**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.