

INDIVIDUALIZED PLAN

R9-5-507.A & R9-3-404

Update every 12 months and as changes occur.

Child's name:		Date of birth:	Date of enrollment:
<i>(complete if other form pages are not used)</i>		IEP/ISFP available <input type="checkbox"/> provided <input type="checkbox"/> current <input type="checkbox"/> _____ N/A <input type="checkbox"/>	
Medication schedule:			
Name of medication:		RX #:	
Times to be administered:			
Meals and snacks			
Nutrition and feeding instructions:			
Qualifications required of staff to feed child:			
Names of staff who received training:			
Other Accommodations:			
Medical equipment or adaptive devices:			
Medical emergency instructions:			
Toileting and personal hygiene instructions <i>(if further details are needed, see "Toileting /Personal Hygiene" section):</i>			
Specific child care services to be provided to the child at the facility:			
Frequency and length of any prescribed medical treatment or therapy:			
Training required of a staff member to care for the child's special needs:			
Participation in fire evacuation drills:			
Plan developed by:			
Parent(s):		Health Care Provider(s):	
Staff name(s):			
Plan developed date:	Copy provided to parent on:	Updated:	

This document is intended to help child care personnel document any special accommodations for specific needs of enrolled children.

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Inclusion Policy

At _____ (facility), we believe that every child deserves a successful and meaningful experience, therefore we develop an Individualized Plan (I.P.) for each child with special needs. The I.P. is a collaborative effort among a health care provider, the center director (or provider) the teacher, and the parent.

The written I.P. must be kept in the child's file and should be updated when any change has occurred – with the child, the teacher, the director (or provider), or the environment. The I.P. should include all information in order to determine if we can enroll the child in our center.

1. Are any modifications to the physical environment necessary? NO YES

If YES, please describe the modifications in detail below.

2. Do caregivers need any special training in order to care for your child? NO YES

If YES, please describe the training in detail below.

3. Will the child/staff ratio listed on the I.P. be appropriate for your child? NO YES

4. Does your child have any allergies or dietary restrictions? NO YES

5. If your child is 3 years of age or older, is s/he potty trained? If not, an I.P. is requested. NO YES

We will do all we can to include every child regardless of any physical or mental limitation. However, enrollment is conditional upon the fact that we can make all the necessary modifications without affecting the welfare of all the children in the classroom.

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Acknowledgement of a Special Need

<i>(complete if other form pages are not used)</i>	IEP/ISFP available <input type="checkbox"/> provided <input type="checkbox"/> current <input type="checkbox"/> _____ N/A <input type="checkbox"/>	
Child's Name:	Date of Birth:	Age:
Primary Guardian:		

In order for _____ (facility) to give your child the very best experience possible, we must be aware of any special need that your child might have. Please acknowledge if your child has a special need. If there no special needs at this time, please check the appropriate box and sign and date.

If your child does have a special need, please check the appropriate box below, sign and date. Please complete the Individualized Plan with the center director/child care provider and your health care provider.

At this time I acknowledge that my child has no special need that has identified and/or treated by a health care provider. I will notify _____ (name of director) immediately if there is a change in his/her condition.

I acknowledge that at this time my child has the following special need(s) that have been identified and/or treated by a health care provider. I will notify _____ (name of director) immediately if there is a change in his/her condition.

SPECIAL NEED:

Primary Guardian Signature:	Date
Authorized Representative:	Date

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Toileting / Personal Hygiene Plan

Reason for Accommodation <i>(related documentation can be attached)</i>		
Narrative:		
Identify location to be used:		
Supplies & Services		
List required supplies and identify what will be provided by parent and by facility:		
Describe the support services provided to the child by facility staff (toileting, hygiene, clothes management, etc.):		
Names of staff who received training (if applicable):		
Accommodations:		
Identify and describe the procedures staff will follow to meet the child's needs:		
Plan developed by:		
Parent(s):	Health Care Provider(s):	
Staff name(s):		
Plan developed date:	Copy provided to parent on:	Updated:

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