

**ELCNC Use Only:**

IEP Development Date: \_\_\_\_\_

Primary Exceptionality: \_\_\_\_\_

Secondary Exceptionality: \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved: Yes No

Approved By: \_\_\_\_\_



Early Learning Coalition of the Nature Coast  
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

**Special Needs Payment - Provider Application**

To: \_\_\_\_\_ (provider) In Reference To: \_\_\_\_\_ (child's name)

The Early Learning Coalition of the Nature Coast has received documentation supporting the special need/disability of the child referenced above. School Readiness provider funding for the Special Needs category of care is contingent upon the provider adapting the educational environment to accommodate the child's needs. Please indicate how you plan to provide the "least restrictive environment" for this child to enhance his/her success in your facility.

Criteria	The Child's Needs	Provider Plan: The provider will...
Physical Accommodation		
Adaptive Equipment		
Staffing		
Schedule/Routine/Curriculum		
Resources needed to facilitate success, including but not limited to: <ul style="list-style-type: none"><li>▪ Classroom activities</li><li>▪ Outdoor activities</li><li>▪ Health and safety needs</li></ul>		

Please Note: This form must be completed by the provider. "Child's Needs" and "Provider Plan" may incorporate some or all of the above criteria. Applications are subject to approval by the appropriate Program Manager. Coalition staff will visit the provider within thirty (30) days of special needs payment approval and subsequently on at least a twice yearly basis to determine if the provider plan is being implemented as described above. **Provider funding for the Special Needs category of care is contingent upon the provider adapting to accommodate the child's disability.**