# INDIVIDUALIZED SUPPORT PLAN (ISP)

Child’s Full Legal Name:

Child’s Date of Birth:

Reason for ISP:

Date ISP Completed:

Photo of Child (Recommended)

## Individualized Support Plan

**1) Supports available that aid in the Child’s ability to function and participate in a meaningful and purposeful manner:** *(ex, consultation with CLH, additional staff, flexibility in schedule)*

**2) Child’s strengths, interests:** *(ie, what activities does the child enjoy, when is the child most engaged)*

**3) Instructions regarding the supports/ aids/ modifications to the physical environment:** *(ex. Lowering the lighting, not playing loud music, use of adaptive furniture such as a wheelchair or CP stander chair)*

**4) Instructions regarding the supports/ aids/ modifications to the social environment:** *(ex. 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))*

**5) Instructions regarding supports/ aids/ modifications to the learning environment:** *(ex. Simplifying language and vocabulary, giving additional time to complete activities, 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 |
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