**Inclusive Care Plan**

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| **Child’s Name** |  | **Child DOB** |  |
| **Parent’s (Guardian) Name** |  | **Phone Number** |  |
| **Emergency Contact Person (Name/Relationship)** |  | **Phone Number** |  |

**Child Health Information: *(Please attach additional information/documentation as needed)***

|  |  |  |
| --- | --- | --- |
| My child has a diagnosis: Yes No | If yes, please specify |  |
| Allergies:  Yes No | If yes, please specify |  |
| Medication Needs:  Yes No | If yes, please specify |  |
| Diet/Feeding Needs:  Yes No | If yes, please specify |  |
| Sleeping Needs:  Yes No | If yes, please specify |  |
| Toileting Needs:  Yes No | If yes, please specify |  |
| Equipment/Medical Supply Needs: Yes No | If yes, please specify |  |
| Other Needs:  Yes No | If yes, please specify |  |

**Child Developmental Information: *(Please attach additional information/documentation as needed)***

|  |  |  |
| --- | --- | --- |
| Developmental Accommodations Needed:  Yes No | If yes, please specify |  |

**Child Behavioral Information: *(Please attach additional information/documentation as needed)***

|  |  |  |  |
| --- | --- | --- | --- |
| My child has special behavioral needs:  Yes No | If yes, please specify |  | |
| Possible Causes/Purposes for Behavior: | NA  Tension Release  Frustration  Attention Getting  Access to Restricted Items | | Escape  Poor Self Regulation Skills  Developmental Disorder  Neurological  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Behavioral Accommodations Needed:  Yes No | If yes, please specify |  | |
| Specific Items Needed Related to Behavior:  Yes No | If yes, please specify |  | |

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| --- | --- |
| Please list any additional services related to medical, developmental, or behavioral needs. (Early Intervention, Outpatient Therapy, Psychological Services, Regular Medical Follow up, School Special Education Services, etc.) |  |

**Date Plan Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to Review Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Written by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**