Notice of a Child's Need for an Individually Adjusted Preschool Environment

A child's parents bear responsibility for giving notice of a child's need for adjustment to the preschool environment due to reduced functional ability. The adjustments made are to guarantee that a child with reduced functional ability can participate in individually adjusted preschool programme, §19g. A child's parents can receive assistance from their child's day care centre to make formal application.

				/			
1. Information on the child and parents/guardian Child's name	S		Da	te of birth			
Street/way	Zip code	City					
First guardian's name			Telephone				
Street/way	Zip code	City	W	ork telephone			
Second guardian's name			Telephone				
Street/way	Zip code	City	W	ork telephone			
2. Information on the child's preschool Name of the day care centre and department			Number of childre in the group	ch Child's time there			
3. Description of the child's strengths, interests a	nd areas of mast	ery					
4. Descriptions of the challenges that the child fa	ces						
5. The ordinary preschool day care pedagogical curriculum What adjustments has the preschool day care centre made to its ordinary pedagogical curriculum on the child's behalf?							
Assistance measure		Effect					

Situation	tuations in the course of a pr	reschool day does the o Time/when	child need extra adjusti	Ment on its behalf? Need	
	vices presently provided by ted to Pedagogical and Psychol		Yes No		
Child receive	es special pedagogical assistar	nce (hours per annum)			
	ed up by a speech therapist	Yes No	Child followed up by a	physical therapist Yes	No
Other					
The Municip	attach any relevant docume ality cannot obtain information ver, the Municipality cannot sl arents shall always have oppo	on on the child that is s hare information on the	ubject to the duty of co e child with other partie	2S.	
9. List of atta	achments				
Trondheim N	ality shall throw as much ligh Municipal Department of early adjustments, if it finds it nec	y Childhood and Educat	tion can obtain further i	nformation in the case, as we	
PPT	Local public health clinic	Physical therapist	Trondsletten Rehab		
Date	Signature first parent/	guardian			
Date	Signature second pare	nt/guardian			