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 toll free 1.888.372.2259

Cambridge
 c/o Chaplin Family YMCA
 250 Hespeler Road,
 Cambridge, ON N1R 3H3
 t 519.621.7580 f 519.621.4651

Guelph
 c/o West End Community Centre
 21 Imperial Road South,
 Guelph, ON N1K 1X3
 t 519.780.0186 f 519.780.0470

Fergus
 c/o Community Resource Centre
 160 St. David St. South,
 Fergus, ON N1M 2L3
 t 519.787.2612 f 519.843.7597

www.kidsability.ca

Dear Parent(s)/ Legal Guardian(s),

The information provided here is in support of your consent for services through the S.P.O.T. Program.

What is the S.P.O.T. Program?

- A service to you and child care providers in licensed child care programs.
- An assessment service in one or more areas of development.
- Follow-up consultations to child care providers as they help your child develop.
- Suggestions for home use.

What areas of my child’s development may be assessed?

- There are three areas of development the child care providers may recommend:
Physiotherapy – look at trunk control, muscle power in the legs and feet, joint stiffness and walking.
Occupational Therapy – look at self care, functioning in daily routines, hand skills, play skills, response to sensory input/stimulation and attention to task/focus in the classroom
Speech Language Pathology – look at voice, fluency, speech, language, and social communication.

How are the assessments done?

- An appointment will be scheduled at the child care location to observe your child with others and assess your child’s development either in the group or individually in a separate, quiet space with fewer distractions.
- Following the assessment, a conference with parents and child care providers is scheduled to share findings and discuss next steps.

How are the results of the assessments communicated?

- Information about your child’s developmental skills and needs are openly shared with the child care provider and parents in person, by phone and in written reports.
- It is understood that schedules and other events may prevent communicating with parents and child care providers at the same time; child care staff may receive information first.

I understand the information stated above and consent to my child _____ receiving assessment services through the S.P.O.T. Program by Physiotherapy, Occupational Therapy, and/or Speech Language Pathology and sharing the assessment results with the child care provider. (Check all that apply/match SNAP referral)

I understand that I may call to clarify this process, ask questions or express concerns at any time to the SPOT Coordinator, Susan Moran (519-886-8886 x313).

I understand that at any time I may remove my consent for all or part of a service or any communication about my child.

 Printed name of Parent(s) or Legal Guardian

 Witness

 Signature of Parent(s) or Legal Guardian

 Date