

INDIVIDUALIZED SUPPORT PLAN (ISP) FOR A CHILD WITH SPECIAL NEEDS/MODIFICATIONS REQUIRED

This form must be completed for a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child. The plan must be developed in consultation with a parent of the child, the child (if appropriate for the child's age) and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.

Photo of Child
(Recommended)

Child's Full Legal Name:

Child's Date of Birth:

Date ISP Completed:

Date ISP Updated:

Individualized Support Plan

1) HOW THE CHILD CARE PROGRAM WILL SUPPORT THE CHILD TO FUNCTION AND PARTICIPATE IN A MEANINGFUL AND PURPOSEFUL MANNER WHILE RECEIVING CHILD CARE: (e.g., collaborating with resource consultants and other specialists, providing flexibility in programming, additional staff where applicable, etc.)

2A) DESCRIPTION OF SUPPORTS, AIDS, ADAPTATIONS AND/OR OTHER MODIFICATIONS TO THE PHYSICAL ENVIRONMENT (if applicable): (e.g., specialized/modified furniture, rearranging layout, lowering coat hooks, reducing extraneous noise, etc.; or not applicable (N/A))

2B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED PHYSICAL ENVIRONMENT (if applicable): (e.g., child will sit on specific furniture during floor activities, staff/provider will assist child with mobility during transitions, etc.; or not applicable (N/A))

3A) DESCRIPTION OF SUPPORTS OR AIDS, ADAPTATIONS OR OTHER MODIFICATIONS TO THE SOCIAL ENVIRONMENT (if applicable): *(e.g., consistent routine in daily schedule with/without visual aids, making available toys/games that promote sharing, turn taking, and cooperation, modeling greetings and turn taking with other adults and children, pairing a child with special needs with a child with strong social skills; or not applicable (N/A))*

3B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED SOCIAL ENVIRONMENT (if applicable): *(e.g.; eye contact with the child, etc.; or not applicable (N/A))*

4A) DESCRIPTION OF SUPPORTS OR AIDS, OR ADAPTATIONS OR OTHER MODIFICATIONS TO THE LEARNING ENVIRONMENT (if applicable): *(e.g., use of pictorials to engage child during learning activities, providing braille reading materials, providing the child with additional time to complete activities, simplifying language around vocabulary, instructions etc.; or not applicable (N/A))*

4B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED LEARNING ENVIRONMENT (if applicable): *(e.g., providing sensory bag during programming, handles and grasping aid use to support use of play materials, interaction with a professional resource consultant, or not applicable (N/A))*

Additional Information (if applicable):

Confirmation:

- This plan has been created in consultation with the parent of the child, as defined in section 2(1) of the *Child Care and Early Years Act, 2014*.
- This plan has been created in consultation with a regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan (where applicable).
- This plan has been created in consultation with the child (where appropriate for the child’s age).

Parent Signature (optional):

Print full legal name:

Relationship to child:

Signature:

Date:

The following individuals participated in the development of this individual plan (optional):

First and Last Name	Position/Role	Signature

Notes:

- It is recommended that information be included in the ISP about the procedure to follow in case of evacuation and/or for the child’s participation in activities off the premises (where applicable).
- Supplemental documents may be included with this form (e.g. additional individualized plan developed by a resource consultant).
- Sensitive or confidential medical information should not be included in the plan, unless consent, in writing, has been given by the parent.
- Licensees are required to maintain the confidentiality of a child’s medical history including diagnosis. Sensitive or confidential medical information and detailed reports from medical professionals should not be included in the plan unless consent, in writing, has been given by the parent.