

# Inclusion Support Program Individual Program Plan



A • Child Information			
Child's Name			
Current Age		Date of Birth	
School Entry Date		Known diagnosis	

B • Meeting Type	
<input type="checkbox"/> Intake	
<input type="checkbox"/> Review	
Meeting Date	

C • Centre/Provider Information							
Centre/Provider							
Facility number		Starting Date					
Days in Attendance	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours in Attendance							
Hours in Attendance during holidays and in-service days (if applicable):							

D • Child's Medical Needs
(Include staff training required. For example: catheterization; development of an Individual Health Care Plan and Emergency Response Plan)

E • Referral and Assessment			
URIS application required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously Submitted
Assessment completed by: (e.g. Child Development Clinic)			
Referring Agency		Case Manager	
Other Agencies involved			

F • Strengths and Gains Since Last Meeting

**G • Short and Long Term Planning (becomes agenda for next meeting)**

Include information on transition to school plan, safety concerns, special considerations or changes required during evacuations or practice drills when applicable. Developmental areas to address include: gross motor, fine motor, speech/language, concepts (cognitive), social behavioural, self help, and transitions. Family needs and concerns should be addressed throughout.

Identified Plan & Action	Who is Responsible?	How will the plan be reviewed?

Continue on page 3 and 4 when handwritten.

**H • Appointments**

With whom	Purpose	Date

**I • Other Meeting Details: Team Members**

Name Relationship to Child	Address/Email/Phone/Fax	Copy of IPP
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Meeting chaired by:		Meeting recorded by:

**J • Next Meeting**

Review Date:		* Please mark this date in your calendar.
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**G • Short and Long Term Planning (becomes agenda for next meeting)**

Continued from page 2 when handwritten

Identified Plan & Action	Who is responsible?	How will the plan be reviewed?

**G • Short and Long Term Planning (becomes agenda for next meeting)**

Continued from page 3 when handwritten

Identified Plan & Action	Who is responsible?	How will the plan be reviewed?

Available in alternate formats upon request.