

**Waiting List Priority Information  
Birth to Kindergarten Entry**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Child's Age: \_\_\_\_\_

PRIORITY CONSIDERATIONS						
#1 DATE OF REFERRAL / DATE PLACED ON WAITING LIST						
	X	0 to 6 mos (2 points)	6 mos to 1 yr (3 points)	1 to 1½ years (4 points)	1½ to 2 years (5 points)	Over 2 years (6 points)
#2 LEVEL OF NEED						
Please complete attached summary to describe how you reached these conclusions	1 ↓	2 ↓	3 ↓	4 ↓	5 ↓	6 ↓
<b>a) Child's Age</b> (pg 1 of criteria; starts at 4)	X	X	X			
<b>b) Child's Needs</b> (pg 2-6 of criteria; starts at 2)	X					
<b>c) Family Needs</b> (pg 7-8 of criteria; starts at 3)	X	X				
<b>d) Child Care Setting Needs</b> (pg 9-12 of criteria; starts at 2)	X					
SUMMARY						
	Column Total	Column Total	Column Total	Column Total	Column Total	Column Total
<b>Total for Each Column:</b> (Add the numbers in each column & write total)						
<b>Priority Considerations Total:</b>	= <span style="border: 1px solid black; padding: 2px 10px;"> / 30</span>					

Waitlisted for  SCD Consultant Service  Extra Staffing Support \*\*

**\*\*Recommended Extra Staffing Support**

Level of support:  Individual  Shared  
 Duration:  Short term  Intermittent/occasional  Ongoing

**Additional Facts About the Request:**

- Increase of hours  Waiting for child care space
- Increase of wage or benefit costs  Waiting for program to start (*preschool for September; new program opening*)
- School holidays, pro-d days & non-instructional time
- Parents working / going to school (daycare required)
- Early development experience only (preschool; parents not working / school)
- 2044 situation (if applicable in your program)

Completed by: \_\_\_\_\_

Date Placed on Waiting List: \_\_\_\_\_

**Priorities Summary  
Birth to Kindergarten Entry**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**a) Child's Age:**

Briefly describe the factors that make this situation a higher priority relative to the child's age (e.g. child is entering K, but has had no service to date because they have not been seen in the community to date and/or have recently moved here).

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**b) Child's Needs (level and/or nature of need):**

Briefly describe the factors that make this situation a higher priority in terms of his/her needs (e.g. based on the content of the support guide, observations / feedback of other team members and the child care program, SCD Consultant observations and priority criteria)

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**c) Family Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the family support profile and priority criteria)

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**d) Child Care Setting Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the child care support profile, observations / feedback of other teams members and SCD Consultant, and priority criteria)

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**Coordinator Notes:**

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**Waiting List Priority Information**  
Kindergarten to 12 years of age

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Child's Age: \_\_\_\_\_

PRIORITY CONSIDERATIONS						
#1 DATE OF REFERRAL / DATE PLACED ON WAITING LIST						
	X	0 to 6 mos (2 points)	6 mos to 1 yr (3 points)	1 to 1½ years (4 points)	1½ to 2 years (5 points)	Over 2 years (6 points)
#2 LEVEL OF NEED						
<i>Please complete attached summary to describe how you reached these conclusions</i>	1 ↓	2 ↓	3 ↓	4 ↓	5 ↓	6 ↓
<b>a) Child's Age</b> (pg 1 of criteria; starts at 1)			X	X	X	X
<b>b) Child's Needs</b> (pg 2-6 of criteria; starts at 2)	X					
<b>c) Family Needs</b> (pg 7-8 of criteria; starts at 3)	X	X				
<b>d) Child Care Setting Needs</b> (pg 9-12 of criteria; starts at 2)	X					
SUMMARY						
	Column Total	Column Total	Column Total	Column Total	Column Total	Column Total
Total for Each Column:						
<b>Priority Considerations Total:</b>	= <span style="border: 1px solid black; padding: 2px 10px;"> / 30</span>					

Waitlisted for

SCD Consultant Service

Extra Staffing Support \*\*

**\*\*Recommended Extra Staffing Support**

Level of support:  Individual

Shared

Duration:  Short term

Intermittent/occasional

Ongoing

**Additional Facts About the Request:**

- Increase of hours
- Increase of wage or benefit costs
- School holidays, pro-d days & non-instructional time
- Parents working / going to school (daycare required)
- Early development experience only (preschool; parents not working / school)
- 2044 situation (if applicable in your program)
- Waiting for child care space
- Waiting for program to start (*preschool for September; new program opening*)

Completed by: \_\_\_\_\_

Date Placed on Waiting List: \_\_\_\_\_

**Priorities Summary**  
**Kindergarten to 12 years of age**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**e) Child's Age:**

Briefly describe the factors that make this situation a higher priority relative to the child's age (e.g. child is entering K, but has had no service to date because they have not been seen in the community to date and/or have recently moved here).

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**f) Child's Needs (level and/or nature of need):**

Briefly describe the factors that make this situation a higher priority in terms of his/her needs (e.g. based on the content of the support guide, observations / feedback of other team members and the child care program, SCD Consultant observations and priority criteria)

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**g) Family Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the family support profile and priority criteria)

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**h) Child Care Setting Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the child care support profile, observations / feedback of other teams members and SCD Consultant, and priority criteria)

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**Coordinator Notes:**

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**Waiting List Priority Information**  
13 to 19 years of age

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Child's Age: \_\_\_\_\_

PRIORITY CONSIDERATIONS						
#1 DATE OF REFERRAL / DATE PLACED ON WAITING LIST						
	X	0 to 6 mos (2 points)	6 mos to 1 yr (3 points)	1 to 1½ years (4 points)	1½ to 2 years (5 points)	Over 2 years (6 points)
#2 LEVEL OF NEED						
<i>Please complete attached summary to describe how you reached these conclusions</i>	1 ↓	2 ↓	3 ↓	4 ↓	5 ↓	6 ↓
<b>a) Child's Age</b> (pg 1 of criteria; starts at 1)	X	X	X	X	X	X
<b>b) Child's Needs</b> (pg 2-6 of criteria; starts at 2)	X					
<b>c) Family Needs</b> (pg 7-8 of criteria; starts at 3)	X	X				
<b>d) Child Care Setting Needs</b> (pg 9-12 of criteria; starts at 2)	X					
SUMMARY						
	Column Total	Column Total	Column Total	Column Total	Column Total	Column Total
Total for Each Column:						
<b>Priority Considerations Total:</b>	= <span style="border: 1px solid black; padding: 2px;"> / 30</span>					

Waitlisted for  SCD Consultant Service  Extra Staffing Support \*\*

**\*\*Recommended Extra Staffing Support**

Level of support:  Individual  Shared  
Duration:  Short term  Intermittent/occasional  Ongoing

**Additional Facts About the Request:**

- Increase of hours
- Increase of wage or benefit costs
- School holidays, pro-d days & non-instructional time
- Parents working / going to school (daycare required)
- Early development experience only (preschool; parents not working / school)
- 2044 situation (if applicable in your program)
- Waiting for child care space
- Waiting for program to start (*preschool for September; new program opening*)

Completed by: \_\_\_\_\_

Date Placed on Waiting List: \_\_\_\_\_

**Priorities Summary  
13 to 19 years of age**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**a) Child's Age:**

Not applicable to youth

**b) Child's Needs (level and/or nature of need):**

Briefly describe the factors that make this situation a higher priority in terms of his/her needs (e.g. based on the content of the support guide, observations / feedback of other team members and the child care program, SCD Consultant observations and priority criteria)

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**c) Family Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the family support profile and priority criteria)

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**d) Child Care Setting Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the child care support profile, observations / feedback of other teams members and SCD Consultant, and priority criteria)

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**Coordinator Notes:**

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**Waiting List Priority Information**  
**School Age and Youth**  
 (ages 6-19)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Child's Age: \_\_\_\_\_

PRIORITY CONSIDERATIONS						
#1 DATE OF REFERRAL / DATE PLACED ON WAITING LIST						
	X	0 to 6 mos (2 points)	6 mos to 1 yr (3 points)	1 to 1½ years (4 points)	1½ to 2 years (5 points)	Over 2 years (6 points)
#2 LEVEL OF NEED						
Please complete attached summary to describe how you reached these conclusions	1 ↓	2 ↓	3 ↓	4 ↓	5 ↓	6 ↓
<b>a) Child's Age</b> (pg 1 of criteria; starts at 1)				X	X	X
<b>b) Child's Needs</b> (pg 2-6 of criteria; starts at 2)	X					
<b>c) Family Needs</b> (pg 7-8 of criteria; starts at 3)	X	X				
<b>d) Child Care Setting Needs</b> (pg 9-12 of criteria; starts at 2)	X					
SUMMARY						
	Column Total	Column Total	Column Total	Column Total	Column Total	Column Total
Total for Each Column:						
<b>Priority Considerations Total:</b>	= <span style="border: 1px solid black; padding: 2px 10px;">/ 30</span>					

Waitlisted for  SCD Consultant Service  Extra Staffing Support \*\*

**\*\*Recommended Extra Staffing Support**

Level of support:  Individual  Shared  
 Duration:  Short term  Intermittent/occasional  Ongoing

**Additional Facts About the Request:**

- |  |   |
|--|---|
| <input type="checkbox"/> Increase of hours   | <input type="checkbox"/> Waiting for child care space   |
| <input type="checkbox"/> Increase of wage or benefit costs   | <input type="checkbox"/> Waiting for program to start ( <i>preschool for September; new program opening</i> ) |
| <input type="checkbox"/> School holidays, pro-d days & non-instructional time                        |   |
| <input type="checkbox"/> Parents working / going to school (daycare required)                        |   |
| <input type="checkbox"/> Early development experience only (preschool; parents not working / school) |   |
| <input type="checkbox"/> 2044 situation (if applicable in your program)                              |   |

Completed by: \_\_\_\_\_

Date Placed on Waiting List: \_\_\_\_\_

**Priorities Summary**  
**School Age and Youth**  
(ages 6-19)

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**a) Child's Age:**

Not applicable to school age children and youth.

**b) Child's Needs (level and/or nature of need):**

Briefly describe the factors that make this situation a higher priority in terms of his/her needs (e.g. based on the content of the support guide, observations / feedback of other team members and the child care program, SCD Consultant observations and priority criteria)

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**c) Family Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the family support profile and priority criteria)

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**d) Child Care Setting Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the child care support profile, observations / feedback of other teams members and SCD Consultant, and priority criteria)

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**Coordinator Notes:**

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**Waiting List Priority Information**  
Birth to 19 years of age

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Child's Age: \_\_\_\_\_

PRIORITY CONSIDERATIONS						
#1 DATE OF REFERRAL / DATE PLACED ON WAITING LIST						
	<b>X</b>	0 to 6 mos (2 points)	6 mos to 1 yr (3 points)	1 to 1½ years (4 points)	1½ to 2 years (5 points)	Over 2 years (6 points)
#2 LEVEL OF NEED						
<i>Please complete attached summary to describe how you reached these conclusions</i>	<b>1</b> ↓	<b>2</b> ↓	<b>3</b> ↓	<b>4</b> ↓	<b>5</b> ↓	<b>6</b> ↓
<b>a) Child's Age</b> (pg 1 of criteria; starts at 1)						
<b>b) Child's Needs</b> (pg 2-6 of criteria; starts at 2)	<b>X</b>					
<b>c) Family Needs</b> (pg 7-8 of criteria; starts at 3)	<b>X</b>	<b>X</b>				
<b>d) Child Care Setting Needs</b> (pg 9-12 of criteria; starts at 2)	<b>X</b>					
SUMMARY						
	<b>Column Total</b>	<b>Column Total</b>	<b>Column Total</b>	<b>Column Total</b>	<b>Column Total</b>	<b>Column Total</b>
Total for Each Column:						
<b>Priority Considerations Total:</b>	=	/ 30				

Waitlisted for  SCD Consultant Service  Extra Staffing Support \*\*

**\*\*Recommended Extra Staffing Support**

Level of support:  Individual  Shared  
Duration:  Short term  Intermittent/occasional  Ongoing

**Additional Facts About the Request:**

- Increase of hours  Waiting for child care space
- Increase of wage or benefit costs  Waiting for program to start (*preschool for September; new program opening*)
- School holidays, pro-d days & non-instructional time
- Parents working / going to school (daycare required)
- Early development experience only (preschool; parents not working / school)
- 2044 situation (if applicable in your program)

Completed by: \_\_\_\_\_

Date Placed on Waiting List: \_\_\_\_\_

**Priorities Summary  
Waiting List Priority Information  
Birth to 19 years of age**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**i) Child's Age:**

Briefly describe the factors that make this situation a higher priority relative to the child's age (e.g. child is entering K, but has had no service to date because they have not been seen in the community to date and/or have recently moved here).

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**j) Child's Needs (level and/or nature of need):**

Briefly describe the factors that make this situation a higher priority in terms of his/her needs (e.g. based on the content of the support guide, observations / feedback of other team members and the child care program, SCD Consultant observations and priority criteria)

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**k) Family Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the family support profile and priority criteria)

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**l) Child Care Setting Needs:**

Briefly describe the factors that make this situation a higher priority (e.g. based on completing of the child care support profile, observations / feedback of other teams members and SCD Consultant, and priority criteria)

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**Coordinator Notes:**

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