

Inclusion Plan

Child's Name:	Date:
Center:	Next Follow up:
Teacher:	Family Worker:

Strengths/Interests:

Significant Changes/Updates in Child's Life (Personal, Educational, Health, Disability, etc.)

When answering the following questions, consider the following functional skills: communication, socialization, getting around, using arms and hands:

What is happening now?

What would caregivers like to see happening?

Successful Strategies:

Unsuccessful Strategies:

Inclusion Plan

Consider what modifications might work for each focus area. E.A., M.A., C.P., S.A., P.S., A.S., I.S., S.E.

Focus Area:

Strategies:

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Strategies:

*E.A. =Environmental Adaptations, M.A. =Modify the Activity, C.P. =Child Preference, S.A. =Simplify the Activity, P.S. =Peer Support, A.S. =Adult Support, I.S. =Invisible Support, S.E. =Specialized Equipment

Inclusion Plan

SERVICE SUMMARY

Service	Location	Frequency	Contact Person

NOTES

Signatures

Disabilities and Mental Health Department

Family Worker

Disabilities and Mental Health Department

Teacher

Parent

Teacher

Parent

Participant

Participant

Participant