*Please save as a PDF before uploading to the IS Portal*

|  |  |
| --- | --- |
| **Service Name** |  |
| **Name of service contact person** |  |
| **Case ID** |  |
| **Inclusion Professional’s name** |  |

**Barriers, Solutions and Outcomes**

**What cohort of children with additional needs does this application aim to support?**

Please choose one option only

Children with a disability or developmental delay

Children presenting with challenging behaviour

Children with a serious medical or health condition

Children presenting with trauma related behaviours

Aboriginal and Torres Strait Islander children

Culturally and Linguistically Diverse children

Children from refugee/humanitarian backgrounds

Comment:

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| --- |
|  |

**What are the barriers this project will address?**

**Barriers related to children:**

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| --- |
|  |

**Barriers related to educators:**

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| --- |
|  |

A picture containing text, outdoor, pool table, table

Description automatically generated**Barriers related to the service and/or community:**

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**What is the impact of these barriers for children and educators?**

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**What have you already done to try to address these barriers?**

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**How will Guided Practice help to address these barriers?**

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**What are the intended outcomes of the project?**

**Outcomes related to children:**

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| --- |
|  |

**Outcomes related to educators:**

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| --- |
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## Details of the Project

**Who is the Support Provider for this project?**

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**Why have you chosen them?**

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A picture containing text, outdoor, pool table, table

Description automatically generated**What are their skills/expertise/qualifications in relation to the identified barriers?**

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**Provide a brief description of content to be delivered during this project (including information re: the evidence base for the project content and how it aligns with the aims of the ISP)**

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**How many care environments will be involved in the project?**

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| --- |
|  |

**How many educators will participate in the project?**

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| --- |
|  |

**Provide a Project Plan including an overview of project sessions**

|  |
| --- |
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**Does the Project include the supply or development of resources? Yes  No**

If yes, please provide a brief description of the resources and a rationale for why they are essential to the project. (NB: the cost of resources must not be more than 10% of the total cost of the project)

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| --- |
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**How will you sustain the project outcomes once the project is completed?**

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## Required Attachments

* **Provider Quote** (please attach)

## Optional Required Attachments

* **Provider Information** (if not included above)
* A picture containing text, outdoor, pool table, table

  Description automatically generated**Project Plan** (if not included above)