**The Provider will have ongoing discussions with the PIRS RC to support program needs. Prior to completing this Top-Up Request Form, Providers are required to discuss the program dynamics that support the top-up request with the PIRS RC and work with the RC to implement recommended strategies to support Educators in the classroom.**

**Enhanced Program Support (EPS) Top Up Request Form**

**Date:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text.

**Program Address:** Click or tap here to enter text.

 **Person Completing form:** Click or tap here to enter text.

**Contact info (Email / phone):** Click or tap here to enter text.

|  |  |
| --- | --- |
| Complex Needs | Actions Taken |
| Identify Complex needs: Provide a brief description of the program dynamics that require more hours of support and/or for a prolonged period that exceed the program’s funding allocation. (Limit to 350 words)Click or tap here to enter text.Select all that apply:[ ]  Medical situation [ ]  Highly unsafe behaviours or interactions [ ]  Personal care[ ]  Communication[ ]  Routine / Transition times[ ]  Mobility / Equipment  | **Identify Actions taken:****Staff training**Date of completion of **Together we are one** training module Click or tap here to enter text.[ ]  **Environmental Assessment**Click or tap here to enter text.[ ]  **PIRS RC involvement**[ ] Individual Program Plan[ ] Child Specific Brief Consultation[ ] General Classroom Consultation[ ] Other[ ]  **Strategies recommended by the PIRS RC have been implemented** [ ]  **Defined Goal for use of EPS Top Up Funds has been discussed with the PIRS RC** |
| Hours: How many additional hours of program support per week are required? Click or tap here to enter text.Classroom: Click or tap here to enter text.Number of children to be supported with Top Up: Click or tap here to enter text.Number of staff in classroom (not including EPS staff): Click or tap here to enter text.Number of children in classroom: Click or tap here to enter text. | **Comments / Other Info:**Click or tap here to enter text. |

[ ]  **I confirm that the program has completed the actions above and commit to use EPS Top Up funding as outlined in the EPS Funding Guidelines**

[ ]  **I confirm that the complex needs and actions taken (above) are supported and validated by the PIRS RC**

**Operator Signature**: Click or tap here to enter text. **Date**: Click or tap here to enter text.