



## 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, 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.

---

Photo of Child  
(Recommended)

Photo of Child (Recommended)

Child's Full Legal Name:

---

Child's Date of Birth:

---

Date ISP Completed:

---

Date ISP Updated:

---

### Individualized Support Plan

1) HOW THE CHILD CARE PROGRAM WILL SUPPORT THE CHILD TO FUNCTION AND PARTICIPATE IN A MEANINGFUL AND PURPOSEFUL MANNER WHILE RECEIVING CHILD CARE:

2A) DESCRIPTION OF SUPPORTS, AIDS, ADAPTATIONS AND/OR OTHER MODIFICATIONS TO THE PHYSICAL ENVIRONMENT (if applicable):

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

3A) DESCRIPTION OF SUPPORTS OR AIDS, ADAPTATIONS OR OTHER MODIFICATIONS TO THE SOCIAL ENVIRONMENT (if applicable):

**3B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED SOCIAL ENVIRONMENT (if applicable):**

**4A) DESCRIPTION OF SUPPORTS OR AIDS, OR ADAPTATIONS OR OTHER MODIFICATIONS TO THE LEARNING ENVIRONMENT (if applicable):**

**4B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED LEARNING ENVIRONMENT (if applicable):**

**Additional Information (if applicable):**

--

**Confirmation:**

- This plan has been created in consultation with the parent of 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:**

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

First and Last Name	Position/Role	Signature
---------------------	---------------	-----------