

# FSCD Specialized Services Workbook

## Complete This Before Your MDT Panel for Specialized Services

*A step-by-step workbook for families of children with severe disabilities in Alberta | Parent Partnership Project | April 2026*

**Complete this workbook BEFORE your Specialized Services MDT Panel or for your renewal meeting.**

<b>Child's Name:</b>	
<b>Date of Birth:</b>	
<b>FSCD File #:</b>	
<b>Parent / Guardian Name:</b>	
<b>Date Completed:</b>	

## How to Use This Workbook

*Read this page before you begin*

Due to high demand for programs and services, the Parent Partnership Project has created this workbook so that families can prepare as much as possible before their MDT Panel for Specialized Services. The more complete your answers, the better chances you have for a quick approval.

**Important Note:** Completing this workbook does **NOT** start your child's Specialized Services agreement - it prepares you for your request only.

### What You Will Do in This Workbook

- Step 1 — Confirm your child meets the eligibility criteria for Specialized Services
- Step 2 — List the assessments and professionals supporting your child
- Step 3 — Identify your family's service priorities
- Step 4 — Draft your goals, objectives and strategies for the Individualized Service Plan (ISP)
- Step 5 — Prepare your answers for the Specialized Services Coversheet
- Step 6 — Use the Documents Checklist to confirm everything is ready

### What to Bring to Your Planning Meeting

- This completed workbook
- Diagnosis letters or reports (within the past 5 years)
- Letters or reports from doctors and other health professionals involved in your child's ongoing care (e.g. feeding clinic results, hearing and vision test results, medication trials)
- Clinical assessments or progress reports (within the past 5 years) (e.g. speech and language, OT, PT, psychological assessments)
- Your child's current Individualized Program Plan (IPP) and the previous year's IPP (where applicable)
- Child's Daily Routine Schedule (Appendix R — where applicable)
- If continuing Specialized Services: your updated ISP and the ISP from the previous year, the proposed ISP for services being requested, and assessment or progress summaries from your specialized services team

You cannot receive any Specialized Services until your ISP has been reviewed and approved by your FSCD Caseworker, signed by all team members, and activated. Services cannot start before a signed agreement — **no exceptions.**

**1**

**Eligibility for Specialized Services**

*Confirm your child meets the criteria before your planning meeting*

Specialized Services are for children with a severe delay or deficit that results in significant limitations in **TWO OR MORE** of the following areas: (1) Behaviour, (2) Communication and Socialization Skills, (3) Cognitive Abilities, (4) Physical and Motor Development, and (5) Self-Help Skills and Adaptive Functioning.

**Request Type**

Please indicate which of the following applies:

<input type="checkbox"/> <b>Initial Request</b> <i>First time applying for Specialized Services</i>	<input type="checkbox"/> <b>Continuation Request</b> <i>Renewing existing Specialized Services</i>	<input type="checkbox"/> <b>Reassessment</b> <i>Significant change in child's needs</i>
--	---	--

**Child Information**

Child's Full Name
-------------------

Date of Birth (yyyy-mm-dd)	FSCD File #	Number of Years in Specialized Services (if applicable)
----------------------------	-------------	---

**Does your child have significant limitations in 2 or more of these areas?**

Check all that apply and describe the limitation in the space provided.

✓	Domain	Describe the significant limitation and how it affects daily participation
<input type="checkbox"/>	Behaviour	
<input type="checkbox"/>	Communication and Socialization Skills	
<input type="checkbox"/>	Cognitive Abilities	
<input type="checkbox"/>	Physical and Motor Development	
<input type="checkbox"/>	Self-Help Skills and Adaptive Functioning	

**2**

**Assessments and Professionals**

*List every assessment and professional involved in your child's care*

FSCD requires documentation from qualified health professionals to support a Specialized Services request. Assessments must be within the past 5 years. List all formal assessments and all health professionals currently working with your child.

**Formal Assessments (within the past 5 years)**

Date	Professional	Discipline	Diagnosis

**Health Professionals Currently Involved in Your Child's Care**

Name	Discipline / Role	Phone / Email	Frequency of Contact	Current Goals or Focus

**Have any assessments been recommended but not yet completed? Describe:**

---



---



---

3

### Your Family's Service Priorities

*Identify the changes that matter most — these are the foundation of the ISP*

The priorities of your family are the foundation on which the Individualized Service Plan (ISP) is built. The MDT Panel needs to know: 'What do you most want to change?' Think about what is currently preventing your child from participating in daily life at home and in the community.

#### Impact of Your Child's Disability on the Family

Describe how your child's disability affects individual family members, your family's daily routines, your ability to participate in the community, and the emotional and physical wellbeing of caregivers.

---

---

---

---

---

---

---

---

#### Child's Strengths and Interests

Describe what your child does well and what they enjoy — the ISP builds on existing skills.

---

---

---

---

---

---

#### Family's Strengths and Abilities

What skills, knowledge, and resources does your family already have? What strategies have you already tried?

---

---

---

---

---

---

**Top Service Priorities (rank in order of importance)**

What are the top 3–5 things your family most needs support with right now? Connect each to one of the five FSCD domains.

	Priority (what you want to change)	Related Domain	Why this is a priority
1			
2			
3			
4			
5			

**Upcoming Transitions Your Family is Anticipating**

(e.g. starting or changing schools, moving, changes to family structure, approaching age 18)

---



---



---



---



---

**What are you hoping to achieve as a result of having Specialized Services?**

Describe specific skills or knowledge your family would like to acquire, and what daily life would look like if services are successful.

---



---



---



---



---

4

Drafting Your ISP Goals

Prepare your goals, objectives and strategies before your planning meeting

What makes a good ISP Goal?

- Goals should reflect the priorities of the family and address the child's most critical areas of service need.
- Goals are stated in measurable and observable terms — describe what will be different when the goal is achieved.
- Goals are realistic and achievable within a one-year timeframe.
- Goals support planning for upcoming life transitions.

✓ **Good goal:** *By July, the Smith family will use the picture exchange communication system 90% of the time when interacting with [child] about requests for food and drinks.*

✗ **Poor goal:** *We want speech therapy. (This describes a service, not a goal.)*

Goal 1 — Top Priority

What is the most important change you want to see for your child? Describe what will be different when this goal is achieved.

Domain this goal addresses:

- Behaviour  Communication & Socialization  Cognitive Abilities  Physical & Motor  Self-Help & Adaptive Functioning

---

---

---

---

---

---

---

---

---

---

Goal 2 — Second Priority

Describe your second priority goal. Describe what will be different when this goal is achieved.

Domain this goal addresses:

- Behaviour  Communication & Socialization  Cognitive Abilities  Physical & Motor  Self-Help & Adaptive Functioning

---

---

---

---

---

---

---

---

---

---

**Goal 3 — Third Priority**

Describe your third priority goal. Describe what will be different when this goal is achieved.

Domain this goal addresses:

- Behaviour
- Communication & Socialization
- Cognitive Abilities
- Physical & Motor
- Self-Help & Adaptive Functioning

---

---

---

---

---

---

---

---

---

---

**Goal 4 — Fourth Priority (if applicable)**

Describe your fourth goal if applicable. Describe what will be different when this goal is achieved.

Domain this goal addresses:

- Behaviour
- Communication & Socialization
- Cognitive Abilities
- Physical & Motor
- Self-Help & Adaptive Functioning

---

---

---

---

---

---

---

---

---

---

**Monitoring and Tracking Plan**

How will the team know if progress is being made? Describe what data will be collected, by whom, and how often the specialized services team will meet to review progress.

---

---

---

---

---

---

---

---

---

---

5

**Specialized Services Coversheet Preparation**

*Your caseworker completes this form — prepare your answers here*

Your FSCD caseworker should complete the Specialized Services Coversheet (FSCD12348) with you at your planning meeting. Use this section to prepare your answers in advance.

**Family circumstances to be considered**

(e.g. number of children in the home, single parent, family illness, work schedules)

---

---

---

---

**Why are Specialized Services being requested?**

Consider: how your child's disability impacts their participation at home and in the community; the level of caregiver assistance required; other supports already in place; and unmet areas of need (e.g. behaviour, communication, self-help skills).

---

---

---

---

---

---

---

---

---

---

**What supports and services are being requested?**

(e.g. occupational therapy, speech-language therapy, behavioural support, aide services — include estimated hours where known)

---

---

---

---

---

---

---

---

---

---



6

**Documents Checklist**

*Use this checklist to confirm everything is ready before your planning meeting*

Use this checklist to make sure you have gathered everything your caseworker will need.

Document / Form	When	Status
This completed workbook	<i>Bring to MDT Panel — completed by you</i>	<input type="checkbox"/> Done / In progress
Diagnosis letters / reports (within 5 years)	<i>Bring to MDT Panel</i>	<input type="checkbox"/> Have it / Need it
Letters from health professionals re: ongoing care	<i>Bring to MDT Panel</i>	<input type="checkbox"/> Have it / Need it
Clinical assessments / progress reports (SLP, OT, PT, Psychologist)	<i>Bring to MDT Panel</i>	<input type="checkbox"/> Have it / Need it
Child's current IPP (and prior year's IPP)	<i>Bring to MDT Panel</i>	<input type="checkbox"/> Have it / Need it
Child's Daily Routine Schedule (Appendix R)	<i>Complete and bring to meeting</i>	<input type="checkbox"/> Done / In progress
Specialized Services Checklist for Parents (FSCD12344)	<i>Review before meeting</i>	<input type="checkbox"/> Reviewed
Specialized Services Coversheet (FSCD12348)	<i>Complete with caseworker at planning meeting</i>	With worker
Draft ISP goals (Step 5 of this workbook)	<i>Bring to MDT Panel</i>	<input type="checkbox"/> Done / In progress
Current and previous ISP (if continuing services)	<i>If applicable — from service provider</i>	If applicable
Proposed ISP from service provider (if continuing)	<i>If applicable — from service provider</i>	If applicable
Assessment / progress summaries from specialized services team (if continuing)	<i>If applicable — from service provider</i>	If applicable

**You Are Ready When:**

- Every section of this workbook is filled in as completely as possible
- You have gathered all required medical and professional documentation
- You have completed the Child's Daily Routine Schedule
- You have drafted your top 3–5 ISP goals, objectives and strategies
- You have confirmed your specialized services team members and their roles

## Child's Daily Routine / Schedule

*Appendix R | FSCD13335 | Family Support for Children with Disabilities*

<b>Child's Name:</b>	<b>Date of Birth:</b>	<b>Date Completed:</b>
----------------------	-----------------------	------------------------

Use this schedule to show the MDT Panel what a typical day looks like for your child. Fill in the activities, supports required, and who provides them for each time period across a typical weekday and weekend day.

Time	Activity / Routine	Support Required	Who Provides Support	Notes
6:00 – 7:00 am				
7:00 – 8:00 am				
8:00 – 9:00 am				
9:00 – 10:00 am				
10:00 – 11:00 am				
11:00 am – 12:00 pm				
12:00 – 1:00 pm				
1:00 – 2:00 pm				
2:00 – 3:00 pm				
3:00 – 4:00 pm				
4:00 – 5:00 pm				
5:00 – 6:00 pm				
6:00 – 7:00 pm				
7:00 – 8:00 pm				
8:00 – 9:00 pm				
9:00 pm – overnight				