Participant Care Plan

*Please download this form prior to completing in order for it to submit correctly. Use blank space on page 5 to provide more information if needed. Participant care plans may be completed in collaboration with educators and staff.

1. Participant Information

Participant Name:	Participant Date of Birth:
Parent/Guardian Name:	Phone:
Parent/Guardian Email:	
Parent/Guardian Name:	Phone:
Parent/Guardian Email:	

Best number and who to call for support during program:
(We must be able to contact a primary caregiver for immediate assistance)

Participant receives funding from:

SCD ☐ VNFC ☐ My child does not receive funding ☐ Other ☐: _____

Level of support during school year (if applicable):

Participant requires a full-time Education Assistant at school: ☐
Participant requires a part-time or shared Education Assistant at school: ☐
Participant does not receive an Education Assistant at school: ☐

2. Medical Information

(Diagnosis or need for support, allergies, dietary needs and special instructions, medications and timing, adaptive equipment, etc.)

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Healthcare professionals involved in the participant's life:
(Name, contact information, and type of professional (OT, PT, AT, etc.) if applicable)

Participant routines and strategies:
(Please describe current strategies, routines, or family rules that best support your child. These can include the use of visuals, reward charts, TouchChat, redirection strategies, etc.)

3. Social Skills

- ☐ Enjoys being in large groups
- ☐ Finds large groups challenging
- ☐ Enjoys peer interactions
- ☐ Able to focus during activities
- ☐ Needs sensory breaks in a quiet space
- ☐ Transitions well from one activity to another
- ☐ Overwhelmed in busy/noisy environments
- ☐ Requires assistance in comprehension of complex games or activities
- ☐ Struggles with transitions
- ☐ Other: _____

Please describe the best way to support the participant's social interaction in program:

4. Behavioural Information

- ☐ Physical aggression
- ☐ Spitting or biting
- ☐ Destructive behaviours
- ☐ Upsets easily
- ☐ Self-harm behaviours
- ☐ Fearless to danger
- ☐ Swearing or use of inappropriate language
- ☐ Wandering, hiding or running away
- ☐ Unpredictable behaviours
- ☐ Fears or phobias
- ☐ Other: _____

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Please describe the best way to manage these behaviours, including effective or commonly used redirection strategies:
(Include triggers we may see in program, and the best strategies we can use to support them to regulate or self-sooth, etc.)

Challenges – What challenges has the participant been struggling with at home or school?
(Communication, social, eating, mobility, self-regulation (anger, fear, physical or emotional), personal care (subject to centre policies), etc.)

5. Participant Profile

Strengths and Interests:
(Favourite activities, games, toys, music, etc.)

Dislikes:
(Least favourite activity, sound, actions, food, etc.)

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Who does the participant live with:
Goals:
Participant will come to program with: (favourite toy, fidget, visual cues, etc.)
Additional information you would like to share that will help staff and the participant be successful in program:
Each year the participant's needs grow and develop, and strategies change. This plan must be reviewed at least once per year with the parent/guardian of the participant requiring extra support, and any other persons requested by the parent.

Signature of Parent/Guardian:		**Date:**	
Signature of Program Supervisor:		**Date:**	

Freedom of Information Waiver: Personal information contained on this form is collected under the "Freedom of Information and Protection of Privacy Act" and will only be used for the purpose of supporting the participant.

Participant Care Plan - Additional Comments

Participant Name: