# INDIVIDUALIZED SUPPORT PLAN (ISP) FOR A CHILD WITH EXCEPTIONALITIES

*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:**Click here to enter text.

**Child’s Date of Birth:**Click here to enter text.

**Date ISPCompleted:**

**Date ISP Updated:**

Individualized Support Plan

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| **1) HOW THE CHILD CARE PROGRAM WILL SUPPORT THE CHILD TO FUNCTION AND PARTICIPATE IN A meaningful and purposeful manner WHILE RECEIVING CHILD CARE:** *(e.g. collaborating with resource consultants and other specialists,providing flexibility in programming, additional staff where applicable, etc.)*  |
| **2A) DESCRIPTION OF SUPPORTS, AIDS, ADAPTATIONS AND/OR OTHER MODIFICATIONS TO THE PHYSICAL ENVIRONMENT** (if applicable): *(e.g. specialized/modified furniture, rearranging layout, lowering coat hooks,reducing extraneous noise, etc.; or not applicable (N/A))*  |
| **2B) INSTRUCTIONS RELATING TO THE CHILD’S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED PHYSICAL ENVIRONMENT** (if applicable): *(e.g. child will sit on specific furniture during floor activities, staff/provider will assist child with mobility during transitions, etc.; or not applicable (N/A))* |
| **3A) DESCRIPTION OF SUPPORTS OR AIDS, ADAPTATIONS OR OTHER MODIFICATIONS TO THE SOCIAL ENVIRONMENT** (if applicable)**:** *(e.g.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))* |
| **3B) INSTRUCTIONS RELATING TO THE CHILD’S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED SOCIAL ENVIRONMENT** (if applicable)**:** *(e.g.; eye contact with the child, , etc.; or not applicable (N/A))* |
| **4A)DESCRIPTION OF SUPPORTS OR AIDS, OR ADAPTATIONS OR OTHER MODIFICATIONS TO THE LEARNING ENVIRONMENT** (if applicable)**:** *(e.g. use of pictorials to engage child during learning activities, providing braille reading materials, providing the child with additional time to complete activities, simplifying language around vocabulary, instructions etc.; or not applicable (N/A))*Click here to enter text. |
| **4B) INSTRUCTIONS RELATING TO THE CHILD’S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED LEARNING ENVIRONMENT** (if applicable)**:** *(e.g. providing sensory bag during programming, handles and grasping aid use to support use of play materials,interaction with a professional resource consultant, ; or not applicable (N/A))*  |

Additional Information(if applicable):

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| Click here to enter text. |

Confirmation:

☐This plan has been created in consultation with the parentof 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:** |

Executive Director Signature:

|  |  |
| --- | --- |
| **Signature:**  | **Date:** |

The following individuals participated in the development of this individual plan (optional):

|  |  |  |
| --- | --- | --- |
| First and Last Name | Position/Role | Signature |
| Click here to enter text. |  |  |

Notes:

* It is recommended that information be included in the ISP about the procedure to follow in case of evacuation and/or for the child’s participation in activities off the premises (where applicable).
* Supplemental documents may be included with this form (e.g. additional individualized plan developed by a resource consultant).
* Sensitive or confidential medical information should not be included in the plan, unless consent, in writing, has been given by the parent.
* Licensees are required to maintain the confidentiality of a child’s medical history including diagnosis. Sensitive or confidential medical information and detailed reports from medical professionals should not be included in the plan unless consent, in writing, has been given by the parent.

Regulatory Requirement - Ontario Regulation 137/15:

Individualized support plan

52. (1) Every licensee shall ensure that an up-to-date individualized support plan is in place for each child with special needs who receives child care at a child care centre it operates or premises where it oversees the provision of home child care, and that the plan includes,

(a) a description of how the child care centre or the home child care provider will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of the centre or provider;

(b) a description of any supports or aids, or adaptations or other modifications to the physical, social and learning environment that are necessary to achieve clause (a); and

(c) instructions relating to the child’s use of the supports or aids referred to in clause (b) or, if necessary, the child’s use of or interaction with the adapted or modified environment.

(2) The plan referred to in subsection (1) must be developed in consultation with a parent of the child, the child (if appropriate for the child’s age) and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.

(3) Every licensee of an integrated child care centre shall ensure that the program of the child care centre is so structured that,

(a) it will accommodate the individualized support plan of each child with special needs referred to in subsection (1);

(b) the program is appropriate for the ages and developmental levels of the children with special needs receiving child care in the child care centre; and

(c) the program is inclusive of all children.

**Disclaimer:** This document is a sample template that has been prepared to assist licensees in understanding their obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each child care centre and/or home child care agency it operates and each premises where the licensee oversees the provision of home child care, as applicable.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry’s authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

It is the responsibility of the licensee to ensure compliance with all applicable legislation. If the licensee requires assistance with respect to the interpretation of the legislation and its application, the licensee may wish to consult legal counsel.