



**BOYS & GIRLS CLUBS**  
 OF KING COUNTY  
 EARLY LEARNING & CHILD CARE

**Individual Plan of Care**

Child's Name \_\_\_\_\_

The purpose of this written plan is to assist child care staff to understand and document modification of our programming for your child. This meets the requirements of the *American with Disabilities Act* by demonstrating that we are focused on inclusion and success in child care for each of child individually.

Staff will be able to refer to this plan for children with a diagnosis of emotional or behavior issues (e.g. ADHD, Asperger's Syndrome, Autism) or chronic disability (e.g. Cerebral Palsy, Spina Bifida, Learning Disabilities, Vision Impairment, Developmental Delays). Staff will be able to refer to this individual plan for life threatening allergies, diabetes, asthma, and seizures.

Each individual plan is a collaboration between the parent/guardian and our child care staff, as well as any other professionals that the parent/guardian would like to include (e.g. school teacher, school counselor).

Diagnosis \_\_\_\_\_

Strengths/Abilities/Interests \_\_\_\_\_

Please list any special techniques you know work well with your child in challenging situations \_\_\_\_\_

\_\_\_\_\_

Physicians or other professionals working with your child \_\_\_\_\_

Please initial here, indicating your permission to consult with the above professionals \_\_\_\_\_

Emergencies that might arise and how to handle them \_\_\_\_\_

\_\_\_\_\_

Accommodations Necessary (e.g. Diet, Sleeping, Toileting, Change in Activity, Behavior Intervention) \_\_\_\_\_

\_\_\_\_\_

Special Materials/Equipment (e.g. math manipulatives, hearing aid, calculator for homework – a copy of the IEP) \_\_\_\_\_

\_\_\_\_\_

Training staff may need for any special emergency procedures \_\_\_\_\_

\_\_\_\_\_

**Staff Trained in the Above Plan:**

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_