

# INDIVIDUAL CHILD SUPPORT PLAN



CHILD DETAILS			
Child's name			
Child date of birth		Child's gender	
Child's home language			

(Service to complete)

## SYMPTOMS / TRIGGERS / PATTERNS OF BEHAVIOUR / OBSERVATIONAL INFORMATION

*What are identified as the child's symptoms or patterns of behaviour e.g. flight risk, does not seem to listen in noisy environments, unaware of personal space, shows aggression towards children, difficulty communicating, emotional needs, inability to cope in indoor or outdoor environments.*

### Questions to consider

Is the parent/carer aware of the physical environment of Educator's residence?

Can the parent/carer provide information on behaviours at home and/or other care environments?

## INTERESTS AND DISLIKES

*Consider interests and dislikes of the child for both indoor and outdoor environments and also assist the parent in considering the physical environment of the service. Where possible, include the child when talking about their interests and dislikes.*

**I like to do**

**I don't like**

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STRENGTHS AND NEEDS	
<i>Where possible, include the child when talking about their strengths and needs.</i>	
I'm good at	I'm still learning

HEALTH CONSIDERATIONS (where relevant)	
Current dietary requirements or restrictions	Current medications <i>(indicate if these are to be administered while the child is in attendance at the service)</i>

STRATEGIES TO SUPPORT INCLUSION	
<i>When developing strategies remember they must be consistent with the individual child's abilities, age and developmental stage and give consideration to the Educator's environment. Parent/carer can provide strategies used at home that can then be adapted to the Educator's environment as required</i>	
Strategies currently used at home	Strategies to be implemented
e.g., cool down time in their bedroom	<b>By Educators:</b> e.g., redirecting the child to their quiet area when they see them feeling overwhelmed
Strategies currently used at other care environments (if relevant)	

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<p>e.g., redirection to other activities</p>	<p><b>By the Child (where applicable):</b> e.g., move to the designated quiet area when I start to feel overwhelmed or when directed to by the Educator.</p>
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## SUCCESS MEASURES

*When developing success measures, remember they must be consistent with the individual child's abilities, age and developmental stage. They must also be realistic, based on available resources and be consistent with the service's philosophy.*

Immediate success	Short term success
<p>e.g., child moves to the designated quiet area when redirected by an Educator.</p>	<p>e.g., child moves to the designated quiet area independently when they begin to feel overwhelmed</p>
<i>Details of implementation plan for immediate successes</i>	<i>Details of implementation plan for short term successes</i>
<p>e.g., In an area easily supervised by an Educator, a designated quiet area will be identified through collaboration with the child and service Coordinator.</p>	<p>e.g., implementation of zones of regulation to support the child's emotional awareness.</p>

## ADDITIONAL SUPPORT

**If applicable, the following additional support will be sought to implement this plan**

e.g., support from specialised medical practitioner/nurse for example, in the case of diabetes management.

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This plan has been prepared in consultation with:

Parent/Carer Name		Signature		Date:	
Nominated Supervisor/Coordinator Name		Signature		Date:	

## IMPLEMENTATION

This plan was implemented on:

This plan is to be reviewed on e.g., 3 months

## REVIEW NOTES

Record notes in relation to reviews that have occurred in relation to this Individual Child Support Plan. *Review notes **should be dated** and may be made at any point after the implementation of the support plan and additionally at the end of the review period.*

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