

Summer Skill Maintenance – Request for Information

Children's disABILITY Services is a program through the Department of Families that provides services to support children with disabilities and their families. One of the services, Summer Skills Maintenance (SSM), is provided to reduce the learning loss that research has shown occurs at a higher rate for children with disabilities. SSM is intentional, skill-based programming that occurs for a limited period of time during the summer months. This programming is intended for children who may benefit from additional practice of skills that they have learned throughout the school year. Please note that the provision of SSM is dependent on Children's disABILITY Services' available resources and determination of assessed needs.

There is a wide range of possibilities for Summer Skills Maintenance, depending on available summer programs in the community and the specific needs and goals of the child. SSM provides an opportunity to transfer learning across settings and situations. Consider ways of providing learning experiences that are engaging and incorporate elements of summer and community involvement (for example, nature activities, walks).

In order to learn more about the child's needs, strengths and goals, we request that you provide information to the questions below and complete the attached chart. We request that the goals and activities be specific, measurable, achievable and relevant. These factors help to create common expectations for what the program will deliver, how to get there, and what the child will maintain or achieve by the end of the program. The attached chart provides examples of goals and activities applicable to children of various ages and across a range of skill areas.

- 1) Please identify any considerations and recommended strategies for each of the following factors.
 - a. Group setting
 - b. Unfamiliar Setting
 - c. Unfamiliar activity
 - d. Transitions
 - e. Attention Span
 - f. Behaviour

Summer Skills Maintenance - Planning Form

Participant's Name:		Date:	
Participant's Age:	Participant's Grade Completed:	Summer Skills Worker:	
Form Completed by:	Signatures(s):		
Goals	Suggested Activities	Resources Needed	Provided by School (Y/N)
#1			
#2			
#3			
#4			

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Participant's Age:	Participant's Grade Completed:	Summer Skills Worker:		
Form Completed by:	Signatures(s):			
Goals	Suggested Activities	Resources Needed	Provided by School (Y/N)	Desired Outcomes
#1				
#2				
#3				
#4				