possibilities that may be satisfying for the student and help the student develop the social and work behaviours that are needed in that future environment. Community agencies who may be able to assist in supports, funding, or transportation are essential to developing this plan.

Community-Leisure Outcomes

Quality of life is often closely related to our engagement with others who enjoy similar interests and activities. It is important to ensure that the student develops an awareness of actions and activities that would promote friendships and good health. The last years of school can often be used to expose the student to more opportunities in this area through school sports, special interest groups, or social skills groups. Accessible transportation and mobility within the community is often a key element and should be planned for, including safety skills and independent use of local transportation when possible.

Do all students with special needs require *comprehensive* assessment and transition planning?

The main outcome areas should be reviewed each year for each student, however, some students may require less detailed plans or perhaps, actions in only one area. The plan is individualized and depends on the nature and extent of the disability. The process outlined here provides suggested steps to assist the transition team in identifying which outcome areas will need more detailed plans.

The transition planning process should...

- begin by age 14 or earlier
- involve the student as much as possible in setting personal goals and setting a plan of action
- reflect the strengths, skills, interests and needs of the student
- identify realistic outcomes for work, further education or community living that are attainable given appropriate supports
- provide critical information for developing appropriate IEP goals and objectives, including current assessment
- define actions needed to help the student achieve the goals

Steps to Transition Planning

Creating the Transition Team

Gathering Information

Initial Planning

Assessment

Transition Action Plan (TAP)

Creating a Student Transition Portfolio

Follow-up and Review

Steps to Transition Planning

Step 1 – Creating the Transition Team
    Team Roles and Responsibilities

Step 2 – Gathering Information
    Parent Interview
    Student Interview
    Teacher Observation Checklist
    Community Social Skills Rating Checklist
    Student Information Summary

Step 3 – Initial Planning
    Post Secondary Outcomes (Sample)
    Post Secondary Outcomes Checklist
    Questions to Guide the Planning Process

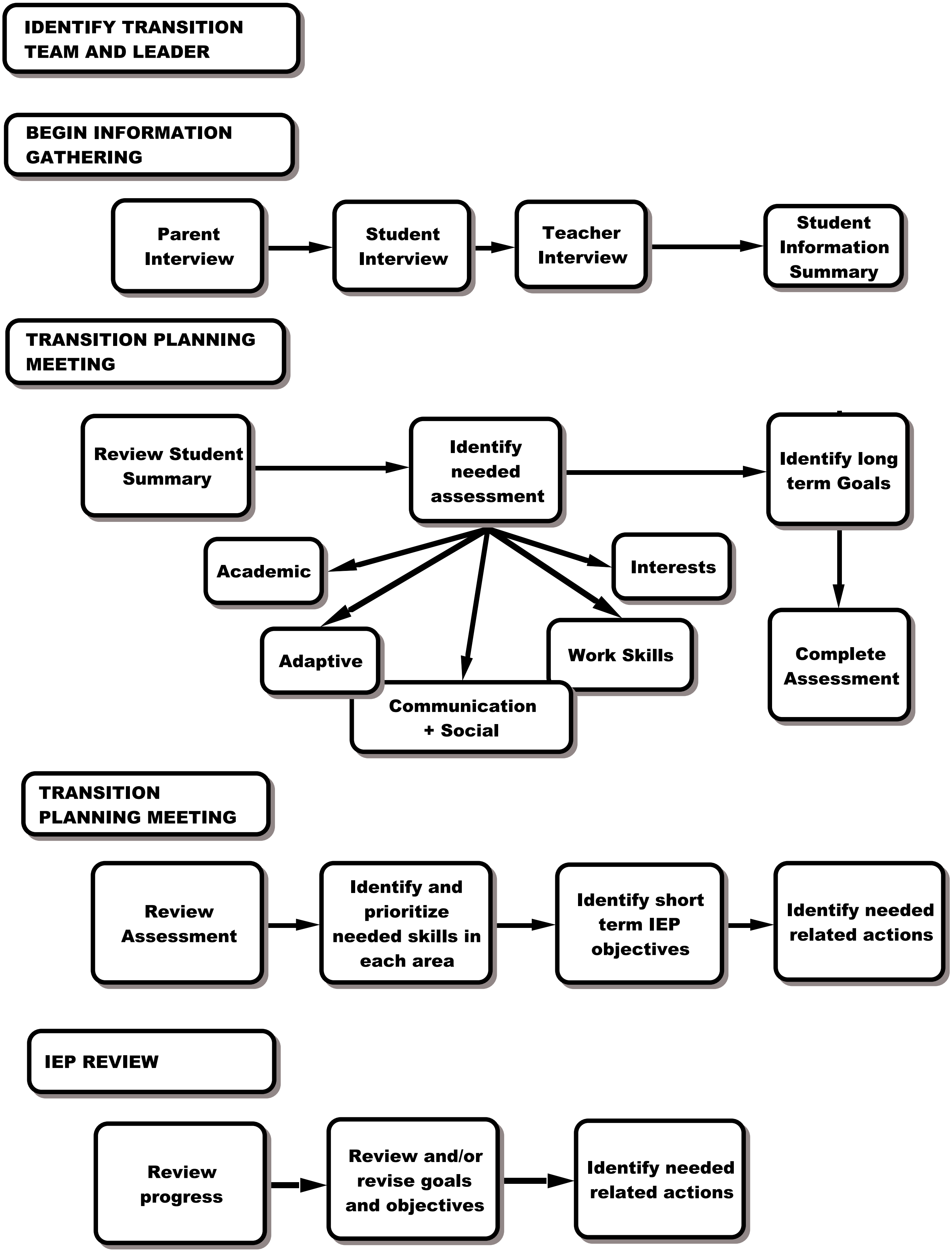
Step 4 – Assessment
    Formal Measures
    Informal Measures

Step 5 – Transition Action Plan (TAP)
    Creating the Transition Action Plan

Step 6 – Creating a Student Transition Portfolio
    Student Portfolio Fact Sheet

Step 7 – Follow-up and Review

TRANSITION PLANNING



Step 1 - Creating the Transition Team

Effective planning requires the cooperation and effort of a team where the input of all members is valued. In the Spring of Grade 8 or the Fall of Grade 9, the Principal designates a staff member to coordinate the student's Transition Planning Team. The designated Transition Team Leader is often a Resource Teacher or Special Educator who oversees the Individual Education Plan. The Team Leader identifies the Transition Team members for the student including the following:

Core Team: These members have a commitment to working for the student's benefit in this planning process and will generally meet two-three times a year during the student's last school years. Although some team members may of necessity change, continuity in the planning process is essential. The transition team leader, as the plan facilitator, will ensure that new team members are informed of the process and the steps that have been taken thus far.

- Student
- Parents or Guardians
- Team Leader
- Teacher(s) and School Counselor

Extended Team: Additional members are invited as appropriate or applicable and *may be permanent or temporary team members*. Board or Department Consultants with specific areas of expertise may assist with the transition planning process. When the student has specific physical or medical needs (I.e communication, vision, or hearing impairment or mobility issues), the team should request participation or input from these professionals. Community agencies or services who will be providing support after high school should be represented on the team especially during the last two years of school. Depending on student and family goals and needs, the input of a Disability Support Worker and/or community agency representative is very helpful in this transition process, in particular in facilitating connections with community resources and governmental supports.

- Special Education or Autism Consultant
- Disability Supports Worker
- Health or Social Work professionals
- Disability Specific Professionals (APSEA, HEAR, etc.)
- Members from community disability (or other involved) organizations

Team Roles and Responsibilities:

School:

- Identify Transition Team Leader and Team members
- Schedule and facilitate transition planning meetings
- Involve appropriate Board Consultants as needed
- Coordinate the development, implementation and monitoring of the Transition Action Plan
- Conduct and/or arrange for assessment
- Document the transition planning process through the IEP
- Maintain a record of team members and completed assessments
- Provide opportunities for the student to foster work and independent living skills in addition to academic programming during their high school years.

Parents:

- Assist their child to identify realistic goals in keeping with their family and cultural values
- Share their knowledge of their child's interests, strengths and needs with the team
- Participate in the selection of appropriate goals and objectives for the IEP and Transition Action Plan
- Become familiar with resources available for adults with special needs

Student:

- Participate in the planning process as much as possible
- Share information on interests, skills and hopes for the future
- Participate in assessment designed to further identify current skills and needs
- Help develop a personal Transition Portfolio as appropriate

Community Agencies:

- Become familiar with the individual needs of the youth
- Share perspective on skills needed in community work and leisure settings
- Assist in identifying supports that will be available to the youth after graduation

A ***Transition Team Member List*** is included on the Transition Action Plan form to record team members and changes to the team membership over time.

Step 2 - Gathering Information

Parent, Teacher and Student Interviews

Once the Transition Team has been identified, the Transition Team Leader or designee meets with the parents or guardians and the student to explain the planning process and their essential involvement. In addition, the Team Leader interviews the parents and student using the structured interviews as a guide. The *Family and Student Interviews* are used to focus the discussion on desired post school goals. It is most helpful to complete these interviews in person. In this way, the family can begin the planning process in a small group and ask questions as needed. Since this occurs as a first step, the student and family have the opportunity to discuss their preferences together before the first planning meeting and perhaps identify priority areas.

See *Family Interview* and *Student Interview* forms in Information Gathering section, page 27

In addition to the student and parent interviews, the Team Leader collects initial general information from one or more of the student's teachers. The ***Teacher Observation*** and /or the ***School and Community Social Skills Rating Checklist*** can be filled out by one or more subject area teachers and provides a general starting point for discussion of the student's strengths and needs in the school setting. If the Team Leader (or Consultant) is less familiar with the student, they may want to do a direct observation.

See *Teacher Observation* and *School and Community Social Skills Checklist* forms in Information Gathering section, page 35

After completing the interviews, the Team Leader summarizes the information from the parents, student and teachers using the ***Student Information Summary.*** The form is then copied and shared with the team members at the initial transition planning meeting. Collecting initial information in this way helps focus the planning meeting and gives a "head start" to the family especially those who may be looking closely at this issue for the first time.

See *Student Information Summary* forms in Information Gathering section, page 41

Step 3 - Initial Transition Planning

The Transition Team Leader schedules and facilitates an initial meeting which includes all Transition Team members. The purpose of the initial meeting is to begin the transition planning process. Discussion points include:

1. Identifying the anticipated number of school years remaining
2. Reviewing the *Student Information Summary*
3. Identifying the global post secondary outcomes for the student based on the student/family's vision in the following areas. The outcomes are "big picture" statements that describe the student's life after high school. The statements can be worded in straightforward language and entered in the Transition Action Plan form in each domain.
   - Living
   - Employment
   - Community Participation and Mobility
   - Recreation
   - Education and Training Opportunities

See *Post Secondary Goals Checklist* and *Sample Post-secondary Outcomes* in Transition Action Plan section, page 82

4. Discussing the student's strengths and needs as they relate to the identified outcomes.
5. Identify assessments or additional information which would be helpful in planning and assign responsibility for completing the assessment or gathering the information. This may involve the family, the student, school or Board/District staff.
6. Decide if input from other professionals or community agencies is needed at this point in the planning process
7. Decide if additional information is needed about post school options.
8. Schedule a follow-up meeting within six to eight weeks to allow time for needed assessment

See *Questions to Guide the Transition Planning Process* in Transition Action Plan section, page 79

Step 4 - Assessment

Some students with special needs may be able to participate in general education career guidance activities. For those who are more challenged, individualized assessment is needed in order to effectively plan for success after school. The assessment process provides information that will assist in selecting transition goals and objectives for the IEP. The responsibility for completing assessment may be shared, but should be designated at the team meeting. Both formal and informal assessment may be helpful. Completed assessment can be tracked on the Transition Action Plan form.

Formal Measures:

Assessment may include standardized measures of academic, social, communication, cognitive or adaptive living skills. Each assessment tool generally has specific administration requirements which will determine who may complete the assessment. Cognitive assessment may be required for some post-secondary education or bursary options (i.e. ACE program at UPEI). The need for this should be identified as soon as possible in order to meet submission deadlines.

Informal Measures:

- **Record Review** - A review of the student's records can provide information about learning rate, as well as academic strengths and weaknesses. The review should include the current IEP and report cards as well as any documentation relating to current skills and interests. Medical concerns or environmental accommodations needed should also be noted.

- **Communication Checklist** - If communication skills are a concern, updated assessment in this area may be warranted. Informal parent and teacher checklists may provide an overall picture of functional communication skills and are included in this resource. Referral to appropriate professionals can be made if this does not provide adequate information.

See *Communications Summary* in the Assessment Tools section, page 48

- **Direct observation** of particular skill areas or behavioural challenges can provide valuable insight into specific need areas. Observation of the student in different activities or subject areas can highlight tasks that are preferred or non-preferred and suggest employment avenues.

- A **Personal Transition Portfolio** documenting independent work samples or skills is very helpful in capturing important information about the student's interests and long term plans.

- **Supervisor evaluations** of work or volunteer placements or written feedback from teachers.

- **Checklist of Daily Living Skills** - Knowledge about the student's independence in this area is essential in identifying needed skills in the post school living setting. The *Adolescent Autonomy Checklist* is included in this resource and can be filled out by the student or the family. If additional information is needed, the *Transition Planning Inventory (PTI)* is recommended.

See *Adolescent Autonomy Checklist* in the Assessment Tools section, page 50

- **Interest inventories** can be completed with the student to help identify employment possibilities. These can be adapted using pictures or picture symbols. Once completed, these can become a permanent part of the Personal Transition Portfolio.

See *Adapted Checklists* in the Student Transition Portfolio section, page 103

Step 5 - Transition Action Plan (TAP) and Individual Education Plan (IEP)

An IEP for an elementary student usually includes skill areas such as Fine or Gross Motor, Self-Care, Social Skills, or subject content areas such as Math, Reading and Social Studies. The emphasis is on skill development based on modified grade level curriculum outcomes.

Goals and objectives written in the Transition Action Plan are more long range outcome oriented and target specific skills the student needs in order to be successful in the community as an adult. The desired outcomes in Living, Employment, Community Participation, Recreation and Education domains guide the selection of instructional objectives. Progress made on these objectives needs to be measurable.

Actions are also included in the transition plan. These are single steps or activities that represent "linkages" between the school and the post school environments. Actions are community or inter-agency connections that cannot be addressed within the IEP objectives but are complementary to them. These actions or activities may be critical to the achievement of the student's goals, but they are not intended to be measurable objectives. Rather they specify a needed activity, who will complete the activity and a suggested time frame. The following example illustrates outcome oriented actions and objectives for a high-needs student in one domain.

Employment (Where do you want to work as an adult?)
would like part time paid work outdoors with support; would like to use some earnings to buy music

Related Strengths	**Related Needs**	**Actions Needed and Person Responsible**	**Completion Date**
enjoys working outdoors, especially in garden or with plants	uses mostly gestures to communicate	Parents and student will visit local plant nursery and landscape company	May, 2007
follows directions	not yet independent in the community	Teacher will investigate option for related school job or coop placement	September, 2006
can follow through after demonstration	needs assistance with transportation	[Community Agency] will provide information on funding for job coach	November, 2006
identifies and counts coin values by 1, 5 and 10	needs help to count amounts and pay for items purchased	Teacher will identify opportunities for community trips to practice safety and mobility	2006-2007 School Year
		Resource Teacher to complete Adolescent Autonomy Checklist to identify related need areas	December, 2006

Related IEP Objectives:

1. [Student] will request help by signing when job or learning materials are needed during structured tasks, 4/5 opportunities

2. [Student] will give personal information by handing an ID card when requested 4/5 opportunities

3. [Student] will identify 20 common plants and flowers in pictures

4. [Student] will use a calculator to add two prices and pay for items using dollar coins and “add one” strategy with 90% accuracy

5. [Student] will identify community signs and correct response with 100% accuracy (men’s room, traffic signal, danger)

This example illustrates outcome oriented actions and objectives in one domain for a student who has milder disabilities.

Employment (Where do you want to work as an adult?)
Love movies and want to work in a video store or at empire theatres

Related Strengths	**Related Needs**	**Actions Needed and Person Responsible**	**Completion Date**
enjoys busy environments good "people skills" like to converse about favourite topic responsible and detail oriented reads at grade 3 level	sometimes becomes distracted and forgets next steps in task needs help to identify appropriate conversational topics needs help with personal hygiene	Student and parent to interview video store owner to identify job skills Resource Teacher to assist in connecting student with Peer Helper Student will be enrolled in Life Skills course Parents and student will complete personal hygiene checklist and prioritize objectives in this area.	May, 2007 September, 2006 September-December, 2006 November, 2006

Related IEP Objectives:

1. [Student] will complete a school job or learning activity by following a written "to do list" in Home Ec and Shop class 4/5 days

2. [Student] will initiate appropriate conversational topics during lunch, with peer helper coaching 4/5 days

3. [Student] will place items in alphabetical order by first and second letter with 90% accuracy.

4. [Student] will describe steps in personal hygiene using a sequenced script and complete a self-monitoring checklist daily.

At the Transition Action Plan meeting, the team reviews the assessment information and uses this to generate and prioritize appropriate objectives relating to long term outcomes. Objectives or actions selected are those that the family, school and student feel are most directly related to the post-school goals. In general, the Transition Action Plan will be completed as part of the student's IEP process, reviewed mid-year and updated annually. Copies of the Transition Action Plan are shared with the Transition Team, as appropriate.

Step 6 - Creating a Student Transition Portfolio

What is a student transition portfolio?

This is an optional but very helpful component of the transition planning process for a student with special needs. A Student Transition Portfolio is a visual display or collection that represents personal characteristics or skills the student feels are important to planning the future.

Who develops the portfolio?

Some students may be able create this independently, but often the student will need the support of a mentor, teacher or family member.

What is included in the portfolio?

The portfolio should include an introduction to the student from a first person perspective. Pictures and descriptions of activities can be used to illustrate the student's independent skill level as well as areas where support is needed. It may include a collection of student academic work that exhibits the student's efforts, progress and achievements in one or more areas. This need not be limited to written work, and could include labeled photographs showing the student completing school jobs, participating in activities with friends, engaged in favorite activities or demonstrating independent skills in different areas. Checklists or interest inventories which help the student identify living or working options might also be stored in the portfolio. Some examples of items that may be useful in the portfolio are recognition or participation awards, photographs of team activities or clubs, an exercise or job schedule, attendance record, report cards, examples of writing skills, photograph of a completed project, letters from employers or volunteer supervisor, photograph of adaptive equipment or environmental accommodations needed.

If the student or mentor is interested and has computer skills, consider creating an "electronic portfolio". This opens many other media options, including audio and video files, graphics and other online resources. Creating a short video that illustrates some of the student's skills can be a very effective tool when giving student information to prospective employers or training agencies. For more information about this option, Dr. Helen C. Barrett's website is an excellent starting point. (http://electronicportfolios.com/) This site is devoted to developing electronic portfolios and provides numerous articles, links and resources on the topic of alternative assessment and electronic portfolios.

What are the benefits of creating a Student Transition Portfolio?

Portfolios help students value themselves as learners as they proceed through the process of developing a portfolio and they are able to see their accomplishments. This development process emphasizes what students can do, not what they cannot do. Since the student is involved in selecting items to include, it is an opportunity to reflect on his/her own vision of the future and explore ideas for the post school environment. This can lead to increased student participation in selection of learning goals. In addition, a portfolio allows for documentation of skills the student may not be able to accurately describe in more traditional means.

How much time will it take to develop the portfolio?

The portfolio is developed over a 3 to 4 year period while the student is in the last years of school, so the portfolio can evolve slowly and be added to at any point. The decision to create a Transition Portfolio should be discussed during the Transition meeting, so that appropriate expectations and support can be designated. The creation of the portfolio may also be included as an objective in the student's Transition Action Plan and viewed as a personal career planning project.

What components of a Transition Portfolio are included in this section?

A portfolio is a very individualized project and the samples included in the related resource section are intended as suggestions only. Sample forms and checklists in both their original and adapted formats have been included to demonstrate how these might be modified for more challenged students.

Step 7 - Followup and Review

In the Spring of the Grade 9 year, the Transition Team meets again to review progress, revise and update the Transition Action Plan for the Grade 10 year. Each time the Transition Team meets, the desired long term outcomes should be reviewed, to insure that they continue to be realistic and that appropriate followup is planned. The Transition Action Plan should be viewed as a dynamic document which will be revised and updated yearly throughout the remaining school years following the procedure outlined.

Information Gathering

Student Information Handout

Parent Information Handout

Family Interview for Transition Planning

Student Interview

Teacher Observation

School and Community Skills Checklist

Student Information Summary

What ***Students*** Need to Know

Now that you are 14, you can't wait to be an adult and make your own decisions. Many students feel that way at your age. Moving from junior high to high school and from high school into the community can seem scary, but it doesn't have to be. These changes are called transitions and for all students, preparation is the key to success. When we face change, careful preparation can help ease the worry we might feel.

When you become an adult, you will be making many decisions including where to live and work, how to get around, where to get help and how to enjoy your free time. Being an adult is a responsibility and now is the time to start thinking about your future. As young adults, we look forward to being more independent. Independence is being able to take care of yourself, make choices and be responsible for your own actions. Sometimes it's fun and sometimes it's hard work. Independence means telling others what you want and helping yourself to the best of your ability. The key to independence is responsibility. When you take care of yourself you are being responsible and independent. Each person may be independent in some skills and need help in others.

Getting Started - Making a Plan

A group of people who care about you will help you along the way. This is called your Transition Team. It will include you and your parents, as well as teachers and sometimes people from the community. Together the Team will help you learn more about what you want your life to be like after high school. You will choose new skills to learn while you are still in school that will help you achieve those goals. This is called the Transition Action Plan. You can help by taking an active role in making your wishes and interests known. Only you know what you want your future to be!

Here are a few things you can start thinking about and discussing with your family.

- What are your hopes and dreams?
- When you finish high school, where do you want to live?
- What kind of work interests you?
- Do you want to continue learning new skills and where? (on the job, in a special course or college setting?)
- In the community, what kinds of activities do you like to do in your free time?
- What are you worried about?
- What are you looking forward to?
- What do you need more information about to help you decide on possible jobs or careers?
- Think about your interests. What are your favourite classes, clubs, sports, subject areas?
- Do you know what help you might need and can you ask for it?

Working Toward Your Goals

Each year in high school, you will meet with your Transition Team and think about what other information is needed and perhaps add new ideas to your plan. You may invite other people from the community to join the Team who will be able to help you after high school. You may visit different places in the community to see what skills some jobs require or learn more about how to take part in community recreation. It is important to begin early to learn about jobs that match your interests. Some students may be able to volunteer or do school or summer jobs or "co-op" placements. These experiences will help you decide what jobs will work for you later.

Remember that you are the most important person on your Transition Team. Make sure you take the opportunity to tell your story. You can write it on paper or draw it. You can talk about it with your parents or with one of your Transition Team members. You can create a portfolio that shows things you are proud of or enjoy and what you want others to know about you. There are checklists you can fill out that will help you figure out your strengths and weaknesses.

Remember, get involved, share information and ask questions! If you want more information about this, please see ________________________________.

What ***Families*** Need to Know

Families often become concerned when their teenage son or daughter with special needs moves through intermediate school to high school. The transition from high school into the community looms in the not so distant future, and parents may be worried about the path their child will take. While the future holds many unknowns and can seem scary, it doesn't have to be. For all students and their families, preparation is the key to transition success. Whenever we face change, thoughtful preparation can help ease the anxiety we might feel.

Getting Started –Making a Plan

Transition Planning is the process of preparing the youth for life after high school and looks different for each person. Each youth has unique wants, needs, strengths and weaknesses so the plan must be individualized. It is important to begin this process by age 14 to insure that the last years of high school are focussed on teaching skills that will be needed in the post high school environment.

Transition Planning is most successful when the student, family, school and community work together. A *Transition Team* is created which includes the youth and their parents, as well as teachers and sometimes people from the community. When the student and family actively participate in this process, a successful and thoughtful plan can be made that is based on family wishes, cultural values and hopes for their youth.

- A *Transition Team Leader* from the school will provide information about the process and begin collecting information through interviews with the parents, the student and teachers.
- Next, a meeting of the Team will be held to summarize the information collected thus far and begin to create statements or long term goals which are agreed upon. The goals will focus on *Living, Working, Community*

Recreation/Leisure areas as well as further *Learning* opportunities. Sometimes more detailed information or assessment will be needed about the youth's current skills in academic or other areas.

- Once long-term goals have been selected, shorter term objectives will be chosen which will be addressed at school or home during that school year and *relate directly to the post-secondary goals.*
- Other actions which complement the plan may include parents, teacher or student follow-up activities, such as visiting a potential job site, collecting information about community supports, connecting the student to a Peer Helper or school job, etc
- The long-term goals, objectives and actions are recorded in the *Transition Action Plan* and are reviewed yearly. Transition planning is a process which builds on itself each year with goals evolving and changing as the youth grows and interests and options become more clear.

Working Toward Long-term Goals

How can you can help create and support an effective transition plan?

- Take an active role! You and your youth are an essential part of his or her transition team. Take the opportunity to share your perspective and insight into your son or daughter's skills, and interests
- Find out all you can about what your youth wants to do when he or she leaves high school and what resources are available
- Encourage your youth to choose realistic goals that are a good fit with your family values
- Learn about the different jobs available in your community. Begin early to help your young adult learn about jobs that match his or her interests.
- Learn about community agencies that provide supports related to employment (i.e job coach, on the job training, supervised day programs)
- Give your son or daughter many opportunities to make choices and practice decision making.
- Work toward increasing independence in personal and self care skills.
- Create opportunities for your teen to be socially active in the community,(i.e shop, use community facilities, participate in church activities, sports, clubs)
- Help your son or daughter learn about their disability so they will be better able to advocate for themselves.

For more information about the transition process, please contact
_______________________________.

Encouraging Teens to Think About Transition

(adapted from Lasting Gifts, 2000)

Teens need to think about the things that they would like to do in the future; teens with exceptionalities are no different. The following are some ideas for parents that will assist them in helping their child think about and plan for the future:

- Begin thinking about your teen's future in a broad way that includes much more than just a work placement.

- Help your teen to think about adult life, that is, interests, what matters, with whom friendships or other relationships might be, or how time would be spent.

- Think of planning for the future as a process. Focus on accomplishing small steps towards a goal. Remember that once a decision is made, it doesn't mean that it can't be changed if things don't work out or if your child changes his or her mind.

- Look at the "messages" about your teen's future that your child is receiving from all sources. Consider and develop the positive messages that you want understood.

- Encourage your teen to volunteer and gain work experience.

- Encourage yourself to think beyond what you think is realistic for your teen's future life, so you won't leave out any options. You may be surprised.

- Be very conscious of the skills your teen is demonstrating, for example, self-awareness skills, life skills, job skills. Help develop these skills even more. They can be a great source of support in future life

- Treat barriers as challenges that may cause you to try something new.

- Allow your child the opportunity to make mistakes. We all learn from our mistakes and become better people because of them. In learning to deal with mistakes in a positive way, your teen will be learning a very important skill necessary for his or her future ability to be independent.

- Be a good role model and talk with your teen about the activities you are engaged in and find interesting and fun.

- Listen to what your teen is telling you about his or her dreams for the future. Teens with exceptionalities are like other teens in that they need your help and guidance to think about the possibilities for the future and to develop as much as possible towards independence.

- Watch your teen to see what he or she loves to do and encourage your teen to develop this as a natural strength. Emphasize these strengths when you begin to consider employment options.

Source: Resource for the Transition of Students with Exceptionalities. From School to Work or Post Secondary Education and Adult Life. NB Dept of Education, May 2001. Reprinted with permission.

Family Interview for Transition Planning

Parent's Name: ________________________ **School:** _______________
Student's Name: ________________________ **Date:** _______________

1. Have you begun planning for your child's transition from high school to the adult world?

   ____
   ____
   ____

2. Following school, which of the following best describes your young adult's living arrangements?

   - living at home or with relatives
   - living in a group home or supported residence
   - living independently
   - other ______________________

3. What do you want for your young adult after high school? Where do you hope he/she will learn, work, spend leisure time?

   ____
   ____
   ____

4. In which of the following independent living areas does your young adult need instruction? (Please check all that apply)

   ☐ clothing care
   ☐ meal preparation/nutrition
   ☐ hygiene/grooming
   ☐ travel training
   ☐ community awareness
   ☐ time management
   ☐ getting along with others
   ☐ self advocacy
   ☐ self advocacy
   ☐ sex education
   ☐ health/first aid
   ☐ household management
   ☐ interpersonal skills
   ☐ safety
   ☐ problem solving
   ☐ communication/language

5. Do you expect your young adult to be financially independent?

____
____
____

6. How much support beyond the family, do you imagine your young adult will need to be successful in the adult world?

____
____
____

7. What type of career (job/occupation) does your young adult seem interested in at this time?

____
____
____

8. Has your young adult ever done work for which he/she has been paid? Please describe.

____
____
____

9. Was he/she successful in a work or volunteer situation?

____
____
____

10. Does your young adult show responsibility at home? (I.e complete home jobs, follow home and community rules, show awareness of danger)

☐ usually ☐ sometimes ☐ rarely

11. What kind of occupation/job do you expect your young adult to have when he/she finishes school?

☐ working full time independently
☐ working part time independently
☐ working full time with support or job coach
☐ working part time independently with support or job coach
☐ working in day treatment or supported environment
☐ other ______________________

12. Are there particular skills you want your young adult to learn to prepare for adulthood?

____
____
____

13. Will your young adult be able to travel to and from a job or learning environment alone?

☐ YES ☐ NO

14. How does your young adult currently spend his/her leisure time?

____
____
____

15. How do you spend time as a family?

____
____
____

16. Describe some of the qualities, strengths or abilities you appreciate in your young adult.

____

____

____

17. What are your young adult's challenges or needs?

____

____

____

18. Are you aware of any behaviours that might interfere with your child's getting an holding a job?

____

____

____

19. Are there particular education courses you want your child to take to prepare for later employment?

____

____

____

20. How would you like the team to assist you in planning for your young adult's goals?

____

____

____

Student Interview Questionnaire

Student's Name: __________________________ Date: ___________________

1. What are your favorite classes at school? Why?

____

____

____

2. What classes at school do you like the least? Why?

____

____

____

3. What type of teachers do you get along with best? Why?

____

____

____

4. What do you think are your best academic areas? Are you better in math, reading, or writing?

____

____

____

5. What vocational, trades or work skills classes have you taken and which were the most interesting for you? Why?

____

____

____

6. Which academic areas are the most difficult for you? What is the hardest for you to do at school?

____

____

____

7. What ca teachers do to make those difficult areas easier for you?

____

____

____

8. What jobs have you had? List all jobs, both at school and at home, for pay or without pay. What tasks did you do on these jobs?

Job: ____________________________ Tasks: ____________________

Job: ____________________________ Tasks: ____________________

Job: ____________________________ Tasks: ____________________

9. Which jobs did you like the best? Why?

10. Which jobs did you like the least? Why?

11. What would be your dream job? The most important part of this question is WHY? Be as specific as possible.

12. What are your favorite things to do on weekends or after school?

13. After high school, would you most like to:

☐ Go to university or college.

☐ Go to a vocational training or apprenticeship program.

☐ Go to work and learn on the job.

14. What plans have you made or activities have you done to get ready for your life after high school?

____

____

____

15. Which of the following most describes you at this time in your life:

☐ I haven't really thought about life after high school and am not worried about it.

☐ I have a few ideas of what I might like to do and what I am good at.

☐ I am sure of what I want to do after I leave high school and have started making plans for it.

☐ I am very worried about what I will do after high school and wish someone could help me figure this out.

16. I would like some help from the school getting ready for life after high school. I would like help with the following areas:

____

____

____

Adapted from Center for Change in Transition Services, Seattle University, Seattle, Washington

Teacher Observation

Student Name: ____________________ Course/Subject: ________________

Teacher Name: ____________________ Date: ________________________

In what setting is the student most successful at school? Which classes specifically and which activities?

____

____

____

Is the student involved in extracurricular activities? How does the student function in social settings with other students?

____

____

____

Is the student involved in any peer or cross age tutoring?

____

____

____

Has the student participated in any school based work experiences? (Office, kitchen, library?)

____

____

____

How well does the student follow directions? Do they need specific directions or does s/he respond to general directions?

Can the student remember directions or scheduled activities or do they need notes or lists?

How well does the student use “down time”?

Does the student need ongoing reinforcement or do they work well without feedback?

Additional Comments:

School and Community Skills Checklist

Student's Name: ______________________ Date: __________________

School: _____________________________ Date of Birth: _______

Rater:_______________________________ Current Grade: _______

Directions: Check each item that describes the student.

Classroom Related Behaviors

The student adequately and appropriately:

☐ 1. attends to teacher during instruction

☐ 2. maintains correct sitting posture

☐ 3. gains the teacher's attention.

☐ 4. answers questions asked by th teachers.

☐ 5. asks teachers for assistance or information.

☐ 6. shares materials with classmates.

☐ 7. keeps own desk in order.

☐ 8. enters class without disruption.

☐ 9. follows classroom rules.

☐ 10. cooperates with work partners.

☐ 11. ignores distractions.

☐ 12. stays on task during seatwork.

☐ 13. completes work on time.

☐ 14. participates politely in classroom discussion.

☐ 15. makes relevant remarks during classroom discussion.

☐ 16. follows verbal directions.

☐ 17. follows written directions.

☐ 18. speaks politely about schoolwork.

☐ 19. participates in classroom introductions.

☐ 20. completes homework on time.

☐ 21. uses free time in class productively.

School Building Related Behaviors

The student adequately and appropriately:

☐ 22. follows procedures for boarding school bus.
☐ 23. follows bus riding rules.
☐ 24. walks through hallways and passes to class.
☐ 25. waits in lines.
☐ 26. uses rest room facilities.
☐ 27. uses drinking fountain.
☐ 28. follows lunchroom rules.
☐ 29. uses table manners.
☐ 30. responds to school authorities.
☐ 31. deals with accusations at school.

Personal Skills

The student adequately and appropriately:

☐ 32. says “please” and “thank you.”
☐ 33. speaks in tone of voice for the situation.
☐ 34. take turns in games and activities.
☐ 35. tells the truth.
☐ 36. accepts consequences for wrong doing.
☐ 37. maintains grooming.
☐ 38. avoids inappropriate physical contact
☐ 39. exhibits hygienic behavior
☐ 40. expresses enthusiasm.
☐ 41. makes positive statements about self.
☐ 42. expresses anger in nonaggressive ways
☐ 43. accepts praise.
☐ 44. stays out of fights.
☐ 45. deals with embarrassment.
☐ 46. chooses clothing for social events.
☐ 47. deals with failure.
☐ 48. deals with being left out.

Interaction Initiative Skills

The student adequately and appropriately:

☐ 49. greets peers.
☐ 50. borrows from peers.
☐ 51 asks other children to play.
☐ 52. expresses sympathy.
☐ 53. asks peers for help.
☐ 54. makes invitations.
☐ 55. introduces self.
☐ 56. makes introductions.
☐ 57. initiates conversations.
☐ 58. joins activities with peers.
☐ 59. congratulates peers and adults.
☐ 60. makes apologies.
☐ 61. excuses self from groups and conversations.
☐ 62. expresses feelings.
☐ 63. expresses affections
☐ 64. stands up for a friend.
☐ 65. asks for dates.
☐ 66. gives compliments.
☐ 67. makes complaints.

Interaction Response Skills

The student adequately and appropriately:

☐ 68. smiles when encountering acquaintances.
☐ 69. listens when another child speaks.
☐ 70. participates in group activities.
☐ 71. helps peers when asked.
☐ 72. accepts ideas different from own.
☐ 73. meets with adults.
☐ 74. maintains conversations.
☐ 75. responds to teasing and name calling.
☐ 76. responds to constructive criticism.
☐ 77. recognizes feelings of others.
☐ 78. respects the space of others.

☐ 79. responds to peer pressure.
☐ 80. deals with an angry person.
☐ 81. makes refusals.
☐ 82. answers complaints.

Community Related Skills

The student adequately and appropriately:

☐ 83. asks for directions in public.
☐ 84. gives directions.
☐ 85. exhibits sportsmanship as a game participant.
☐ 86. exhibits polite behavior and sportsmanship as a spectator.
☐ 87. disposes of wastepaper and debris in public.
☐ 88. respects the rights of others in public.
☐ 89. respects private property
☐ 90. exhibits good audience behaviors.
☐ 91. responds to public authority.
☐ 92. asserts self to gain service.
☐ 93. deals with public officials over the phone

Work Related Social Skills

The student adequately and appropriately:

☐ 94. sets goals for work.
☐ 95. negotiates on the job.
☐ 96. responds to unwarranted criticism.
☐ 97. asks for feedback on the job.
☐ 98. minds own business on the job.
☐ 99. chooses a time for small talk.
☐ 100.refrains from excessive complaining.

Source: Social Skills for School and Community (pp.269-273), by L.R. Sargetn, 1991, Reston, VA: Division of Mental Retardation, Council for Exceptional Children. Copyright 1991 by the Council for Exceptional Children. Reprinted with permission.

Student Information Summary

Name:	**Parents/Guardians:**
Date of Birth:	**Address:**
Diagnosis:	**Medical Alert/Allergies:**

Current Level of Support	**Frequency**
Resource	
Educational Assistant	
Mentor	
Guidance	
Youth Worker	
Tutor	
Peer Helper	
Does the student have a current IEP? In which skill or content areas?	
Does the student need curriculum adaptations?	
Does the student need a modified curriculum?	
Does the student need adaptive equipment? (Vision, hearing, mobility?)	

Student Information Summary

Student Name:_______________________________ **Date:** _________________

Transition Team Leader: ____________________________

Interests	**Strengths**	**Challenges**	**Work/volunteer Experience**

Student Information Summary – Example 1

Student Name : ________________________________ **Date:** _________________

Transition Team Leader: ___________________________

INTERESTS	STRENGTHS	CHALLENGES	WORK/VOLUNTEER EXPERIENCE
Expressed (by family and student) • sports • helping Mom at home • music-dancing • visiting grandmother in nursing home **Observed:** • stock car races • fairs • Special Olympics	friendly, smiles and laughs easily can follow 2-3 step directions 20 functional sight words can use phone with number written out (no phone book) can input up to 6 digits in adding machine or computer	lack of control when frustrated or confused no fear of strangers - safety issues easily confused - has outbursts when excited transportation - may need to learn to ride bus to job	school office errands - with supervision office tasks - made copies for teachers nursing home - helped give snack to residents

Adapted from Center for Change in Transition Services, Seattle University, Seattle , Washington

Student Information Summary – Example 2

Student Name : ___________________________ **Date:** ________________

Transition Team Leader: ___________________________

INTERESTS	STRENGTHS	CHALLENGES	WORK/VOLUNTEER EXPERIENCE
mechanics - enjoys working with hands, putting things together motorcycle racing computer games music, plays drums in band skateboarding with friends	above average non-verbal problem solving reads at Grade 5-6 level when familiar with content good persistence when working on tasks he finds enjoyable good memory and ability to follow verbal directions has interview experience, good resumé	written language at Grade 2 level difficulty sounding out words poor spelling skills not aware of disability and needs help with self advocacy difficulty completing tasks especially written tasks	Burger King - cook, 2 summers, didn't like the work summer job with friend at bike store worked in lube shop likes shop environment helped make repairs to fishing boat (volunteer)

Adapted from Center for Change in Transition Services, Seattle University, Seattle , Washington

Assessment Tools and Forms

Assessment Tools Information

Communication Summary

Adolescent Autonomy Checklist

Assessment Sample Pages
- Transition Planning Inventory
- Brigance Life Skills Inventory
- Ansell-Casey Life Skills Assessment

Assessment Tools Information

Assessment is an individualized process. The information that is needed for one student may not be important to include for another. In this section, information and sample pages from selected assessment tools provide the Transition Team with user friendly and readily available options. Each tool provides information that can help guide the selection of appropriate Transition IEP goals and objectives in one or more skill areas. When one or more of these are used in conjunction with interview information from the parent, teacher (s) and student, a more comprehensive picture of strengths and needs will emerge.

Communication Summary

This checklist would primarily be used to give a global picture of communication strategies used by a student who has limited or no verbal language. By interviewing those who know the student well, use the listed options to describe how the student typically communicates (expressive) or understands communication (receptive).

Adolescent Autonomy Checklist

This checklist is divided into sections that include skills commonly needed at home and in the community. It can be filled out by the parents or the student and used to select appropriate objectives related to desired post school outcomes. This checklist can also be useful as an ongoing measurement of independent skills as the student progresses.

Transition Planning Inventory (TPI)

The *Transition Planning Inventory* is an instrument for identifying and planning for the comprehensive transitional needs of students. It is designed to provide school personnel a systematic way to address critical transition planning areas and take into account the individual student's needs, preferences, and interests. Information on transition needs is gathered from the student, parents or guardians, and school personnel through the use of three separate forms designed specifically for each of the target groups. The accompanying software allows for a quick summary of the information collected.

Informal Assessments in Transition Planning

This book includes a comprehensive listing of competencies that have been identified as important to adult functioning as well as a number of informal instruments that assist with the generation of transition-related information. It can be used as stand-alone material or as a way to provide further assessment alternatives extending information derived from the *Transition Planning Inventory* (TPI) on which this resource is based. Also included are reproducible examples of informal checklists which can be used for further assessment and may be appropriate to include in the Student Transition Portfolio. The selected instruments vary in format (survey, interview, checklist, questionnaire) and in respondent (student, family member, school professional). Transition planning teams may photocopy and use any instrument included in the collection.

Brigance Life Skills Inventory

The *Brigance Life Skills Inventory* assesses listening, speaking, reading, writing, comprehending, and computing skills within the context of everyday situations. Assessments range in difficulty from grade levels 2–8. The assessments are easy to administer and no special training or additional materials are necessary. A sample is included here for reference.

Ansell-Casey Life Skills Assessment (ACLSA)

The *Ansell-Casey Life Skills Assessment* (ACLSA) is an online resource that evaluates independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete and would be appropriate for a student with mild to moderate impairment. All assessments can be completed by the student independently or with the assistance of an adult and are free of charge. There are ACLSA versions for four suggested age ranges from age 8-18. The ACLSA was designed to be as free as possible from gender, ethnic, and cultural biases. It is appropriate for all youths regardless of living circumstances, whether with one parent, in foster care, in group homes or in other places. The ACLSA does not collect personal identification information and the results are kept anonymous. Areas assessed can be individually selected, including Career Planning, Communication, Daily Living, Home Life, Housing and Money Management, Self Care, Social Relationships, Work Life, and Work and Study Skills. A sample is included here for reference.

www.caseylifeskills.org/pages/assess/assess_aclsa.htm

Communication Summary Form

Directions:

Complete this form by reviewing the student's records and interviewing the student's parents, peers, teachers, and speech-language pathologist.

Student: ___________________________ Date _________________

Unaided Systems	Respond to receptively		Uses expressively		If yes, describe special instructions/procedures
Nonsymbolic behaviors*					
Vocalizations	Y	N	Y	N	______________________
Affect	Y	N	Y	N	______________________
Body movement	Y	N	Y	N	______________________
Gestural	Y	N	Y	N	______________________
Physiological	Y	N	Y	N	______________________
Visual	Y	N	Y	N	______________________
Symbolic behaviors*					
Gestures	Y	N	Y	N	______________________
Sign language	Y	N	Y	N	______________________
Speech	Y	N	Y	N	______________________
Pictures	Y	N	Y	N	______________________
Printed word	Y	N	Y	N	______________________
Braille	Y	N	Y	N	______________________

Aided Systems	Respond to receptively	Uses expressively	If yes, describe special instructions/procedures
Nonelectronic devices*			
Single-sheet	Y N	Y N	______________________
Multiple-sheets	Y N	Y N	______________________
Electronic devices*	Y N	Y N	______________________
Tape recorder	Y N	Y N	______________________
Personal computer	Y N	Y N	______________________
Dedicated aids (eg. Touch Talker, Wolf, or SpeechPac)	Y N	Y N	______________________
Vocabulary displays*			
Objects	Y N	Y N	______________________
Photographs	Y N	Y N	______________________
Line drawings	Y N	Y N	______________________
Symbols	Y N	Y N	______________________
Printed words	Y N	Y N	______________________
Brailled	Y N	Y N	______________________
Methods of using the devices			
Direct selection	Y N	Y N	______________________
Scanning	Y N	Y N	______________________

*attach vocabulary lists or sample overlays from communication devices

Source: Student Portfolio: A System for Documenting the Strengths, Needs and Abilities fo Students Who are Deaf-Blind, by Kansas State Board of Education, 1996, Topeka, KS: Author. Copyright 1996 by the Kansas State Board of Education. Reprinted with permission

Adolescent Autonomy Checklist

Skills at home	**Can Do Already**	**Needs Practice**	**Plan to Start**	**Accomplished**
Kitchen: Operate appliances (cook top, oven, microwave, toaster, dishwasher)				
Use common kitchen tools (can opener, bottle opener, knife, measuring cups and spoons, grater, timer, egg beater, ice cream scoop)				
Help plan and prepare meals				
Follow a recipe				
Put away the leftovers				
Set the table				
Do the dishes				
Familiarity with contents of packaged foods				
Laundry				
Put dirty clothes in hamper				
Sort clothes				
Use washer and dryer				
Iron				
Hand wash				
Fold clothes				
Put clothes away				
With the Family				
Watch TV news and discuss together				
Help take care of siblings				
Participate in family decisions				
Plan family outing				
Take care of pets				
Housekeeping				
Clean room				

Developed by the Youth in Transition Project (1984-1987) University of Washington Division of Adolescent Medicine and based on a Model developed by the Children's Rehabilitation Center at the University of Virginia.

Adolescent Autonomy Checklist, Cont’d.

Skills at Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Housekeeping, Cont’d.				
Make the bed/change the bed				
Choose decorations for room				
Minor repairs (change light bulbs, repair or assemble toys)				
Take out the trash				
Basic sewing/mending skills				
Gardening				
Plant a garden				
Mow/water the lawn				
Weed the garden				
Learn appropriate use of garden tools				
Emergency				
Plan fire exits and emergency procedures				
Know where candles and flashlights are				
Use a fire extinguisher				
Know how to turn water off				
Know community emergency telephone numbers				
Know where extra house key is located				
Unclog the sink or toilet				
Personal Skills				
Use the phone				
Have a house key				
Budget allowance				
Go shopping				
Have privacy in the bathroom				
Manage personal grooming (shampoo, bath, shower)				

Developed by the Youth in Transition Project (1984-1987) University of Washington Division of Adolescent Medicine and based on a Model developed by the Children’s Rehabilitation Center at the University of Virginia.

Adolescent Autonomy Checklist, Cont'd.

Skills at Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Personal Skills, Cont'd.				
Get a haircut				
Choose appropriate clothes to wear				
Health Care Skills				
Understand health status				
Be aware of existence of medical records, diagnosis information, etc.				
Prepare questions for doctors, nurses, therapists				
Respond to questions from doctors, nurses, therapists				
Know medications and what they're for				
Get a prescription refilled				
Keep a calendar of doctor, dentist appointments				
Know height, weight, birthdate				
Learn how to read a thermometer				
Know health emergency telephone numbers				
Know medical coverage numbers				
Obtain sex education materials/birth control if indicated				
Discuss role in health maintenance				
Have genetic counseling if appropriate				
Discuss drugs and alcohol with family				
Make contact with appropriate community advocacy organization				
Take care of own menstrual needs and keep a record of monthly periods				
Community Skills				
Get around the city (pedestrian skills, asking directions)				

Developed by the Youth in Transition Project (1984-1987) University of Washington Division of Adolescent Medicine and based on a Model developed by the Children's Rehabilitation Center at the University of Virginia.

Adolescent Autonomy Checklist, Cont'd.

Skills At Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Community Skills, Cont'd.				
Get around the city (pedestrian skills, asking directions)				
Use public transportation (taxi, bus, etc.)				
Locate bathroom in unfamiliar building (i.e. know how to ask)				
Know about neighborhood stores and services				
Use a pay phone				
Use a phone book				
Open a bank account				
Get a library card				
Get a picture ID				
Get a Social Security Card				
Use Post Office				
Volunteer for community services				
Leisure Time Skills				
Help plan a party				
Invite a friend over				
Subscribe to a magazine				
Read a book				
Plan a TV viewing schedule				
Go for a walk				
Join the Scouts, YMCA/YWCA, 4-H Club				
Go to a recreation center				
Go to camp				
Attend school functions (plays, dances, concerts, sports)				
Go to Church				
Keep a calendar of events				
Participate in a sport				

Developed by the Youth in Transition Project (1984-1987) University of Washington Division of Adolescent Medicine and based on a Model developed by the Children's Rehabilitation Center at the University of Virginia.

Adolescent Autonomy Checklist, Cont'd.

Skills At Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Skills For The Future- Education				
Meet with school Guidance Counselor				
Check future educational options				
Vocational/Technical Options				
Contact school Guidance or DVR Counselor				
Check on local workshops/job opportunities				
Find out about apprentice programs				
Get information from community colleges				
Learn how to apply for a job				
Vocational/Technical Options, Cont'd.				
Check on local workshops/job opportunities				
Find out about apprentice programs				
Get information from community colleges				
Learn how to apply for a job				
Living Arrangements				
Be aware of federal housing regulations for the disabled				
Explore group homes and tenant support apartment living programs				
Find out about financial assistance programs				
Learn how to manage money and budget household expenses				
Understand leases				
Know the responsibilities of a tenant & landlord				
Know how to fill out an application				
Check for wheelchair accessibility if needed				
Look into transportation				
Know about services: electricity, phone, water				

Developed by the Youth in Transition Project (1984-1987) University of Washington Division of Adolescent Medicine and based on a Model developed by the Children's Rehabilitation Center at the University of Virginia.

Transition Action Plan

Transition Checklist

Questions to Guide the Planning Process

Post-secondary Outcomes Checklist

Sample Post-secondary Outcomes

Transition Action Plan Form

Transition Checklist

The following is a general checklist of transition activities to consider when preparing Transition Action Plans with the Team. It is not all inclusive and the time frames may need to be individualized. The student's skills, interests and desired long term outcomes will determine which items on the checklist are relevant and timely. Use this checklist to ask yourself whether or not these transition issues should be addressed at transition meetings. Some items may begin four years before leaving school and continue until that date. Other actions may be completed in one school year. Responsibility for carrying out the specific transition activities should be determined at the transition planning meetings.

Four to Five Years Before Leaving School (Approx. Grade 8 -9)

☐ Identify year of planned school exit.

☐ Identify personal learning styles and the necessary accommodations to be a successful learner and worker.

☐ Identify initial long term outcomes in living, employment, community participation and recreation/leisure areas

☐ Begin career exploration. Identify career interests and skills, complete interest and career inventories, and identify desired education or training outcomes

☐ Identify interests and options for future living arrangements, including supports.

☐ Learn to effectively communicate interests, preferences, and needs.

☐ Begin a student portfolio and update it as needed.

☐ Be able to explain your disability and the accommodations you need.

☐ Investigate money management and identify necessary skills.

☐ Acquire identification card and/or the ability to communicate personal information in community settings

☐ Identify and increase independence in skills necessary for planned living environment

☐ Learn and practice personal health care.

Two - Three years Before Leaving School (Approx. Grade 10 - 11)

☐ Adjust course of study to match planned outcomes

☐ Identify community support services and programs that will provide post school supports or community connections. Invite adult service providers to the Transition Planning Meeting.

☐ Broaden experiences with community activities and expand friendships.

☐ Explore options for post-secondary education and admission criteria. Gather information on funding and/or support services offered

☐ Investigate assistive technology tools that can increase community involvement and employment opportunities.

☐ Pursue and learn to use local transportation options outside of family.

☐ Match career interests and skills with course work, school or volunteer jobs and community work experiences.

☐ Identify health care providers and become informed about healthy sexuality and family planning issues.

☐ Participate in career awareness information sessions with parents

☐ Inquire about applicable financial support programs.

☐ Provide opportunities for job sampling through coop or volunteer placements

☐ Learn and practice appropriate communication and social skills for different settings (employment, school, recreation, with peers, etc.).

☐ Practice independent living skills, e.g., budgeting, shopping, cooking, and housekeeping.

One Year Before Leaving the School District (Grade 12+)

☐ Practice effective communication by developing interview skills, asking for help, and identifying necessary accommodations at post-secondary and work environments.

☐ Specify desired job and obtain paid or volunteer employment with supports as needed.

☐ Take responsibility for arriving on time to work, appointments, and social activities.

☐ Practice transportation and shopping skills in community settings

☐ Assume responsibility for health care needs (making appointments, filling and taking prescriptions, etc.)

☐ Visit potential employment or recreation locations

Adapted from the National Network, Parent Brief - Winter, 1996.
http://ici2.coled.umn.edu/ntn/pub/briefs/tplanning.html

Questions to Guide the Transition Planning Process

The questions suggested here are a starting point to assist the team in planning. The list is not meant to be all-inclusive as the information to be collected is highly student and outcome specific.

Living

1. Does the student already have the independent skills needed to live in the identified living situation? [self care, time organization, budgeting, cooking, communication skills, first aid, safety skills, etc]

2. How can we find out? [Academic or adaptive assessment, Adolescent Autonomy Checklist, Vineland Adaptive Behavior Scales, Transition Planning Inventory, Brigance® Diagnostic Life Skills Inventory.etc.]

3. What skills do we need to teach in this area to make this possible?. [Base this answer on the results from #2.]

4. What other information do we need from those who will provide the living situation? Who will gather this information?

Employment

5. Does the student already have the independent skills needed to work in the identified working situation? [time organization, communication skills, job specific skills, math and reading skills, etc.]

6. How can we find out? Academic assessment, related school job, coop experience, etc.

7. What skills do we need to teach in this area to make this possible?
[Base this answer on the results from #6.]

8. What other information do we need from those who will provide the working situation? [job description, tour of typical job sites, social interaction, communication skills required?] Who will gather this information?

9. If the student does not have a specific job in mind, what information or experience can we provide to provide guidance in this area? [Job fair, career exploration activities, job shadowing, school jobs and coop experiences, etc.]

Community Participation and Mobility

10. Does the student already have the independent skills needed to participate actively in the community? [transportation, connections with community groups, etc.]

11. How can we find out? [Student and Parent Interview; Investigate transportation options - family, friends, agency, local resources]

12. What skills do we need to teach in this area to make this possible?

    [Base this answer on the results from #11.]

13. What other information do we need from community resources, services or transportation options? Who will gather this information?

Recreation

14. Does the student already have the independent skills needed to participate actively in individual and group recreation, sport and leisure activities? Has the student been exposed to a variety of options for involvement both at home and in school?

15. How can we find out? [Student and Parent Interview; Investigate recreation, sport and leisure options in school and home community]

16. What skills do we need to teach in this area to make this possible?. [Base this answer on the results from #15.]

17. What other information do we need from community resources or recreational clubs, etc.? Who will gather this information?

Education and Training Opportunities

18. Does the student already have the independent skills needed to pursue the identified post-secondary education or training? [time organization, study skills, communication and social interaction skills, pre-requisite courses, etc]

19. How can we find out? [Transition Planning Inventory, academic assessment, review of college /university requirements, etc]

20. What skills do we need to teach in this area to make this possible?

    [Base this answer on the results from #19.]

21. What other information do we need from those who will provide the post-secondary education or training? [What supports or accommodations are available for students with special needs, Funding information; etc.] Who will gather this information?

Post -secondary Goals Checklist

Living

The student wants to:

☐ Live independently without support
☐ Live in a supervised living arrangement
☐ Live with family
☐ Live with a friend
☐ Live in a dorm room while attending post-secondary education
☐ Live in a group home
☐ Other.....

Employment

The student wants:

☐ to be independently employed and knows the field he wants to pursue
☐ to be independently employed but not sure what field
☐ a job and the Transition Team anticipates the need for time limited supports (job coach)
☐ a job and the Transition Team anticipates supported employment (e.g long term support)
☐ part time employment through an adult service provider
☐ day habilitation services through an adult service provider
☐ Other.....

Community Participation

The student wants:

☐ to be independently mobile in the community and access services of choice
☐ to be independent in the community with support for transportation to access services
☐ community access with the support of family and friends
☐ community access with a provider
☐ Other.....

Leisure and Recreation

The student has:

☐ identified specific recreation and leisure activities of choice and can participate independently (specify activities)

☐ identified specific community facilities to join for recreation and leisure services (specify)

☐ identified activities of choice to do with families and friends

☐ identified activities of choice to do with a provider

☐ Other.....

Post-secondary Education or Training

The student wants to attend:

☐ a four-year college or university to gain a degree in a specific field

☐ a four-year college or university but unsure what field he will pursue

☐ a community college prior to continuing in a four year program

☐ a community college for non-academic courses (specify)

☐ a vocational or trades training program in a specified field

☐ non-academic courses offered in the community(e.g. public library, community school, non-profit organizations, adult education)

☐ on the job training

☐ Other.....

Adapted from:

Transition Services: helping Educators, Parents and Other Stakeholders Understand: Ed O'Leary, Mountain Plains regional Resource center, and Wendy Collison, Arizona Department of Education, February 2002. Used with permission.

Post-secondary Outcomes

Example 1:

Living

I will be capable of living with a friend or roommate but will need assistance with budgeting, buying food, and paperwork related to paying monthly bills.

Employment

I would like to work full-time after graduation. I would like to work around people and animals.

Community Participation and Mobility

I like sports and participating in the Special Olympic Program. I attend a singles group at church and sing in the choir. I will need help with transportation.

Recreation

I will continue to be active in Special Olympic and church activities. I am looking into participating in a bowling league. I like to fish and go camping with friends.

Education and Training Opportunities

Any training will be on the job.

Example 2:

Living

I will live with my parents. Eventually, I may live in a group home. I want to learn to help with shopping and cooking.

Employment

I like to put things in order. I might like to stock shelves or work in a library

Community Participation and Mobility

I like to help with strawberry and apple picking for my uncle. I like to go to church suppers.

Recreation

I like to go to hockey games. I enjoy spending time outdoors with my friends and running on the trails

Education and Training Opportunities

I would like to attend the ACE program at UPEI.

Transition Action Plan

_________ School Year

Student Name:	**School Name:**
D. O. B.	**Address:**
Age:	**Phone:**
Current Grade:	**Principal:**
Parents/Guardians:	
Address:	**Date Transition Plan Developed:**
Home Phone: **Work Phone:**	**Anticipated Date of School Completion:**

Transition Team Members:

	Transition Team Leader

Record of Transition Planning and Review Meetings

Date	Outcome

Record of Assessment for Transition Planning

Assessment	Date	Location of Record

Student’s Post-secondary Goals and Action Plan

Living **(Where do you want to live as an adult?)**

Related Strengths	Related Needs	Actions Needed and Person Responsible	Completion Date

Related IEP Objectives

Career – Employment **(As an adult, what kind of work do you want to do?)**

Related Strengths	Related Needs	Actions Needed and Person Responsible	Completion Date

Related IEP Objectives

Community Participation (As an adult, what kind of hobbies and recreational activities do you want to have?)

Related Strengths	Related Needs	Actions Needed and Person Responsible	Completion Date

Related IEP Objectives

Education – Training (After high school what additional education or training do you want?)

Related Strengths	Related Needs	Actions Needed and Person Responsible	Completion Date

Related IEP Objectives

Signatures

Parent/Guardian	**Date**
Student	**Date**
Transition Team Leader	Date

Student Transition Portfolio

Ideas for your Portfolio

Learning Style Preference Inventory

Self-determination/Self-advocacy Checklist

Describe Yourself Interest Inventory

Adapted Picture Symbol Checklists
    Living, Employment, Community

Ideas for your Portfolio

A ***transition portfolio*** is a collection of items ***you choose*** that tell about your ***interests*** and ***skills*** now as well as your ***hopes*** for the future. You can add to this over your last years in school and share it with people who are interested in helping you achieve those goals. Here are some samples to help you think about what you might want to include.

★ Photograph of yourself and family

★ Report card

★ Letter introducing yourself to readers

★ Photos and descriptions showing you completing home or school jobs

★ Letter of recommendation from teacher, counselor or supervisor

★ Awards recognizing achievement or participation

★ Interest inventories

★ Supervisor's letter from co-op or volunteer placement

★ Personal career plan

★ Pictures of jobs or recreational activities you are interested in

★ Picture or description of club or team you participate in

★ Picture, CD or video of a completed project

★ Video/cd documenting particular skills or favorite activities

★ Membership card for community organizations or school clubs

★ Training certificate

★ Writing sample

Learning Style Preference Inventory

Name: ________________________ Date: __________ Grade: _______

This inventory will help determine your dominant learning style. By knowing this you can understand how you learn best

Often ---- 3 Sometimes ---- 2 Seldom ----1

1. I can remember the words to a song after hearing the song a few times . 3 2 1
2. I would rather read the directions myself instead of someone telling me the directions. 3 2 1
3. I can remember people's faces easier than I can remember their names. 3 2 1
4. I like to write things down to remember them. 3 2 1
5. I remember things better when I say them out loud a few times. 3 2 1
6. I need to take a lot of stretch breaks when I am reading or studying. 3 2 1
7. I remember what I see better than what I hear. 3 2 1
8. I would rather someone tell me the directions instead of me reading them. 3 2 1
9. I work well with my hands doing things like needlework, puzzles or using tools. 3 2 1

10. I can concentrate easily on visual tasks even with visual distractions around me. 3 2 1

11. I talk to myself when I am thinking. 3 2 1

12. I would rather work on a project than just think about it. 3 2 1

13. I can concentrate on something even with noises around me. 3 2 1

14. I can remember things better if I picture them in my head. 3 2 1

15. I like to hold things in my hands like pens and paper clips when I am studying. 3 2 1

16. I picture words in my mind to help spell them. 3 2 1

17. I am very good at sports. 3 2 1

18. I would rather listen to a story than tell a story. 3 2 1

19. I use my fingers when I am counting in my head. 3 2 1

20. I like to have music or background noise on while I am working on something. 3 2 1

21. I do well reading maps, charts or graphs. 3 2 1

***Learning Style Preference Inventory**, Adapted from Fontana Unified School District*

Learning Style Preference Inventory
Scoring

Place the point value on the line next to its corresponding question number. Add the values of your scores under each heading.

VISUAL	AUDITORY	KINESTHETIC
2. ________	1. _________	4. ___________
3. ________	5. _________	6. ___________
7. ________	8. _________	9. ___________
10. ________	11. _________	12. ___________
14. ________	13. _________	15. ___________
16. ________	18. _________	17. ___________
21. ________	20. _________	19. ___________
Total Visual	Total Auditory	Total Kinesthetic
________	_________	_________

Your highest score reflects your dominant learning style. No learning style is preferable to another. We all use all three daily. Understanding our strengths is the key to understanding how we learn best.

***Learning Style Preference Inventory**, Adapted from Fontana Unified School District*

Name: _________________________ Date: _________________

Self-Determination/Self-Advocacy Checklist

How well do you know yourself? How well do you know what you like or prefer? How well do you know what you value as important in your life and how those values affect your decisions? How well can you tell others about yourself, your strengths and weaknesses? How well can you tell others how they can be supportive when you need help? How well can you look at your life and make changes when you see things you want to change?

The checklist below can help you know yourself better in these areas. Answer as honestly as you can. If you don't know, check DK.

Descriptions of me	**School**		**Home/Community**		
	Yes	No	Yes	No	DK
1. I can describe my strengths.	☐	☐	☐	☐	☐
2. I can describe my weaknesses.	☐	☐	☐	☐	☐
3. I can explain my disability.	☐	☐	☐	☐	☐
4. I can explain how I learn best.	☐	☐	☐	☐	☐
5. I know my interests.	☐	☐	☐	☐	☐
6. I can ask for help without getting	☐	☐	☐	☐	☐
7. I can state what I want to learn.	☐	☐	☐	☐	☐
8. I can state what I want to learn or do when I graduate.	☐	☐	☐	☐	☐
9. I can tell teachers or supervisors what I need to be able to do my work.	☐	☐	☐	☐	☐
10. I know how to look for help or support.	☐	☐	☐	☐	☐
11. I know how to set goals for myself.	☐	☐	☐	☐	☐

Descriptions of me	School		Home/Community		
	Yes	No	Yes	No	DK
12. I know how to get information to make decisions	☐	☐	☐	☐	☐
13. I can begin my work on time.	☐	☐	☐	☐	☐
14. I can work independently.	☐	☐	☐	☐	☐
15. I can stay on tasks until they are done.	☐	☐	☐	☐	☐
16. I can tell if my plan is working or not.	☐	☐	☐	☐	☐
17. I can change goals or my plan of action.	☐	☐	☐	☐	☐

Describe Yourself!

Think about your interests. What are your interests in these areas?

- The things you like to do.
- The environment around you.

You use this information about yourself to help make decisions about your life. To choose a life for yourself you need to know these:

- Your interests for activities and environments
- Your skills and abilities
- Your strengths and weaknesses

When you compare activities with your interests <u>and</u> your skills and abilities, you can begin to make decisions about your life. You can begin to choose a life for yourself!

Part I – Describe Yourself in the Environment

Think about being outside

Do you like to be outside?	Yes___ No___
Do you like to be outside when it is hot?	Yes___ No___
Would you like to work outside most of the day?	Yes___ No___
Do you like to be outside when it's cold?	Yes___ No___

Think about being around people

Do you like to do a job by yourself?	Yes___ No___
Do you like to cooperate with someone to get a job done?	Yes___ No___
Can you work in a crowded place?	Yes___ No___
Is it ok if someone bumps into you by accident?	Yes___ No___
Do you like being in a public place?	Yes___ No___
Are you comfortable being around and talking to people you do not know?	Yes___ No___
Can you be polite if someone is rude to you?	Yes___ No___

Think about noise!

Can you work around noisy equipment for long periods of time? Yes___ No___
Do you need a quiet workplace? Yes___ No___
Can you alternate between a noisy environment and a quiet environment? Yes___ No___

Think about smell.

Do most smells bother you? Yes___ No___
Can you work around smells for much of the day? Yes___ No___
Do chemical smells bother you? Yes___ No ___
Do animal smells bother you? Yes___ No___

Think about work materials

Do you like to work with tools? Yes___ No___
Can you wear gloves, if needed? Yes___ No___
Can you handle cleaning supplies? Yes___ No___
Does it bother you if you get dirty? Yes___ No___
Does it bother you if you get wet? Yes___ No___

Type of physical activity

Do you like to work seated for most of the day? Yes___ No___
Do you prefer to move around during most of the day or be physically active? Yes___ No___
Do you want to alternate between being seated or standing and moving around? Yes___ No___

Variety in what you do

For something you like, can you do the same thing all day? Yes___ No___
Do you like to do different things throughout the day? Yes___ No___
Can you switch easily from one thing to another? Yes___ No___

Your work hours

Do you want to work the same hours everyday? Yes___ No___
Do you want to work during the day, from Monday - Friday? Yes___ No___
Can you work evenings? Yes___ No___
Can you work weekends? Yes___ No___

Helping and taking care of others

I like to help and take care of people. Yes___ No___
I like to work with and help animals. Yes___ No___

Enjoying and taking care of the environment

I enjoy nature. Yes___ No___
I like flowers, trees, and plants. Yes___ No___
I like to work with plants. Yes___ No___
I like to take care of the environment. Yes___ No___

Building or fixing things

I like to work with tools and build things. Yes___ No___
I like to work with tools and fix things. Yes___ No___
I like construction. Yes___ No___

Art activities and expressing yourself

I like to draw and make things. Yes___ No___
I like to express myself through art. Yes___ No___
I like to use a camcorder and make videos. Yes___ No___
I like music and dance. Yes___ No___

Food service

I like to work in a kitchen, use kitchen tools, and cook. Yes___ No___
I like to clean in the kitchen - and I like to operate a dishwasher. Yes___ No___
I like to work in a dining room. Yes___ No___

Cleaning and fixing things

I like to clean. Yes___ No___
I like to take care of a building. Yes___ No___
I like to work with equipment. Yes___ No___
I like to work with cars. Yes___ No___

Working in a store or warehouse

I like working in a store that sells something I like. Yes___ No___
I like working in a warehouse with supplies and equipment I like. Yes___ No___
I like handling and counting money. Yes___ No___
I like working with numbers. Yes___ No___

Working in an office.

I like working in an office. Yes___ No___
I like using a computer. Yes___ No___
I like working with numbers and words. Yes___ No___
I feel comfortable taking telephone messages. Yes___ No___

Problem solving

I like to figure things out. Yes___ No___
I like to make decisions. Yes___ No___
Pictures and drawings help me figure things out. Yes___ No___
Written directions help me figure things out. Yes___ No___

Part II – What are you Good at Doing?

Everyone is different! Name three things that <u>you</u> do well.

1. ____

2. ____

3. ____

Something I do well is ______________________________________

What do I like about it? ______________________________________

What skills and abilities do I use to do it? ____________________________

These skills and abilities may be strengths for me.

A second thing I do well is ______________________________________

What do I like about it?______________________________________

What skills and abilities do I use to do it?____________________________

These skills and abilities may be strengths for me.

A third thing I do well is______________________________________

What do I like about it?______________________________________

What skills and abilities do I use to do it? ____________________________

These skills and abilities may be strengths for me.

Part III - What is Hard for Me?

Something that is hard for me is ____.

What is hard about it? ____

What skills and abilities do I need to do it? ____

If I do not have these skills, this may be a weakness for me.

Something else that is hard for me is ____

What is hard about it? ____

What skills and abilities do I need to do it? ____

If I do not have these skills, this may be a weakness for me.

Choose a Life for Yourself

When I Know These...

- My interests for activities and environments
- My skills and abilities
- My strengths and weaknesses

I can use this information about myself to help make decisions about my life!

Everyone is different! What is most important to me?

Name three things that are most important to me

1. ____
2. ____
3. ____

Name: ____________________________________ Date:___________________

Adapted from B. Fowler, Family and Consumer Services, Arlington Public Schools

Resources

Prince Edward Island Community Resource Guide: Transitions from School to Community

PEI Transitions from School to Community. Post Secondary Scholarship and Bursary Guide for Students with Disabilities

References

Canada Study Grants for Students with Permanent Disabilities

If you have a permanent disability, you may be eligible for a Canada Study Grant of up to $8,000 per loan year to help cover exceptional education-related costs associated with your disability, such as a tutor, interpreter (oral, sign), note taker, reader, technical aids, alternate formats, attendant care for studies, specialized transportation (to and from school), or 75 per cent of the cost of a learning disability assessment up to a maximum of $1,200. Eligible equipment includes computers, software, scanners, braillers, etc.

In order to qualify for this grant, you must:

- have a permanent disability (supported by appropriate medical documentation) and
- have a need for exceptional education-related services or equipment required to participate in post-secondary studies.
- first apply and qualify for full-time or part-time Canada Student Loan assistance

Contact Information:

PEI Department of Education
Student Aid Division
PO Box 2000
Charlottetown C1A 7N8
(902) 368-4000

Resources

Adolescent Autonomy Checklist

Source: Youth In Transition Project (1984-1987) at the University of Washington Division of Adolescent Medicine. Available online at http://depts.washington.edu/healthtr/Checklists/intro.htm

Ansell-Casey Life Skills Assessment

available online at
http://www.caseylifeskills.org/pages/assess/assess_aclsa.htm

Brigance Diagnostic Life Skills Inventory

Curriculum Associates, Inc.
153 Rangeway Road
North Billerica, MA 01862

Communication Summary

Source: Student Portfolio: A System for Documenting the Strengths, Needs and Abilities for Students Who are Deaf-Blind, by Kansas State Board of Education, 1996, Topeka, KS: Author.

FISH: Functional Independence Skills Handbook
Transition Planning Inventory (TPI)

PRO-ED, Inc.
8700 Shoal Creek Boulevard
Austin, TX 78757-6897
www.proedinc.com

Mayer-Johnson LLC

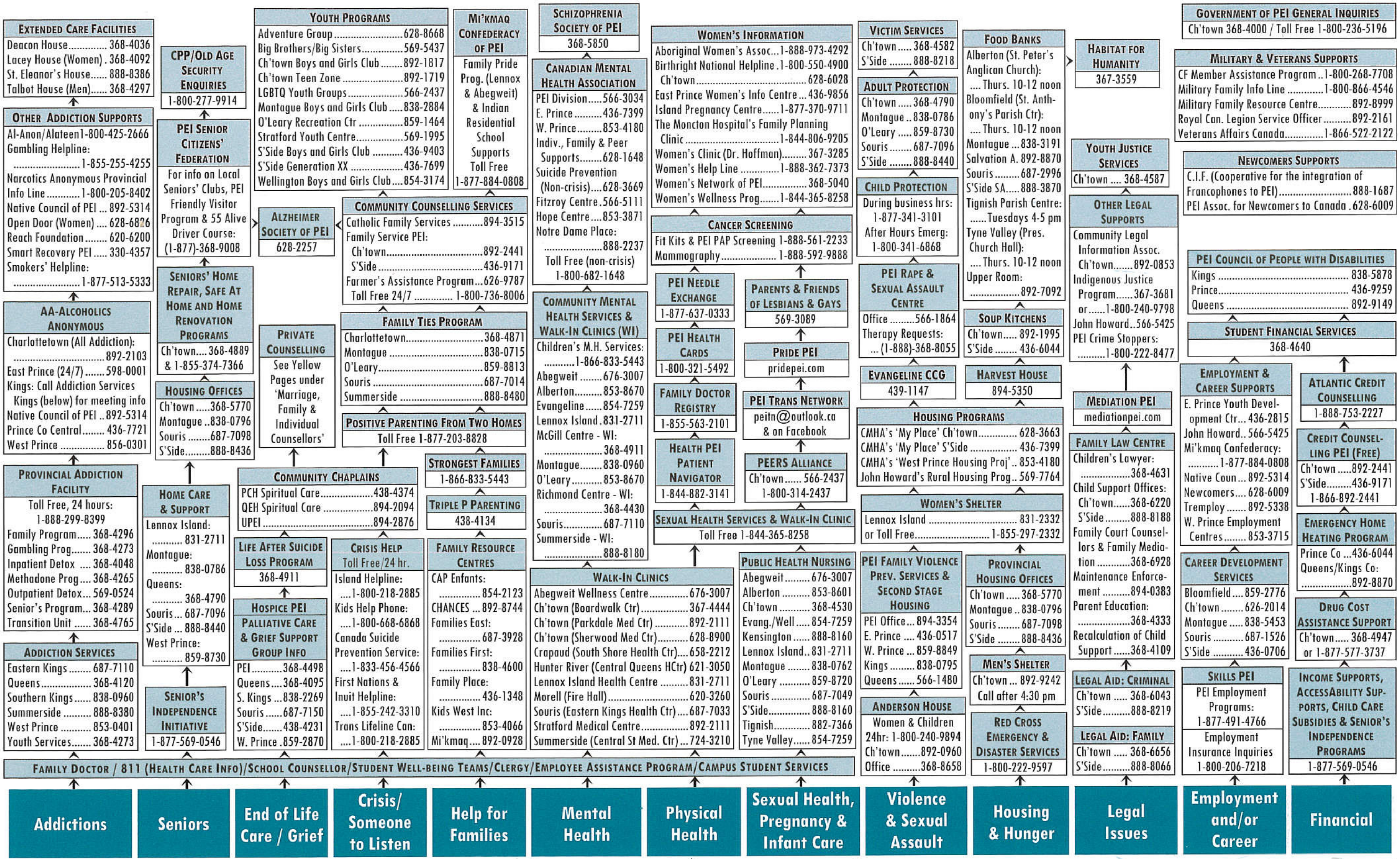
P.O. Box 1579
Solana Beach, CA 92075
U.S.A.
(858) 550-0084
www.mayer-johnson.com

Prince Edward Island Community Resource Guide: Transitions from School to Community
PEI Transitions from School to Community. Post Secondary Scholarship and Bursary Guide for Students with Disabilities
PEI Association for Community Living
158 Belvedere Avenue Suite 1
Charlottetown, PE C1A 2Z1
(902) 566-4844

Resource for the Transition of Students with Exceptionalities From School to Work or Post Secondary Education and Adult Life
New Brunswick Department of Education
Educational Programs and Services Branch
Student Services Unit
PO Box 6000 Fredericton, NB E3B 5H1

THE PEI HELPING TREE

The PEI Helping Tree is designed to inform Islanders of the many helping resources available on Prince Edward Island. If you or someone you care about is experiencing a problem in any of the areas listed, follow the arrows on the flow chart to find resources that may help. There are times in everyone's lives when we need to reach out to others - sometimes it's just a matter of knowing how to contact them. Note: unless indicated, you need to dial 902 for all local calls. **If you are still uncertain of where to turn, please call the Island Helpline at 1-800-218-2885, toll free 24/7.** **Emergency Call 9-1-1**



Extended Care Facilities
Deacon House.............. 368-4036
Lacey House (Women) . 368-4092
St. Eleanor's House...... 888-8386
Talbot House (Men)...... 368-4297

Other Addiction Supports
Al-Anon/Alateen 1-800-425-2666
Gambling Helpline:
.... 1-855-255-4255
Narcotics Anonymous Provincial
Info Line............ 1-800-205-8402
Native Council of PEI ... 892-5314
Open Door (Women) 628-6826
Reach Foundation 620-6200
Smart Recovery PEI 330-4357
Smokers' Helpline:
.... 1-877-513-5333

AA-Alcoholics Anonymous
Charlottetown (All Addiction):
.... 892-2103
East Prince (24/7) 598-0001
Kings: Call Addiction Services
Kings (below) for meeting info
Native Council of PEI .. 892-5314
Prince Co Central........ 436-7721
West Prince 856-0301

Provincial Addiction Facility
Toll Free, 24 hours:
1-888-299-8399
Family Program..... 368-4296
Gambling Prog....... 368-4273
Inpatient Detox 368-4048
Methadone Prog 368-4265
Outpatient Detox... 569-0524
Senior's Program... 368-4289
Transition Unit 368-4765

Addiction Services
Eastern Kings 687-7110
Queens.................. 368-4120
Southern Kings...... 838-0960
Summerside 888-8380
West Prince 853-0401
Youth Services....... 368-4273

CPP/Old Age Security Enquiries
1-800-277-9914

PEI Senior Citizens' Federation
For info on Local Seniors' Clubs, PEI Friendly Visitor Program & 55 Alive Driver Course:
(1-877)-368-9008

Seniors' Home Repair, Safe At Home and Home Renovation Programs
Ch'town.... 368-4889
& 1-855-374-7366

Housing Offices
Ch'town 368-5770
Montague ..838-0796
Souris 687-7098
S'Side.........888-8436

Home Care & Support
Lennox Island:
.... 831-2711
Montague:
.... 838-0786
Queens:
.... 368-4790
Souris... 687-7096
S'Side ... 888-8440
West Prince:
.... 859-8730

Senior's Independence Initiative
1-877-569-0546

Youth Programs
Adventure Group 628-8668
Big Brothers/Big Sisters............... 569-5437
Ch'town Boys and Girls Club 892-1817
Ch'town Teen Zone 892-1719
LGBTQ Youth Groups.................... 566-2437
Montague Boys and Girls Club 838-2884
O'Leary Recreation Ctr 859-1464
Stratford Youth Centre................. 569-1995
S'Side Boys and Girls Club 436-9403
S'Side Generation XX 436-7699
Wellington Boys and Girls Club.... 854-3174

Mi'kmaq Confederacy of PEI
Family Pride Prog. (Lennox & Abegweit) & Indian Residential School Supports
Toll Free
1-877-884-0808

Alzheimer Society of PEI
628-2257

Community Counselling Services
Catholic Family Services 894-3515
Family Service PEI:
Ch'town.................................. 892-2441
S'Side 436-9171
Farmer's Assistance Program... 626-9787
Toll Free 24/7 1-800-736-8006

Private Counselling
See Yellow Pages under 'Marriage, Family & Individual Counsellors'

Family Ties Program
Charlottetown............................ 368-4871
Montague 838-0715
O'Leary.................................... 859-8813
Souris 687-7014
Summerside 888-8480

Positive Parenting From Two Homes
Toll Free 1-877-203-8828

Strongest Families
1-866-833-5443

Community Chaplains
PCH Spiritual Care.................. 438-4374
QEH Spiritual Care 894-2094
UPEI 894-2876

Triple P Parenting
438-4134

Life After Suicide Loss Program
368-4911

Crisis Help
Toll Free/24 hr.

Island Helpline:
....1-800-218-2885
Kids Help Phone:
....1-800-668-6868
Canada Suicide Prevention Service:
....1-833-456-4566
First Nations & Inuit Helpline:
....1-855-242-3310
Trans Lifeline Can:
....1-800-218-2885

Family Resource Centres
CAP Enfants:
.... 854-2123
CHANCES ... 892-8744
Families East:
.... 687-3928
Families First:
.... 838-4600
Family Place:
.... 436-1348
Kids West Inc:
.... 853-4066
Mi'kmaq 892-0928

Hospice PEI Palliative Care & Grief Support Group Info
PEI 368-4498
Queens 368-4095
S. Kings ... 838-2269
Souris 687-7150
S'Side....... 438-4231
W. Prince . 859-2870

Schizophrenia Society of PEI
368-5850

Canadian Mental Health Association
PEI Division..... 566-3034
E. Prince 436-7399
W. Prince......... 853-4180
Indiv., Family & Peer Supports........ 628-1648
Suicide Prevention (Non-crisis).... 628-3669
Fitzroy Centre . 566-5111
Hope Centre 853-3871
Notre Dame Place:
.... 888-2237
Toll Free (non-crisis)
1-800-682-1648

Community Mental Health Services & Walk-In Clinics (WI)
Children's M.H. Services:
.... 1-866-833-5443
Abegweit 676-3007
Alberton.......... 853-8670
Evangeline 854-7259
Lennox Island . 831-2711
McGill Centre - WI:
.... 368-4911
Montague........ 838-0960
O'Leary 853-8670
Richmond Centre - WI:
.... 368-4430
Souris.............. 687-7110
Summerside - WI:
.... 888-8180

Walk-In Clinics
Abegweit Wellness Centre.............. 676-3007
Ch'town (Boardwalk Ctr) 367-4444
Ch'town (Parkdale Med Ctr) 892-2111
Ch'town (Sherwood Med Ctr)........... 628-8900
Crapaud (South Shore Health Ctr).... 658-2212
Hunter River (Central Queens HCtr) 621-3050
Lennox Island Health Centre 831-2711
Morell (Fire Hall) 620-3260
Souris (Eastern Kings Health Ctr) 687-7033
Stratford Medical Centre................. 892-2111
Summerside (Central St Med. Ctr) ... 724-3210

Women's Information
Aboriginal Women's Assoc... 1-888-973-4292
Birthright National Helpline . 1-800-550-4900
Ch'town.. 628-6028
East Prince Women's Info Centre ... 436-9856
Island Pregnancy Centre...... 1-877-370-9711
The Moncton Hospital's Family Planning Clinic 1-844-806-9205
Women's Clinic (Dr. Hoffman)......... 367-3285
Women's Help Line 1-888-362-7373
Women's Network of PEI................ 368-5040
Women's Wellness Prog....... 1-844-365-8258

Cancer Screening
Fit Kits & PEI PAP Screening 1-888-561-2233
Mammography 1-888-592-9888

PEI Needle Exchange
1-877-637-0333

Parents & Friends of Lesbians & Gays
569-3089

PEI Health Cards
1-800-321-5492

Pride PEI
pridepei.com

Family Doctor Registry
1-855-563-2101

PEI Trans Network
peitn@outlook.ca
& on Facebook

Health PEI Patient Navigator
1-844-882-3141

PEERS Alliance
Ch'town...... 566-2437
1-800-314-2437

Sexual Health Services & Walk-In Clinic
Toll Free 1-844-365-8258

Public Health Nursing
Abegweit......... 676-3007
Alberton 853-8601
Ch'town 368-4530
Evang./Well 854-7259
Kensington 888-8160
Lennox Island.. 831-2711
Montague 838-0762
O'Leary 859-8720
Souris 687-7049
S'Side.............. 888-8160
Tignish............. 882-7366
Tyne Valley...... 854-7259

Victim Services
Ch'town..... 368-4582
S'Side 888-8218

Adult Protection
Ch'town 368-4790
Montague .. 838-0786
O'Leary 859-8730
Souris........ 687-7096
S'Side 888-8440

Child Protection
During business hrs:
1-877-341-3101
After Hours Emerg:
1-800-341-6868

PEI Rape & Sexual Assault Centre
Office 566-1864
Therapy Requests:
... (1-888)-368-8055

Evangeline CCG
439-1147

Food Banks
Alberton (St. Peter's Anglican Church):
.... Thurs. 10-12 noon
Bloomfield (St. Anthony's Parish Ctr):
.... Thurs. 10-12 noon
Montague ... 838-3191
Salvation A. 892-8870
Souris 687-2996
S'Side SA..... 888-3870
Tignish Parish Centre:
...... Tuesdays 4-5 pm
Tyne Valley (Pres. Church Hall):
.... Thurs. 10-12 noon
Upper Room:
.... 892-7092

Soup Kitchens
Ch'town..... 892-1995
S'Side 436-6044

Harvest House
894-5350

Housing Programs
CMHA's 'My Place' Ch'town.............. 628-3663
CMHA's 'My Place' S'Side 436-7399
CMHA's 'West Prince Housing Proj' .. 853-4180
John Howard's Rural Housing Prog .. 569-7764

Women's Shelter
Lennox Island 831-2332
or Toll Free.......................... 1-855-297-2332

PEI Family Violence Prev. Services & Second Stage Housing
PEI Office ... 894-3354
E. Prince 436-0517
W. Prince ... 859-8849
Kings 838-0795
Queens...... 566-1480

Provincial Housing Offices
Ch'town 368-5770
Montague .. 838-0796
Souris 687-7098
S'Side 888-8436

Men's Shelter
Ch'town ... 892-9242
Call after 4:30 pm

Anderson House
Women & Children
24hr: 1-800-240-9894
Ch'town....... 892-0960
Office 368-8658

Red Cross Emergency & Disaster Services
1-800-222-9597

Habitat for Humanity
367-3559

Youth Justice Services
Ch'town 368-4587

Other Legal Supports
Community Legal Information Assoc.
Ch'town....... 892-0853
Indigenous Justice Program...... 367-3681
or 1-800-240-9798
John Howard.. 566-5425
PEI Crime Stoppers:
.... 1-800-222-8477

Mediation PEI
mediationpei.com

Family Law Centre
Children's Lawyer:
.... 368-4631
Child Support Offices:
Ch'town...... 368-6220
S'Side 888-8188
Family Court Counsellors & Family Mediation 368-6928
Maintenance Enforcement 894-0383
Parent Education:
.... 368-4333
Recalculation of Child Support 368-4109

Legal Aid: Criminal
Ch'town 368-6043
S'Side.......... 888-8219

Legal Aid: Family
Ch'town 368-6656
S'Side.......... 888-8066

Government of PEI General Inquiries
Ch'town 368-4000 / Toll Free 1-800-236-5196

Military & Veterans Supports
CF Member Assistance Program .. 1-800-268-7708
Military Family Info Line 1-800-866-4546
Military Family Resource Centre............ 892-8999
Royal Can. Legion Service Officer.......... 892-2161
Veterans Affairs Canada............. 1-866-522-2122

Newcomers Supports
C.I.F. (Cooperative for the integration of Francophones to PEI) 888-1687
PEI Assoc. for Newcomers to Canada . 628-6009

PEI Council of People with Disabilities
Kings 838-5878
Prince.. 436-9259
Queens 892-9149

Student Financial Services
368-4640

Employment & Career Supports
E. Prince Youth Development Ctr... 436-2815
John Howard.. 566-5425
Mi'kmaq Confederacy:
.... 1-877-884-0808
Native Coun ... 892-5314
Newcomers.... 628-6009
Tremploy 892-5338
W. Prince Employment Centres 853-3715

Atlantic Credit Counselling
1-888-753-2227

Credit Counselling PEI (Free)
Ch'town 892-2441
S'Side......... 436-9171
1-866-892-2441

Career Development Services
Bloomfield 859-2776
Ch'town 626-2014
Montague 838-5453
Souris 687-1526
S'Side 436-0706

Emergency Home Heating Program
Prince Co ... 436-6044
Queens/Kings Co:
.... 892-8870

Drug Cost Assistance Support
Ch'town..... 368-4947
or 1-877-577-3737

Skills PEI
PEI Employment Programs:
1-877-491-4766

Employment Insurance Inquiries
1-800-206-7218

Income Supports, AccessAbility Supports, Child Care Subsidies & Senior's Independence Programs
1-877-569-0546

Family Doctor / 811 (Health Care Info)/School Counsellor/Student Well-being Teams/Clergy/Employee Assistance Program/Campus Student Services

Addictions | **Seniors** | **End of Life Care / Grief** | **Crisis/ Someone to Listen** | **Help for Families** | **Mental Health** | **Physical Health** | **Sexual Health, Pregnancy & Infant Care** | **Violence & Sexual Assault** | **Housing & Hunger** | **Legal Issues** | **Employment and/or Career** | **Financial**

YOU START HERE

Canadian Mental Health Association
Prince Edward Island

Réseau Santé
en français Î.-P.-É.

The Island Helpline
1-800-218-2885
Ligne d'écoute de l'Î.-P.-É.

The PEI Helping Tree was created by CMHA's Suicide Prevention Program. It is for informational purposes only and CMHA is not responsible for any acts or omissions of these organizations. To download a copy or to access a linked version go to www.pei.cmha.ca. For additional copies or to report changes, call (902) 628-3669. (September/2018)

THE PEI HELPING TREE

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EXTENDED CARE FACILITIES

Deacon House	368-4036
Lacey House (Women)	368-4092
St. Eleanor's House	888-8386
Talbot House (Men)	368-4297

OTHER ADDICTION SUPPORTS

Al-Anon/Alateen	1-800-425-2666
Gambling Helpline:	1-855-255-4255
Narcotics Anonymous Provincial Info Line	1-800-205-8402
Native Council of PEI	892-5314
Open Door (Women)	628-6826
Reach Foundation	620-6200
Smart Recovery PEI	330-4357
Smokers' Helpline:	1-877-513-5333

AA-ALCOHOLICS ANONYMOUS

Charlottetown (All Addiction): 892-2103
East Prince (24/7) 598-0001
Kings: Call Addiction Services Kings (below) for meeting info
Native Council of PEI 892-5314
Prince Co Central 436-7721
West Prince 856-0301

PROVINCIAL ADDICTION FACILITY

Toll Free, 24 hours:
1-888-299-8399

Family Program	368-4296
Gambling Prog	368-4273
Inpatient Detox	368-4048
Methadone Prog	368-4265
Outpatient Detox	569-0524
Senior's Program	368-4289
Transition Unit	368-4765

ADDICTION SERVICES

Eastern Kings	687-7110
Queens	368-4120
Southern Kings	838-0960
Summerside	888-8380
West Prince	853-0401
Youth Services	368-4273

CPP/OLD AGE SECURITY ENQUIRIES

1-800-277-9914

PEI SENIOR CITIZENS' FEDERATION

For info on Local Seniors' Clubs, PEI Friendly Visitor Program & 55 Alive Driver Course:
(1-877)-368-9008

SENIORS' HOME REPAIR, SAFE AT HOME AND HOME RENOVATION PROGRAMS

Ch'town 368-4889
& 1-855-374-7366

HOUSING OFFICES

Ch'town	368-5770
Montague	838-0796
Souris	687-7098
S'Side	888-8436

HOME CARE & SUPPORT

Lennox Island:	831-2711
Montague:	838-0786
Queens:	368-4790
Souris	687-7096
S'Side	888-8440
West Prince:	859-8730

SENIOR'S INDEPENDENCE INITIATIVE

1-877-569-0546

YOUTH PROGRAMS

Adventure Group	628-8668
Big Brothers/Big Sisters	569-5437
Ch'town Boys and Girls Club	892-1817
Ch'town Teen Zone	892-1719
LGBTQ Youth Groups	566-2437
Montague Boys and Girls Club	838-2884
O'Leary Recreation Ctr	859-1464
Stratford Youth Centre	569-1995
S'Side Boys and Girls Club	436-9403
S'Side Generation XX	436-7699
Wellington Boys and Girls Club	854-3174

ALZHEIMER SOCIETY OF PEI

628-2257

PRIVATE COUNSELLING

See Yellow Pages under 'Marriage, Family & Individual Counsellors'

COMMUNITY CHAPLAINS

PCH Spiritual Care	438-4374
QEH Spiritual Care	894-2094
UPEI	894-2876

LIFE AFTER SUICIDE LOSS PROGRAM

368-4911

HOSPICE PEI

PALLIATIVE CARE & GRIEF SUPPORT GROUP INFO

PEI	368-4498
Queens	368-4095
S. Kings	838-2269
Souris	687-7150
S'Side	438-4231
W. Prince	859-2870

MI'KMAQ CONFEDERACY OF PEI

Family Pride Prog. (Lennox & Abegweit) & Indian Residential School Supports
Toll Free
1-877-884-0808

COMMUNITY COUNSELLING SERVICES

Catholic Family Services 894-3515
Family Service PEI:
Ch'town 892-2441
S'Side 436-9171
Farmer's Assistance Program 626-9787
Toll Free 24/7 1-800-736-8006

FAMILY TIES PROGRAM

Charlottetown	368-4871
Montague	838-0715
O'Leary	859-8813
Souris	687-7014
Summerside	888-8480

POSITIVE PARENTING FROM TWO HOMES

Toll Free 1-877-203-8828

STRONGEST FAMILIES

1-866-833-5443

TRIPLE P PARENTING

438-4134

CRISIS HELP

Toll Free/24 hr.

Island Helpline:	1-800-218-2885
Kids Help Phone:	1-800-668-6868
Canada Suicide Prevention Service:	1-833-456-4566
First Nations & Inuit Helpline:	1-855-242-3310
Trans Lifeline Can:	1-800-218-2885

FAMILY RESOURCE CENTRES

CAP Enfants:	854-2123
CHANCES	892-8744
Families East:	687-3928
Families First:	838-4600
Family Place:	436-1348
Kids West Inc:	853-4066
Mi'kmaq	892-0928

SCHIZOPHRENIA SOCIETY OF PEI

368-5850

CANADIAN MENTAL HEALTH ASSOCIATION

PEI Division 566-3034
E. Prince 436-7399
W. Prince 853-4180
Indiv., Family & Peer Supports 628-1648
Suicide Prevention (Non-crisis) 628-3669
Fitzroy Centre 566-5111
Hope Centre 853-3871
Notre Dame Place: 888-2237
Toll Free (non-crisis)
1-800-682-1648

COMMUNITY MENTAL HEALTH SERVICES & WALK-IN CLINICS (WI)

Children's M.H. Services:	1-866-833-5443
Abegweit	676-3007
Alberton	853-8670
Evangeline	854-7259
Lennox Island	831-2711
McGill Centre - WI:	368-4911
Montague	838-0960
O'Leary	853-8670
Richmond Centre - WI:	368-4430
Souris	687-7110
Summerside - WI:	888-8180

WALK-IN CLINICS

Abegweit Wellness Centre	676-3007
Ch'town (Boardwalk Ctr)	367-4444
Ch'town (Parkdale Med Ctr)	892-2111
Ch'town (Sherwood Med Ctr)	628-8900
Crapaud (South Shore Health Ctr)	658-2212
Hunter River (Central Queens HCtr)	621-3050
Lennox Island Health Centre	831-2711
Morell (Fire Hall)	620-3260
Souris (Eastern Kings Health Ctr)	687-7033
Stratford Medical Centre	892-2111
Summerside (Central St Med. Ctr)	724-3210

WOMEN'S INFORMATION

Aboriginal Women's Assoc 1-888-973-4292
Birthright National Helpline 1-800-550-4900
Ch'town 628-6028
East Prince Women's Info Centre 436-9856
Island Pregnancy Centre 1-877-370-9711
The Moncton Hospital's Family Planning Clinic 1-844-806-9205
Women's Clinic (Dr. Hoffman) 367-3285
Women's Help Line 1-888-362-7373
Women's Network of PEI 368-5040
Women's Wellness Prog 1-844-365-8258

CANCER SCREENING

Fit Kits & PEI PAP Screening	1-888-561-2233
Mammography	1-888-592-9888

PEI NEEDLE EXCHANGE

1-877-637-0333

PARENTS & FRIENDS OF LESBIANS & GAYS

569-3089

PEI HEALTH CARDS

1-800-321-5492

PRIDE PEI

pridepei.com

FAMILY DOCTOR REGISTRY

1-855-563-2101

PEI TRANS NETWORK

peitn@outlook.ca
& on Facebook

HEALTH PEI PATIENT NAVIGATOR

1-844-882-3141

PEERS ALLIANCE

Ch'town 566-2437
1-800-314-2437

SEXUAL HEALTH SERVICES & WALK-IN CLINIC

Toll Free 1-844-365-8258

PUBLIC HEALTH NURSING

Abegweit	676-3007
Alberton	853-8601
Ch'town	368-4530
Evang./Well	854-7259
Kensington	888-8160
Lennox Island	831-2711
Montague	838-0762
O'Leary	859-8720
Souris	687-7049
S'Side	888-8160
Tignish	882-7366
Tyne Valley	854-7259

VICTIM SERVICES

Ch'town	368-4582
S'Side	888-8218

ADULT PROTECTION

Ch'town	368-4790
Montague	838-0786
O'Leary	859-8730
Souris	687-7096
S'Side	888-8440

CHILD PROTECTION

During business hrs:
1-877-341-3101
After Hours Emerg:
1-800-341-6868

PEI RAPE & SEXUAL ASSAULT CENTRE

Office 566-1864
Therapy Requests: (1-888)-368-8055

EVANGELINE CCG

439-1147

HOUSING PROGRAMS

CMHA's 'My Place' Ch'town	628-3663
CMHA's 'My Place' S'Side	436-7399
CMHA's 'West Prince Housing Proj'	853-4180
John Howard's Rural Housing Prog	569-7764

WOMEN'S SHELTER

Lennox Island	831-2332
or Toll Free	1-855-297-2332

PEI FAMILY VIOLENCE PREV. SERVICES & SECOND STAGE HOUSING

PEI Office	894-3354
E. Prince	436-0517
W. Prince	859-8849
Kings	838-0795
Queens	566-1480

ANDERSON HOUSE

Women & Children
24hr: 1-800-240-9894
Ch'town 892-0960
Office 368-8658

FOOD BANKS

Alberton (St. Peter's Anglican Church): Thurs. 10-12 noon
Bloomfield (St. Anthony's Parish Ctr): Thurs. 10-12 noon
Montague 838-3191
Salvation A. 892-8870
Souris 687-2996
S'Side SA 888-3870
Tignish Parish Centre: Tuesdays 4-5 pm
Tyne Valley (Pres. Church Hall): Thurs. 10-12 noon
Upper Room: 892-7092

SOUP KITCHENS

Ch'town	892-1995
S'Side	436-6044

HARVEST HOUSE

894-5350

PROVINCIAL HOUSING OFFICES

Ch'town	368-5770
Montague	838-0796
Souris	687-7098
S'Side	888-8436

MEN'S SHELTER

Ch'town 892-9242
Call after 4:30 pm

RED CROSS EMERGENCY & DISASTER SERVICES

1-800-222-9597

HABITAT FOR HUMANITY

367-3559

YOUTH JUSTICE SERVICES

Ch'town 368-4587

OTHER LEGAL SUPPORTS

Community Legal Information Assoc. Ch'town 892-0853
Indigenous Justice Program 367-3681
or 1-800-240-9798
John Howard 566-5425
PEI Crime Stoppers: 1-800-222-8477

MEDIATION PEI

mediationpei.com

FAMILY LAW CENTRE

Children's Lawyer: 368-4631
Child Support Offices:
Ch'town 368-6220
S'Side 888-8188
Family Court Counsellors & Family Mediation 368-6928
Maintenance Enforcement 894-0383
Parent Education: 368-4333
Recalculation of Child Support 368-4109

LEGAL AID: CRIMINAL

Ch'town	368-6043
S'Side	888-8219

LEGAL AID: FAMILY

Ch'town	368-6656
S'Side	888-8066

GOVERNMENT OF PEI GENERAL INQUIRIES

Ch'town 368-4000 / Toll Free 1-800-236-5196

MILITARY & VETERANS SUPPORTS

CF Member Assistance Program	1-800-268-7708
Military Family Info Line	1-800-866-4546
Military Family Resource Centre	892-8999
Royal Can. Legion Service Officer	892-2161
Veterans Affairs Canada	1-866-522-2122

NEWCOMERS SUPPORTS

C.I.F. (Cooperative for the integration of Francophones to PEI)	888-1687
PEI Assoc. for Newcomers to Canada	628-6009

PEI COUNCIL OF PEOPLE WITH DISABILITIES

Kings	838-5878
Prince	436-9259
Queens	892-9149

STUDENT FINANCIAL SERVICES

368-4640

EMPLOYMENT & CAREER SUPPORTS

E. Prince Youth Development Ctr	436-2815
John Howard	566-5425
Mi'kmaq Confederacy:	1-877-884-0808
Native Coun	892-5314
Newcomers	628-6009
Tremploy	892-5338
W. Prince Employment Centres	853-3715

CAREER DEVELOPMENT SERVICES

Bloomfield	859-2776
Ch'town	626-2014
Montague	838-5453
Souris	687-1526
S'Side	436-0706

SKILLS PEI

PEI Employment Programs:
1-877-491-4766

Employment Insurance Inquiries
1-800-206-7218

ATLANTIC CREDIT COUNSELLING

1-888-753-2227

CREDIT COUNSELLING PEI (FREE)

Ch'town 892-2441
S'Side 436-9171
1-866-892-2441

EMERGENCY HOME HEATING PROGRAM

Prince Co 436-6044
Queens/Kings Co: 892-8870

DRUG COST ASSISTANCE SUPPORT

Ch'town 368-4947
or 1-877-577-3737

INCOME SUPPORTS, ACCESSABILITY SUPPORTS, CHILD CARE SUBSIDIES & SENIOR'S INDEPENDENCE PROGRAMS

1-877-569-0546

FAMILY DOCTOR / 811 (HEALTH CARE INFO)/SCHOOL COUNSELLOR/STUDENT WELL-BEING TEAMS/CLERGY/EMPLOYEE ASSISTANCE PROGRAM/CAMPUS STUDENT SERVICES

Addictions | **Seniors** | **End of Life Care / Grief** | **Crisis/ Someone to Listen** | **Help for Families** | **Mental Health** | **Physical Health** | **Sexual Health, Pregnancy & Infant Care** | **Violence & Sexual Assault** | **Housing & Hunger** | **Legal Issues** | **Employment and/or Career** | **Financial**

YOU START HERE

Canadian Mental Health Association
Prince Edward Island

Réseau Santé
en français Î.-P.-É.

The Island Helpline
1-800-218-2885
Ligne d'écoute de l'Î.-P.-É.

The PEI Helping Tree was created by CMHA's Suicide Prevention Program. It is for informational purposes only and CMHA is not responsible for any acts or omissions of these organizations. To download a copy or to access a linked version go to www.pei.cmha.ca. For additional copies or to report changes, call (902) 628-3669. (September/2018)

ACCESS 2
An Easter Seals Canada Program

Easter Seals Timbres de Pâques Canada

Access 2 Card Application Form

Section A: Instructions

1. Read this document carefully. If you have any questions, please visit access2card.ca.
2. If this is your first Access 2 Card, print, complete and submit sections B (Applicant Information), C (Health Care Professional Authorization) and D (Administration Fee Payment) – along with the administrative fee.
3. If you are renewing an expired card or replacing a lost card, submit only sections B and D - along with the administrative fee.
4. Mail, fax, or email completed Sections B and/or C and D to Easter Seals Canada.
5. Include administration fee: by cheque or money order (payable to "Easter Seals Canada") or online payment (credit card, Visa debit, or PayPal - payable at access2card.ca). Paying online is highly recommended as you will receive your card faster. See section D for payment details.
6. Keep a copy of the application form for your records.

Important: You may only purchase one Access 2 Card per individual who has a disability.

Program Overview

The Access 2 Card is for people of all ages and types of permanent disabilities who require the assistance of a support person. When a cardholder presents the Access 2 Card at a participating movie theatre or selected attraction across Canada, the support person is then given one free or discounted admission. The person with the disability pays the regular admission price. For a full list of participating venues, visit access2card.ca.

Persons with a permanent disability who require a support person when attending a movie theatre or attraction are eligible for the Access 2 Card. The applicant must agree to follow the terms and conditions for the use of the card (see next page).

A support person is an individual who accompanies a person with a disability to provide those services that are not provided by the participating theatre/attraction employees, such as assisting the person with eating, administering medication, communicating, and use of the facilities.

There is a **$20 (3-year valid card)** or a **$30 (5-year valid card)** fee to acquire the Access 2 Card. The card will be valid for either 3 or 5 years and can be used at all Access 2 Card participating venues.

Terms and Conditions

1. The application form must be submitted by a person with a disability or a legal guardian on his or her behalf. If the applicant is unable to sign, a legal guardian can sign on their behalf.

2. The applicant must be identified as having a disability that requires a support person/attendant while attending an entertainment, cultural, recreation or attraction. This must be verified by a registered healthcare professional or a recognized service provider (see section C for a complete list of regulated healthcare professionals).

3. The applicant must be a client of the authorizing health care professional/service provider. The authorized health care provider signing section C must not be related to the applicant. We do not accept medical or diagnosis letters.

4. If the applicant has a CNIB ID card, a photocopy of the card can be submitted in place of Section C. In this case, you do not have to complete section C. **Do not send the original CNIB card.**

5. This card is valid for a period of 3 or 5 years from the date of issue, after which a renewal application form must be filed with Easter Seals Canada. **$20 for a 3-year card or $30 for a 5-year card.**

6. The applicant must present the Access 2 Card at the movie theatre or selected attraction or venue’s box office when purchasing his or her own ticket. The Access 2 card cannot be used in such a way where two free entries are granted. One individual must pay admission, regardless of other promotions. An attendant is defined as an adult who is 18 years or older. Photo Identification is not necessary; however, the theatre or attraction may ask to see a second piece of photo identification.

7. Prices may vary by participating venue. No advanced tickets or admissions can be obtained with this card. For theatres: admission tickets can only be issued on the day of the selected movie.

8. Tickets can only be purchased in person, together with a support person attending the same attraction. Under no circumstances are tickets to be resold.

9. This program is administrated by Easter Seals Canada on behalf of the Access 2 Card partners. Upon submission of your complete application, please allow 4-6 weeks for processing of your application and delivery of your Access 2 Card.

10. There is a **$20 or $30** (see no. 5) replacement fee for a lost or stolen card. Send a cheque made out to **Easter Seals Canada to 40 Holly St., Suite 401, Toronto, ON, M4S 3C3 - or pay online.** Paying online is highly recommended as you will receive your card faster.

11. Applications that are incomplete or improperly completed will not be processed. The applicant will be notified and asked to resubmit a complete and corrected application.

12. Misuse or abuse of this card could result in the termination of the card and its privileges.

These terms and conditions are subject to change without notice.

Section B: Applicant Information

Select the type of card you are applying for by checking off a box:

☐ New Card

☐ Renewal of an Expired Card

☐ Lost Card

Please select your preferred language below:

☐ English ☐ French

First and Last Name of Applicant (Person with the Permanent Disability):

____

Date of Birth (Day/Month/Year):

____

Mailing Address (Unit/House Number, Street, City, Province, Postal Code):

____

Phone Number:

____

Email Address:

____

➡ *I certify that I understand the terms and conditions as set forth in this application.*
Applicant or Guardian's Signature: ___________________________
Date: __________________

Easter Seals Canada is committed to protecting the privacy, confidentiality, and security of any personal information we collect, use, and retain.

☐ I wish to receive email communications about the Access 2 Card Program and other information about Easter Seals Canada.

Section C: Health Care Professional Authorization

***Important:** This section only needs to be completed for New Access 2 card applicants. Applicants with a CNIB card only need to provide a photocopy of their card with their application.

Please select one of the Accepted Health Care Professionals listed Health Care Professionals

Please select one of the Accepted Health Care Professionals listed below:

☐ Physician

☐ Nurse

☐ Social Worker

☐ Physiotherapist

☐ Behaviour Analyst (BCBA)

☐ Psychologist

☐ Speech Language Pathologist

☐ Occupational Therapist

☐ Audiologist

☐ Psychiatrist

☐ Recreational Therapist

☐ Éducateur/trice (QC only)

☐ Executive Director of a Disability Services Provider

***Organization Name:** ______________________________

Professional Stamp
(if available)

I certify that the applicant, who is a client/patient of mine, is a person with a permanent disability who, due to the disability, needs to be accompanied by a support person to assist with communication, mobility, personal/medical needs or with access to goods, services, or facilities. I certify further that the information I have provided in this application is accurate and complete to the best of my knowledge.

Please proceed to the next page of this section.

First and Last Name of Applicant (Person with the Permanent Disability):

____

Name of Health Care Professional OR Executive Director:

____

Professional Registration Number:

____

Phone Number:

____

Email Address:

____

➡ **Health Care Professional OR Executive Director Signature:**
___________________________ **Date**: __________________

Please ensure both pages of Section C are complete and submitted.

Section D – Administration Fee Payment

***Important: The administration fee must be paid before we can process your application. Payment must be made for all applications (New, Renewal/Expired, Lost).**

If you are paying by cheque or money order (payable to “Easter Seals Canada”), please mail it along with your application.

If you are paying online with a credit card, Visa debit card or PayPal account, you must submit your application after payment. Pay online at access2card.ca. Paying online results in the fastest turn-around time.

Select Your Access 2 Card Type:

☐ 3-Year Valid Card **($20)**

☐ 5-Year Valid Card **($30)**

Select Your Payment Method:

☐ Pay Online (at access2card.ca)

Name of credit card holder:

____

Name of Access 2 Card Applicant:

____

Transaction Confirmation Code (sent by email after online payment is complete):

____

The charge on your account statement will appear as being paid to “Easter Seals C.”

☐ Cheque or Money Order **(Send with completed application)**

Please ensure that the cheque or money order is:

- Payable to “Easter Seals Canada
- Dated within the last 6 months
- Signed

Application Checklist

(For Your Reference Only)

☐ Complete Section B (Applicant Information).

☐ Complete Section C (Health Care Professional Authorization) – ***New applicants only.**

☐ Complete Section D (Administration Fee Payment).

☐ Pay online or enclose the administration fee made payable to Easter Seals Canada.

☐ Enclose a self-addressed, stamped return envelope (**mailed-in applications only**).

☐ Only submit Sections B, C, and D – and not this entire package.

***Please ensure the envelope is at least "standard business" size, as we are mailing you your card.**

Submitting Your Application

There are three ways to submit your application: mail, fax, or email. Payment must be made before submitting your application.

Mailing Address:

Access 2 Program
40 Holly Street, Suite 401
Toronto, ON
M4S 3C3

Fax Number: 416-932-9844
Email (scanned application):
access2card@easterseals.ca

If you have any questions, please contact us by:

Email: access2card@easterseals.ca

Phone: 1-877-376-6362 (Toll-Free) or 416-932-8382

Allow four to six weeks for your Access 2 card to be delivered. **Please refrain from contacting us to check the status of your application for at least four weeks after it has been submitted.**

Resources

Sports

Swimming

Para Sport – Aqua Abilities – 8-week swimming program.

https://parasportpei.ca/

Additional - https://parasportpei.ca/sports/swimming/

Mr. Bill's Swim School – https://www.facebook.com/groups/2715041871857283/

Special Olympics - https://www.specialolympics.ca/pei

Jumpstart Program - https://www.jstart.org/

Music Therapy

Singing Sands

Shona Pottinger – BMT – MTA – NWT

https://www.singingsandsmt.ca/

Serene View Ranch

https://www.sereneviewranch.com/

Katherine Lowings BMT MC MTA CCC CT. KL Therapy and Wellness

https://www.facebook.com/kl.therapywellness/

Equine Therapy

Grand River Ranch

https://www.facebook.com/GrandRiverPEI/

Serene View Ranch

https://www.sereneviewranch.com/

Hoof Prints Ranch

https://www.hoofprintsranch.net/

Community

Owl's Hollow

https://www.owlshollow.com/

Bricks 4 Kids - https://www.bricks4kidz.com/canada-princeedwardisland-charlottetown/

OFF THE WALLZ

https://www.offthewallz.ca/

Cineplex Sensory Friendly Screenings

https://www.cineplex.com/Theatre/cineplex-cinemas-charlottetown

Social ABC's

https://socialabcs.ca/

Advocacy Representative – Office of the Child and Youth Advocate

119 Kent Street

902 368-5563

PEI Citizen Advocacy Group (Volunteers)

Rebecca Chapman 902-566-3523 contact for PEI Citizen Advocacy

Learning

Sylvan Learning- https://locations.sylvanlearning.com/ca/charlottetown-pe

Adult

Stars for Life - https://starsforlife.com/

Emergency Assistance/Services

Project LifeSaver – https://www.projectlifesaverpei.ca/

Angel Sense – https://www.angelsense.com/

Medic Alert - No Child Without

https://www.medicalert.ca/no-child-without

Mental Health and Tele-Health Supports

https://www.princeedwardisland.ca/en/information/health-pei/e-mental-health-and-telehealth-supports

Student Well-being Teams
https://www.princeedwardisland.ca/en/information/education-and-lifelong-learning/student-well-being-teams

Autism Nova Scotia

https://www.autismnovascotia.ca/

PEI Helping Tree

https://savoir-sante.ca/en/content_page/download/79/144/21?method=view

Triple P Parenting

https://www.triplep-parenting.ca/can-en/find-help/triple-p-parenting-in-prince-edward-island/

Strongest Families

https://www.princeedwardisland.ca/en/information/health-pei/strongest-families

PEI 211

https://pe.211.ca/

Dial 811 and 911 Emergency.

If you are experiencing a medical emergency, call 9-1-1 or go to the nearest emergency department.

If you are unsure what to do about a health issue or if you need health information, call 8-1-1.

Looking for additional resources? Check out the Autism Society of PEI resource page @

https://www.autismsociety.pe.ca/resources/

Find an Occupational Therapist IN THE PROVINCE OF PRINCE EDWARD ISLAND

Occupational therapists work in a variety of settings across all three counties in PEI. Some of these settings include:

- Acute care hospitals
- Rehabilitation programs
- Home care programs
- Long term care facilities
- Community mental health
- Private practice
- Administration
- Schools and/or early childcare centres
- Workplaces
- Workers Compensation Board

Referrals

Clients and their caregivers can self-refer to an Occupational Therapist in Prince Edward Island.

Current List of Private Practice Occupational Therapists Registered in PEI

Name	City / Town	Phone Number	Areas of Practice
Alice Anand Toner	Summerside	(902) 786-6156	-not specified-
Marie Brine	Cornwall	(902) 393-5151	Cognitive Rehab, Mental Health, Pain Management, School Age Services
Chloe Bruce	Souris West	(902) 327-0200	Pediatrics (ASD, Learning Disabilities, ADHD, Developmental Delays Physical Disabilities, Self-Regulation, Anxiety ,etc.), Mental Health, Chronic Pain Management, Return to Work, Home Assessments, Workplace Ergonomic Assessments
Felicia A. Burchell	Dartmouth	(902) 222-5022	Vocational rehab, career counselling, pain management counselling
Selynn Butler	Warren Grove	(902) 620-9136	Mental Health, Chronic Pain Management, Return to Work, Exposur Therapy
Shianna Cormier	Oyster Bed Bridge	(902) 940-0581	Mental Health Pediatrics
Karla M. Crawford	Little York	(902) 626-7591	Comprehensive Driving Evaluation
MacKenzie A. Deighan	Stratford	(902) 393-4564	general physical health, ergonomic assessments

Name	City / Town	Phone Number	Areas of Practice
Katie Fullerton	Cornwall	(902) 218-9678	Wheelchair Seating and Mobility; Home Assessments; Workplace Ergonomic Assessments
Marjorie J. Hackett	Stratford	(902) 626-8235	Mental Health, Home Care, Geriatrics, seating
Mark Holland	Stratford	(902) 628-1544	Office Ergonomics
Alicia Jameson	Cornwall	(902) 626-9591	Mental Health Pediatrics Sleep Independent Living Skills
Michael E. LeBlanc	Stratford	(902) 218-1301	-not specified-
Sarah MacKenzie	Charlottetown	(902) 629-1044	Vocational Rehabilitation, Brain Injury/Concussion Management, Pediatric (ASD, Learning Disabilities, ADHD, Developmental Delays, Physical Disabilities, Self-Regulation, Anxiety ,etc.), Functional Capacity Evaluations, Ergonomic Assessments, Stroke Rehabilitatio
Donna F. MacLeod	Stratford	(902) 394-3757	Mental Health/PTSD Home Assessments & Accessibility Chronic Pa PGAP Certified Brain Injury & Concussion
Grant MacLeod	Charlottetown	(902) 629-0235	1. Wheelchairs Seating and Mobility. 2. Long Term Care Occupationa Therapy 3. Home Accessibility.
Jane P. MacNutt	Stratford	(902) 314-5190	Case management, worksite/ergonomic assessments, home assessments
Lauren W. Mood	Stratford	(902) 749-8377	-not specified-
Sherry L. Mourant	Moncton	(902) 229-0576	Concussion Management
Karen Nabuurs	Summerside	(403) 829-2086	Pediatric OT
Jennifer J. Neill	Grand Tracadie	(902) 314-3069	Sensory processing and emotional regulation Autism, ADHD, Learni Disability
Elizabeth Organ	Charlottetown	(709) 427-8474	-not specified-
Amanda K. Paynter	Springbrook	(902) 886-2529	Ergonomic Assessments
Jillian Paynter	Winsloe	(902) 213-0556	-not specified-
Rogan J. Power	Summerside	(506) 478-2231	- Home care - Long-Term Care - Seating/Surfaces
Shannon J. Reid	Charlottetown	(902) 316-0048	-not specified-
Lloyd A. Richard	Hammonds Plains	(902) 223-3561	Medicolegal Assessment
Lisa A. Saunders-Green	Harmony	(902) 449-7195	Medical Legal Consulting

Name	City / Town	Phone Number	Areas of Practice
Chelsey T. Walker	Summerside	(902) 432-4764	Workstation Ergonomics

Private Practice List

Speech Language Pathology

(Updated June 2020)

For a printer friendly version please click here: http://peispeechhearing.ca/printpg/private

Disclaimer: Please note that the "Private Practice List" is offered as a service to the public and members of our professions. The accuracy of the listings is the responsibility of the individuals listed. The Prince Edward Island Speech & Hearing Association (PEISHA) does not accept responsibility for its contents or the services provided by any individual listed.

Clinician Names & Contact Information	Areas of Specialty
Speech-Language Pathologists	
Jillian Arsenault 902-620-1109 jilarsenault@hotmail.com	Adolescents and Adults
Rick Burger, M.A. (SAC-cert) 902-940-5347 burgerrick@hotmail.com	Adults (Dysphagia)
Craig Cameron 902-218-5816 craigkcameron@gmail.com	Adults (Voice, Speech, Language, Stuttering, Swallowing)
Amber Ceretti 902-394-3079 aceretti@hotmail.com	Preschool Children, School Aged Children, and Adults
Jennifer Collings 902-393-0479 Jennifer_Collings@hotmail.com	Preschool and School Aged Children

Mary Anne Donovan (East Coast Speech) Clinic-based services available in Charlottetown and Summerside and in-home services available across PEI 902-786-8489 eastcoastspeechpei@gmail.com	Preschool Children, School Aged Children, and Adults
Leah Doyle 902-403-8187 doyleleahc@gmail.com	School Aged Children and Adults
Michele Moffat 902-388-1964 peislp@me.com www.speechstrength.com	Preschool, School Aged Children, Adolescents, and Adults
Jennifer Orlowski 902-626-5488 jenorlowski@hotmail.com	Preschool and School Aged Children
Dawn Riley 902-940-2562 dawnettariley@gmail.com	School Aged Children and Adults
Moira Shaw Shaw Speech Therapy Inc. Clinic based services in Western PEI 902-807-9358 shawspeechtherapyinc@gmail.com	Preschool and School Aged Children
Melissa Spidel, M.Sc. SLP-Reg, SLP(C) 902-394-3990 melissaspidel@yahoo.ca	Preschool and School Aged Speech and Language

Audiologists

Peter Benstead PEI Audiology (Charlottetown) Midtown Plaza 39 Eden Street, Suite 6 Charlottetown, PE, C1A 2S2 Phone: 902-892-8060 Fax: 902-370-3039 hearing@peiaudiology.ca www.peiaudiology.ca	Clinical and Dispensing Audiologist
Krista Campbell Campbell Hearing	Clinical and Dispensing Audiologist

Kirkwood Mews 393 University Avenue Charlottetown, PE, C1A 4N4 Phone: 902-569-0101 Fax: 902-569-0304 hear@campbellhearing.ca www.campbellhearing.ca	
Charlotte Ellis Connect Hearing (Charlottetown and Summerside) C-614 North River Road Charlottetown, PE, C1E 1K2 902-892-6989 charlotte.ellis@connecthearing.ca	Clinical and Dispensing Audiologist
Pat Ellis Connect Hearing C-614 North River Road Charlottetown, PE, C1E 1K2 902-892-6989 pellis@connecthearing.ca	Clinical and Dispensing Audiologist
Chelsey Enman PEI Audiology (Summerside) Superstore 535 Granville Street, Upper Level Summerside, PE, C1N 3C4 Phone: 902-436-0074 Fax: 902-436-8072 hearing@peiaudiology.ca www.peiaudiology.ca	Clinical and Dispensing Audiologist
Karen Enman, MSc, Au.D.(C) Doctor of Audiology Connect Hearing 475 Granville Street County Fair Mall Summerside, PE, C1N 4P7 Phone: 902-432-8154 Fax: 902-432-8148 Karen.Enman@connecthearing.ca	Clinical and Dispensing Audiologist
Derek Hughes, M.Sc. Aud(c) Campbell Hearing Kirkwood Mews 393 University Avenue Charlottetown, PE, C1A 4N4 902-569-0101 Fax: 902-569-0304	Clinical and Dispensing Audiologist

PAPEI

Psychological Association
of Prince Edward Island

Private Practice Directory

The psychologists and psychological associates listed in this directory are PAPEI members who are also registered with the PEI Psychologists Registration Board, the regulatory authority governing psychological practice in this province. A complete listing of all registered psychologists in PEI is available at http://www.peipsychology.org/peiprb/.

The information in this directory is provided by PAPEI member psychologists. PAPEI makes no claim or guarantee about the services provided.

PAPEI’s recommended private practice fee is $210 per hour for psychological services.

Kathren Allison, Psychologist
PEIPRB Registration #: 064

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	6 months
OFFICE ADDRESS	1 Rochford St., Charlottetown, PE C1A 9L2
TELEPHONE	(902) 314-111
EMAIL	kathy.allison@rogers.com
WEBSITE	
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	Psycho-educational assessments for children and adults, ADHD and Adult ADHD, Cognitive and Intelligence, Learning Assessments, Learning Disabilities
AREAS OF PRACTICE	Learning Disabilities ADHD and Attention Problems
WORKS WITH	Individuals
AGE GROUPS SERVED	Children Adults

I am a registered psychologist who has been working full time in my own comprehensive private practice (assessment and treatment of anxiety, depression, PTSD, learning disabilities, ADHD, etc.) for over 10 years. I am now focusing exclusively on assessments for learning disabilities and attention problems/ADHD, for both children and adults.

Dr. Nancy Bartlett, Psychologist
PEIPRB Registration #: 088

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	
OFFICE ADDRESS	Suite 301, 129 Kent Street
TELEPHONE	(902) 367-5144
EMAIL	Drnancybartlett@gmail.com
WEBSITE	
TELEHEALTH	Yes
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	No
AREAS OF PRACTICE	Abuse, Adoption Issues, Anger Management, Anxiety, Assertiveness, Attachment, Body Image, Depression, Dissociation, Grief and Loss and Bereavement, Health Issues, Loneliness, Obesity, Obsessive-Compulsive Disorder, Personality Disorders, Phobias, Fears, Panic, Post Traumatic Stress Disorder (PTSD), Trauma Psychotherapy, Relationship Issues, Self-Esteem, Separation / Divorce

WORKS WITH	Individuals
AGE GROUPS SERVED	Adults and Older Adults

I am a clinical psychologist with 20+ years of experience working in a private practice setting. I see adult clients who are simply looking for a compassionate and trained ear to help them navigate a current life challenge as well as those who are seeking to understand why they feel and behave the way they do and who wish to let go of patterns that are no longer serving them. I carefully tailor my treatment approach for each client with the goal of empowering them to create change that will be positive and meaningful in their lives. I am certified in EMDR Therapy.

Dr. Christine Beck, Psychologist
PEIPRB Registration#: 042

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	6 months
OFFICE ADDRESS	Suite 204, 51 University Avenue, Charlottetown, PE C1A 4K8
TELEPHONE	(902) 367-4446
EMAIL	drchristinebeck@gmail.com
WEBSITE	
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	Behavioural, Emotional Cognitive, Intelligence Learning disability Neuropsychological
AREAS OF PRACTICE	Psychotherapy
WORKS WITH	Individuals Groups
AGE GROUPS SERVED	Adolescents Adults and Older Adults

Thank you for your interest in my private practice. I am a doctoral level Psychologist with training in adult and geriatric neuropsychology, adolescent and adult community mental health, educational assessment, health and rehabilitation psychology and psychotherapy with a variety of referral concerns. Please call my office to see if my services are appropriate for your needs.
Sincerely, Dr Christine Beck

Dr. Freda Burdett, Psychologist
PEIPRB Registration #: 081

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	
OFFICE ADDRESS	224 Queen Street, Charlottetown, PE C1A4B6
TELEPHONE	(506) 461-9959

EMAIL	drfredaburdett@gmail.com
WEBSITE	
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	No
AREAS OF PRACTICE	Abuse, Addictions, Anxiety, Attachment Issues (Adult), Assertiveness Depression, Grief, Loss, Bereavement, Habit Change, Health Issues, Loneliness, Personal Growth And Wellness, Self- Esteem, Social Skills Obsessive-Compulsive Disorder, Phobias, Fears, Panic Personality Disorders, Post Traumatic Stress Disorder (PTSD), Trauma, Psychotherapy, Relationship Issues, Separation, Divorce, Sexual Issues Stress Management, Workplace Issues
WORKS WITH	Individuals
AGE GROUPS SERVED	Adolescents Adults

Dr. Burdett has a PhD in Clinical Psychology. Her primary area of focus has been on trauma assessment and treatment. She works with first responders, military members, and the general public; treating a wide range of clinical disorders, such as PTSD, anxiety, and depression (including post-partum depression). She has been trained in CBT, DBT, ACT, CPT, EMDR, and Prolonged Exposure. She welcomes you to contact her with any questions about her practice and availability.

Sarah Carr, Psychologist
PEIPRB Registration #: 068

CURRENTLY ACCEPTING CLIENTS	No
ESTIMATED WAIT TIME	8 – 10 weeks
OFFICE ADDRESS	53 Grafton Street, Charlottetown PEI C1A 1K8
TELEPHONE	(902) 367-4722
EMAIL	carrpsychological@gmail.com
WEBSITE	
TELEHEALTH	Yes
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	No
AREAS OF PRACTICE	Abuse, ADHD and Attentional Problems, Anger Management, Behavioural Problems, Assertiveness, Conflict Resolution, Anxiety, Depression, Grief, Loss, Bereavement, Blended/Step-Family Issues, Family Therapy, Parenting, Obsessive-Compulsive Disorder, Personal Growth And Wellness, Self- Esteem, Post Traumatic Stress Disorder (PTSD), Trauma, Psychotherapy, Relationship Issues, Separation, Divorce , Stress Management, Workplace Issues
WORKS WITH	Individuals Couples Families Groups

AGE GROUPS SERVED	Pre-school Children School-aged Children Adolescents Adults and Older Adults

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Dr. Martha Giraldo-O'Meara, Psychologist
PEIPRB Registration #: 095

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	
OFFICE ADDRESS	Located in Charlottetown
TELEPHONE	(438) 522 4844
EMAIL	marthaomeara@gmail.com
WEBSITE	
TELEHEALTH	Yes
LANGUAGE(S) SPOKEN	English Spanish
FORMAL ASSESSMENT SERVICES	No
AREAS OF PRACTICE	Anxiety Disorders Obsessive Compulsive Disorder Body Dysmorphic Disorder
WORKS WITH	Individuals
AGE GROUPS SERVED	Adults

I am a Registered Psychologist with the PEI Psychologists Registration Board, and l'Ordre des Psychologues du Québec. I am a psychology professor with expertise in the assessment and treatment of mood and anxiety disorders in adults. In my private practice, I specialize in cognitive-behavior therapy for anxiety disorders, obsessive-compulsive disorder (OCD), and body dysmorphic disorder (BDD). I work collaboratively with my clients to plan a treatment tailored to their unique goals, values, and difficulties.

Dr. Lee-Anne Greer, Psychologist
PEIPRB Registration #: 33

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	
OFFICE ADDRESS	Suite 2C, 126 Richmond Street, Charlottetown
TELEPHONE	(902) 620-9144
EMAIL	
WEBSITE	
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	No
AREAS OF PRACTICE	Psychotherapy

WORKS WITH	Individuals
AGE GROUPS SERVED	Adults and Older Adults

Caroline LeBlanc, Psychologist
PEIPRB Registration #: 020

CURRENTLY ACCEPTING CLIENTS	No
ESTIMATED WAIT TIME	
OFFICE ADDRESS	174 Pickles Lane, Alexandra, PE
TELEPHONE	(902) 393-3829
EMAIL	caroline11leblanc@gmail.com
WEBSITE	www.sereneviewranch.com
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English French
FORMAL ASSESSMENT SERVICES	Work disability assessments
AREAS OF PRACTICE	Abuse, Anxiety, Depression, Health Issues, Loneliness, Obsessive-Compulsive Disorder, Personal Growth, Wellness, Personality Disorders, Phobias, Fears, Panic, Post Traumatic Stress Disorder (PTSD), Trauma, Psychotherapy, Rehabilitation, Relationship Issues, CISD, Equine Assisted Psychotherapy
WORKS WITH	Individuals Groups
AGE GROUPS SERVED	Adults and Older Adults

Caroline has been specializing in the area of trauma assessment and therapy for over 20 years. Her emphasis has been on helping first responders, military personnel and veterans deal with trauma and PTSD. Her approach to psychotherapy is based on the Cognitive Behavioural Model, Mindfulness, Equine Assisted Psychotherapy, and Sensorimotor Psychotherapy. Eight years ago, she became certified in Equine Assisted Psychotherapy. She also is trained in EMDR, an evidence-based approach for the treatment of trauma. Caroline operates a multidisciplinary mental health clinic that provides a full range of psychological assessments and treatment for children, adolescents and adults. The centre, Serene View Ranch, is located just outside of Charlottetown and overlooks Pownal Bay. Please visit the website at www.sereneviewranch.com

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Dr. George Mallia, Psychologist
PEIPRB Registration #: 040

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	12 months
OFFICE ADDRESS	51 University Avenue, Suite 204, Charlottetown, PE C1A 4K8
TELEPHONE	(902) 367-4446

EMAIL	drgeorgemallia@gmail.com
WEBSITE	
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	ADHD, Adult ADHD, Behavioural, Emotional, Cognitive, Intelligence, Custody and Access, Learning Disability, Neuropsychological, Parental Capacity
AREAS OF PRACTICE	Abuse, Addictions, Adoption Issues, ADHD And Attentional Problems, Anger Management, Anxiety, Attachment Issues, Assertiveness, Autism Spectrum Disorder, Behavioural Problems, Blended/Step Family Issues, Body Image, Conflict Resolution, Depression, Disabilities, Eating Disorders, Family Therapy, Gifted/Talented Children, Grief, Loss, and Bereavement, Health Issues, Loneliness, Obesity, Obsessive- Compulsive Disorder, Pain Management, Parenting, Personality Disorders, Phobias/Fears/Panic, Post Traumatic Stress Disorder (PTSD), Trauma, Psychotherapy, Rehabilitation, Relationship Issues, Self-Esteem, Separation/Divorce, Sexual Issues, Sleep Disorders, Social Skills, Sports Psychology, Stress Management, Workplace Issues
WORKS WITH	Individuals Families
AGE GROUPS SERVED	School-aged Children Adolescents Adults

Dr. Brent Macdonald, Psychologist
PEIPRB Registration #: 072

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	Varies Assessment clinics run in 2-week cycles through the year
OFFICE ADDRESS	320, 1167 Kensington Cres. NW (Calgary) Local PEI office upon request
TELEPHONE	(403) 229-3455
EMAIL	brent@complexlearners.com
WEBSITE	complexlearners.com
TELEHEALTH	Yes
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	ADHD, Adult ADHD, Behavioural and Emotional, Career and Vocational, Cognitive and Intelligence, Learning Disability
AREAS OF PRACTICE	ADHD, Attentional Problems, Anxiety, Autism Spectrum Disorder, Behavioural Problems, Depression, Disabilities, Gifted and Talented Children, Parenting
WORKS WITH	Individuals Families

AGE GROUPS SERVED	School-aged Children Adolescents Adults

While currently a resident of Calgary, Dr. Macdonald is a native Islander who maintains active registration and practice as a psychologist in his home province of PEI.
Dr. Macdonald provides psychoeducational assessments through ongoing 2 -week clinics on PEI, offered as needed. Once initiated, comprehensive psychoeducational assessments can be completed in a timely manner, allowing for fast and effective planning for students of a wide range of ages. Assessments focus on attention, learning, and social/emotional & behavioral issues, with a focus on providing practical and effective recommendations and strategies.
Since clinics run through the year, there is also the opportunity to follow-up and review the effectiveness of interventions, allowing Dr. Macdonald to maintain ongoing contact and support for his clients. Collaboration with schools, where possible, is also a service that can be incorporated into the assessment process. Learn more at complexlearners.com or contact Dr. Macdonald directly at brent@complexlearners.com.

Dr. Colleen Mac Dougall, Psychologist
PEIPRB Registration #: 098

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	2 days
OFFICE ADDRESS	55 Weymouth St., Charlottetown, PEI C1A 1E5
TELEPHONE	(819) 588-7525
EMAIL	soulcare@moderndigital.net
WEBSITE	www.soulofpeace.org www.beyondfear.org
TELEHEALTH	Yes
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	Behavioural and Emotional, Career and Vocational, Insurance
AREAS OF PRACTICE	Abuse, Addictions, Attachment, Assertiveness, Blended/Stepfamily Issues, Body Image, Conflict Resolution, Couple Therapy, Depression, Eating Disorders, Family Therapy, Family Violence, Grief, Loss and Bereavement, Loneliness, Obesity, Personal Growth and Wellness, Personality Disorders, Relationship Issues, Self-Esteem, Separation and Divorce, Stress Management, Workplace Issues
WORKS WITH	Individuals Couples Families Groups
AGE GROUPS SERVED	Adolescents Adults and Older Adults

ORIENTATION: Companioning you in the realization of your aspirations and life purpose as you either choose different paths in your life or shifts are demanded because of illness, loss of capacity, deep soul wounds from war trauma, or other confrontations with painful work and life events. Use a positive lens to see into psychological disturbance.

AREAS OF PRACTICE: Life transitions; positive and deep soul healing for veterans that permeate deeper realms of spiritual healing; relational healing for veterans and their partners; maturity in personal and career shifts grounded in ancient wisdom and expansion of knowledge; redefining “work”; relationship therapy to deepen trust where betrayal or loss of connection has broken bonds.

SENIOR KNOWLEDGE AND SKILL: Deep insight into where you find yourself at this time in your life; compassion and care as you uncover what you may have been holding in fear or shame; depth therapist integrating psychospiritual skills to support and encourage you to process and move through what changes you are facing or choosing. Testimonial: "An iron fist in a velvet glove."

Dr. Neil McLure, Psychologist
PEIPRB Registration #: 009

CURRENTLY ACCEPTING CLIENTS	Yes, Assessments Only
ESTIMATED WAIT TIME	3 – 6 months
OFFICE ADDRESS	292 Water St., Summerside
TELEPHONE	(902) 432-3910
EMAIL	mclure@pei.sympatico.ca
WEBSITE	
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	Neuropsychology Assessments, ADHD, Adult ADHD, Behavioural and Emotional, Cognitive and Intelligence, Insurance, Learning Disability, Legal, Pain Assessment
AREAS OF PRACTICE	Acquired Brain Injury, ADHD, Attentional Problems, Anxiety, Autism Spectrum Disorder, Behavioural Problems, Depression, Disabilities, Health Issues, Obsessive-Compulsive Disorder, Pain Management, Personality Disorders, Phobias, Fears, Panic, Post Traumatic Stress Disorder (PTSD), Trauma, Psychotherapy, Rehabilitation, Social Skills, Sports Psychology, Traumatic Brain Injury
WORKS WITH	Individuals Families
AGE GROUPS SERVED	School-aged Children Adolescents Adults and Older Adults

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Parise Nadeau, Psychologist
PEIPRB Registration #: 35

CURRENTLY ACCEPTING CLIENTS	No
ESTIMATED WAIT TIME	3 – 6 weeks
OFFICE ADDRESS	Summerside
TELEPHONE	(902) 438-1109
EMAIL	parisenadeau@gmail.com

WEBSITE	
TELEHEALTH	No
LANGUAGE(S) SPOKEN	English French
FORMAL ASSESSMENT SERVICES	ADHD, Adult ADHD, Behavioural and Emotional, Cognitive and Intelligence, Learning Disability
AREAS OF PRACTICE	ADHD, Attentional Problems, Anger Management, Anxiety, Assertiveness, Autism Spectrum Disorder, Behavioural Problems, Body Image, Depression, Gifted and Talented Children, Grief, Loss and Bereavement, Habit Change, Loneliness, Obesity, Obsessive-Compulsive Disorder, Pain Management, Parenting, Personal Growth and Wellness, Phobias, Fears, Panic, Psychotherapy, Self-Esteem, Social Skills, Stress Management
WORKS WITH	Individuals Families
AGE GROUPS SERVED	Pre-school Children School-aged Children Adolescents Adults

My main area of practice is with children, youth and families, providing support with parenting and behaviour management, as well direct individual therapy with children, youth and adults. I also offer mental health, behavioural and psycho -educational assessments. Bilingual service.

Ken Pierce, Psychologist
PEIPRB Registration #: 006

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	3-5 days
OFFICE ADDRESS	The Pierce Institute of Psychology Inc. 53 Mount Herbert Road, Stratford PE C1B 2S3
TELEPHONE	(902) 629-5474
EMAIL	contact@kenpiercepsychologist.com
WEBSITE	www.thepierceinstitute.com
TELEHEALTH	Yes
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	Behavioural and Emotional, Career and Vocational, Custody and Access, Pain Assessment, Parental Capacity
AREAS OF PRACTICE	Abuse, Addictions, Adoption Issues, ADHD, Attentional Problems, Anger Management, Anxiety, Attachment Issues, Assertiveness, Autism Spectrum Disorder, Behavioural Problems, Blended/Step Family Issues, Body Image, Conflict Resolution, Couple Therapy, Depression, Disabilities, Eating Disorders, Family Therapy, Family Violence, Financial Loss, Gifted/Talented Children, Grief, Loss and Bereavement, Habit Change, Health Issues, Infatuations, Loneliness,

	Obesity, Obsessive- Compulsive Disorder, Pain Management, Parenting, Personal Growth and Wellness, Personality Disorders, Phobias, Fears, Panic, Post Traumatic Stress Disorder (PTSD), Trauma, Psychotherapy, Rehabilitation, Relationship Issues, Resentments, Self-Esteem, Separation/Divorce, Sexual Issues, Sleep Disorders, Social Skills, Spiritual, Sports Psychology, Stress Management, Workplace Issues
WORKS WITH	Individuals Couples Families Groups
AGE GROUPS SERVED	Pre-school Children School-aged Children Adolescents Adults and Older Adults

As a registered psychologist with over 40 years of experience, I have carried a variety of psychological roles including drug crisis, early childhood education, post-secondary education, corporate training, community development and private practice.

There are many, new, scientific-based, evolutionary tools available to assist others to evolve in the areas where they are challenged. The wisest and most effective professional helpers say very similar things including: that therapy is focused, accelerated learning; that since thinking determines feelings, talking mostly about feelings can distract from the learning process; that everyone is a survivor of their past, so no longer a victim of it, but rather, a victor over it; and while people do have losses, when they uncover the gains, they become more empowered, present and get on with their life.

I have the privilege of working with clients aged 3 to 83 years. I have assisted individuals and groups to move on from assault, abuse, addictions, ADHD, allergies, auto collisions, autoimmune diseases, bullying, bankruptcy, bipolar disorder, cancer, Crohn’s, depression, divorce, grief, harassment, incest, injuries, job loss, learning disabilities, PTSD, workplace strikes and other traumatic events.

I have a special interest in working with couples and those struggling with bullying, depression and poor self-esteem.

Dr. Magdalena Pietruch, Psychologist
PEIPRB Registration #: 52

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	2 weeks
OFFICE ADDRESS	2C-126 Richmond Street, Charlottetown, PE C1A 1H9
TELEPHONE	(902) 916-2512
EMAIL	drmagdapietruch@gmail.com
WEBSITE	
TELEHEALTH	Yes
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	Adult ADHD, Behavioural and Emotional, Cognitive and Intelligence
AREAS OF PRACTICE	ADHD, Attentional Problems, Anxiety, Autism Spectrum Disorder, Behavioural Issues, Body Image, Depression, Habit Change, Obsessive-

	Compulsive Disorder, Personal Growth and Wellness, Phobias, Fears, Panic, Relationship Issues, Self-Esteem, Sleep Disorders, Social Skills, Stress Management, Workplace Issues
WORKS WITH	Individuals
AGE GROUPS SERVED	Adults and Older Adults

Please contact me by email if you have questions about my practice or would like to schedule an appointment.

Dr. Nancy Spitzack, Psychologist
PEIPRB Registration # 050

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	N/A
OFFICE ADDRESS	126 Richmond St., Suite 2C, Charlottetown, PE C1A 1H9
TELEPHONE	902-314-8817
EMAIL	nkayspitz@gmail.com
WEBSITE	
TELEHEALTH	Np
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	No
AREAS OF PRACTICE	Psychotherapy
WORKS WITH	Individuals
AGE GROUPS SERVED	Adolescents Adults and Older Adults

CURRENTLY ACCEPTING CLIENTS	Yes
ESTIMATED WAIT TIME	6 months
OFFICE ADDRESS	
TELEPHONE	
EMAIL	
WEBSITE	
TELEHEALTH	
LANGUAGE(S) SPOKEN	English
FORMAL ASSESSMENT SERVICES	
AREAS OF PRACTICE	
WORKS WITH	Individuals Groups
AGE GROUPS SERVED	Adolescents Adults and Older Adults

Mailing Address:
Box 3243
Charlottetown, PE
C1A 8W5

Toll Free Phone 1-888-360-8681
Phone: 902-566-4844
Fax 1-902-368-8057
E-mail Nathalie@autismsociety.pe.ca

Autism Society of PEI

Family Membership Form 2025 – 2026 (Dates April 1st, 2025-March 31st, 2026)

Date: ______________________________

Individual or Family Name(s): ____

Mailing Address: ____

____

____

Email: ______________________________

Home Number: ___________________ Work Number: _________________________________

Name of Family Member on Autism Spectrum ____

Age: __________

Additional Family Member on Autism Spectrum: ____

Age: ___________

Additional Family Member on Autism Spectrum: ____

Age: ___________

Family Membership fee is $50.00 per year and is inclusive of all members of the immediate family.

_____Cheque payable to “Autism Society of PEI”
_____Cash
_____ E-Transfer- Transfers sent to Nathalie@autismsociety.pe.ca
_____ Interac (We accept only debit tap at the Autism Society office for membership payments)

Additional Notes: Is there anything else the Autism Society can do to help you and your family?

Autism Society of PEI Photo Consent From

Throughout the year, the Autism Society of PEI hosts many family events, fundraisers, volunteer activities, programs and supports.

Occasionally at these events, we will have photographers taking event photos. By signing below, you are consenting to allow you and your family to be photographed at any Autism Society events throughout the 2025-2026 year.

I give my consent for my family to be photographed at Autism Society events and for these photo’s to be used as promotional material through Autism Society promotional outlets.

_________________________________ _________________________

Name (Signing on behalf of above family) **Date**