



## Plan of Care –Impairments/Disabilities

(Please check all that apply)

\_\_\_\_\_ *Hearing or Visual Impairments*

\_\_\_\_\_ *Learning Disabilities*

\_\_\_\_\_ *Physical Disabilities*

\_\_\_\_\_ *Other:* \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medications your child uses related to impairment/disability:

Name	Dosage	Time of day given

Would medication(s) need to be given during program hours? ( ) Yes ( ) No

*\*If yes, a medication form must be filled out by the physician and returned **before** your child can receive any medication.*

### Control of the Program Environment:

During program time, a wide variety of activities are offered, often in the same location. Please list any ideas/suggestions that would help us to care for and communicate with your child in this type of setting. \_\_\_\_\_

\_\_\_\_\_

Are there any special procedures required of an adult regarding your child's care (i.e. assistance with dressing, eating, toileting, etc.) If yes, please list and describe: \_\_\_\_\_

\_\_\_\_\_

Do you use special equipment with your child? If yes, please list and describe:

\_\_\_\_\_

All children have some difficulty in peer interactions at times. Describe the types of difficulties your child experiences. Please offer ideas/suggestions on how the staff might help your child through these times.

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Is there any information regarding your family's situation, as it relates to your child's behavior, that would be helpful in the care of your child (i.e. recent change in marital status, living situation, job change/loss, death of a loved one, etc.)?:

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**Therapies**

If your child receives any types of therapy (i.e. psychological, reading, speech, etc.) please describe when therapy began and how often therapy is given. Are there goals or techniques used in therapy that the staff would find helpful in caring for your child?

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\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician Signature (optional)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Site Director Signature*

\_\_\_\_\_  
*Date*