

EarlyON - Every Child Belongs

**Resource Consultation Service**

**Program Consultation Service Request**

\*Note: If First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name you may provide your Single Name.

**Service Request Information**

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| --- | --- | --- |
| Service Request Date (yyyy-mm-dd) | EarlyON Child and Family Consultant Name (First, Last, Single\*) | Preferred Consultation Format[ ]  Internet Video [ ]  Telephone [ ]  In-person |
| EarlyON Staff Name Submitting the Request (First, Last, Single\*) | Business Telephone Number | Business Email |
| Ward Number | Preferred Contact Method [ ]  Telephone [ ]  Email | Preferred Consultation Day and TimeDay of the Week: [ ]  M [ ]  T [ ]  W [ ]  T [ ]  FTime of Day: ­­­­­­ [ ]  a.m. [ ]  p.m. |

##  EarlyON Program Location Information

|  |  |  |
| --- | --- | --- |
| EarlyON Lead Organization Name | EarlyON Site Location Name | EarlyON Coordinator/Manager (First, Last or Single\*) |
| EarlyON Site Location Street Address (Street Number, Street Name, Unit/Suite Number, Postal Code) | EarlyON Coordinator/Manager Business Email |

##  Focus of the Service Request (select one or two per request only)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Adapted Materials and Equipment[ ]  Check It Out[ ]  Child Communication[ ]  Co-regulation and Self-regulation[ ]  Creating a Calming Environment[ ]  Daily Routines, Transitions and Schedules | [ ]  Early Identification and Screening[ ]  Emotional Literacy[ ]  Environmental Assessment[ ]  Group and Circle Time Inclusive Programming[ ]  Helping Families Access Funding and Benefits | [ ]  Let's Get Started Support[ ]  Motor Development[ ]  Positive Behaviour Guidance[ ]  Safety[ ]  Sensory[ ]  Service Navigation Pathways | [ ]  Social Skills and Social Interactions[ ]  Using a Trauma-Informed Lens[ ]  Working With Families – Sharing Sensitive News[ ]  Other \_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ |
| Describe the focus of the service request and expand on areas of need and/or interest. |
| Who is the Request For? (select one only)[ ]  Staff [ ]  Parent/Caregivers [ ]  Parent/Caregivers with children in attendance  |
| What are the strategies and techniques currently being used or tried? |
| What additional information about the program space or environment should be considered? |
| What specific questions are you hoping to answer from this consultation? |

[ ]  Yes, a copy has been shared with my EarlyON Coordinator/Manager