

Date Screening Scale Completed:			CSP File Number:	<i>to be completed by CSP lead agency</i>	
Name of Agency Completing Scale:		<i>to be completed by referring agency</i>		Child/Youth Name:	
Agency Staff Completing Scale (Name and contact information):		<i>to be completed by referring agency</i>		Consent was obtained for this referral:	Yes No Informed Consent obtained from:
Criteria	Description	Guidelines	Weighting	Score	
Level of Support Required for Independent Participation <i>Please choose one</i>	Child/Youth receives some <i>support</i> in one or more areas at school, home and/or community	Some support: Receives some support (e.g., resource) to succeed independently in school, program	1		
	Child/Youth receives moderate <i>support</i> in one or more areas at school, home and/or community	Moderate support: Receives shared or one-on-one support in program for part of day. Eligible for or accesses respite / SSAH supports	3		
	Child/Youth receives intensive <i>support</i> in one or more areas at school, home and/or community	Intensive Support: Receives one-on-one, all day at school or 24/7 support. Eligible for or accesses respite funding / SSAH supports; has accessed case resolution. An example of intensive support might be nursing 6 hours a day in order to attend school	5		
Family Capacity <i>Choose all that apply</i>	Family has asked for assistance in navigating services	Yes (1) or No (0)	0 or 1		
	Family has more than one child with special needs	Example services: Physiotherapy, Occupational Therapy, Speech-Language Pathology, mental health supports, in home nursing care, behaviour supports, resource support services in childcare or school etc.	0 or 1		
	Family identifies one or more barriers to accessing service	Barriers to accessing service: e.g., lives in under-serviced area, has housing / financial / transportation / language / child-care concerns.	0 or 1		
	Family requires assistance in seeking diagnosis for Child/Youth	Example: Family interested in assistance in connecting with appropriate professionals and/or services i.e. Developmental Pediatrician, Psychologist, Geneticist etc, to explore the possibility of a diagnosis.	0 or 1		
Multiple Agency / Sector Involvement <i>Choose all that apply</i>	Child/Youth is involved with 2 or more agencies or sectors – health, children and youth, social services, child welfare	These may include but are not limited to: St. Clair Child & Youth Services, Erie St. Clair LHIN, Family Counselling Centre and/or STARRting Point, Pathways Health Centre for Children, Sarnia-Lambton Children's Aid Society, Sarnia-Lambton Rebound; Community Living Sarnia-Lambton, Lambton Public Health, Domestic Violence Services, CPRI, hospitals, Early ☺N, etc.	allocate 1 point per agency / sector)		
	One of the agencies above is child welfare	Family is involved with a Children's Aid Society.	0 or 1		
	Child/Youth is involved with multiple specialists (does not include Family Doctor)	For instance: Developmental Pediatrician, Geneticist, Respirologist, Endocrinologist, Cardiologist, Neurologist, etc.	0 or 1		
Scoring	Score of 1-3 represents <u>Tier 1</u> ; Score of 4-9 represents <u>Tier 2</u> ; Score of 10-16 represents <u>Tier 3</u>	If scoring total falls in Tier 1 or Tier 2, what alternate planning solution for this family can be reached? <i>To be completed by referring agency in consultation with the family, and when needed, with the lead agency.</i> <b>See scoring guidelines on the back of this page</b>	TL Score:		

● **TIER 3** - COORDINATED SERVICE PLAN IS HELD BY LEAD AGENCY - For families who access services from multiple agencies that provide service to children and youth with special needs, whose capacity to coordinate the services themselves is limited and who may experience significant barriers to accessing service; whose children may require a moderate or intensive level of support to be able to participate independently in school, home and / or community; whose need for support is likely to be long-lasting by nature of the disability or medical condition. The Lead Agency generally builds and holds the plan, being available to support families as and when necessary from birth through 21. There may be times when another agency / District School Boards more appropriately holds the plan (has the capacity to provide and coordinated services for the family), as in Tier 2.

● **TIER 2** - COORDINATED SERVICE PLANNING ROLE IS SHARED WHEN CSP PROVIDER AGENCIES HAVE CAPACITY - For families who access services from more than one agency / District School Boards (DSBs) and who may have limited capacity to coordinate the services themselves and / or experience some barriers to accessing service; whose children may require a moderate or intensive level of support to be able to participate independently in school, home and / or community. Agencies / DSBs may have dedicated staff positions to link families to programs and coordinate services and appointments. These dedicated positions may have the capacity to take on the Coordinated Service Planning role for a period of time when families have a long-term relationship with one particular agency, and it is approved by the Lead Agency and the family.

● **TIER 1** - INTRA-AGENCY PLANNING - For families who access one or more services from a single agency that provides service to children and youth with special need and experience few if any barriers to accessing service; whose children may require some level of support to be able to participate independently in school, home and / or community. Service coordination is embedded in the role and responsibility of individual agency / District School Board (DSB) staff to link families to programs within their own agency / DSB, or out in the community.

1. A higher score is indicative of greater level of need for CSP
2. Referring agency initiates this form and sends to CSP Lead agency for review. It may also be initiated as part of a team discussion
3. CSP Lead agency makes final decision to admit to Coordinated Service Planning caseload
4. CSP agency notifies referring agency of decision to admit to Coordinated Service Planning caseload
5. Follow through with Lambton Coordinated Service Planning (CSP) Flow Chart
6. Screening scale can be revisited at any point in time and as circumstances change, see Lambton Coordinated Service Planning (CSP) Flow Chart

## Additional Child and Family Information

Family		Child/Youth	
Contact by: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian		First and Last Name	D.O.B. (dd/mm/yyyy)
<b>For family:</b> I wish to identify myself or my child/youth as: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit Other _____		Address of Child/Youth if different from Parent or Legal Guardian:	
Name of Parent or Legal Guardian:		City/Town:	
Address of Parent or Legal Guardian:		Main contact #: (    )	
City/Town:	Main contact #: (    )	Postal Code:	Gender or Preferred Pronoun (optional)
Postal Code:	E-Mail:	Siblings: (First and last names)	
Need transportation: <input type="checkbox"/> yes <input type="checkbox"/> no	Daycare or School Child/Youth is currently attending:		

<b>Child/Youth Strengths, Needs, and Interests</b>

<b>Family Strengths, Needs, and Priorities</b>

**Referrals to Coordinated Service Planning should be made in parallel to referrals to other services, particularly if there is a wait for Coordinated Service Planning. Being referred to Coordinated Service Planning should not prevent a family from accessing other appropriate services. Coordinated Service Planning is not a required point of access or a gatekeeper and Service Planning Coordinators are not responsible for determining eligibility for other programs. *Coordinated Service Planning Policy and Program Guidelines 2017***

Determination of level of need for CSP: <i>to be completed by CSP lead agency</i>	Admission Date to CSP: <i>to be completed by CSP lead agency</i>
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