# 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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