

## INDIVIDUALIZED SUPPORT PLAN FOR A CHILD WITH SPECIAL NEEDS

### Individualized Support Plan (ISP) For a Child with Special Needs

*This form must be completed for a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child. The plan must be developed in consultation with a parent of the child.*

Photo of Child  
(Recommended)

Child's Full Legal Name: \_\_\_\_\_

Child's Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISP Completed (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISP Updated (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

### INDIVIDUALIZED SUPPORT PLAN

**1. HOW THE AFTER SCHOOL PROGRAM WILL SUPPORT THE CHILD TO FUNCTION AND PARTICIPATE IN A MEANINGFUL AND PURPOSEFUL MANNER WHILE ATTENDING PROGRAM:**

**2. A) DESCRIPTION OF SUPPORTS, AIDS, ADAPTATIONS AND/OR OTHER MODIFICATIONS TO THE PHYSICAL ENVIRONMENT (IF APPLICABLE):**

**2. B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED PHYSICAL ENVIRONMENT (IF APPLICABLE):**

**3. A) DESCRIPTION OF SUPPORTS OR AIDS, ADAPTATIONS OR OTHER MODIFICATIONS TO THE SOCIAL ENVIRONMENT:**

**3. B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTIONS WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED SOCIAL ENVIRONMENT:**

**ADDITIONAL INFORMATION (IF APPLICABLE):**

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**CONFORMATION:**

- The plan has been created in consultation with the parent of the child
- 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)

***Parent Signature:***

<b>Print full legal name:</b>	<b>Relationship to child:</b>
<b>Signature:</b>	<b>Date (dd/mm/yyyy):</b>

***The following individuals participated in the development of this individualized plan:***

<b>First and Last Name:</b>	<b>Position/Role:</b>	<b>Signature:</b>