

SUPPORTED CHILD DEVELOPMENT PROGRAM

Support Guide

*Child Development
& Support Profile 4 -
10 to 12 years*

For Additional Information or to Obtain Additional Copies contact:
Office of Provincial Advisor
Supported Child Development Programs of BC
237 Third Street
Courtenay, BC V9N 1E1
1-866-338-4881
January 7, 2009

Child's Name: _____

Date of Birth: _____



Support Guide Child Development Profile 4



Date Completed: _____

Date Reviewed: _____

Strengths and Preferences:

1. What do you like to do with your child? What kinds of activities does he seem to like best? (*Prompt with - that draw / capture his / her attention; that he / she will choose over anything else; that he / she will use for long periods of time?*)

2. What things does your child dislike and/or fear (i.e. things that irritate, frustrate or annoy him)? How do you know this? How do you know this?

Priorities / Comments / Notes:

Routines/Environments:

1. What does your child's daily routine look like? (*e.g. how much structure, consistency or flexible routine, moving between activities, changes in routine?*)

2. How does your child react when you're in crowds, large groups, and noisy places? If these are difficult for him, what strategies do you use (*e.g. how do you help your child in these situations?*)

Priorities / Comments / Notes:

Communication:

1. What is your child's first language?
2. Are other languages spoken in your home? Yes No If yes, what languages?
3. How does your child communicate (*e.g. gestures, body language, spoken language, alternative / augmentative communication*)?
4. Why (for what reasons) does your child communicate (*e.g. to express wants and needs, to ask questions, to express ideas, to share information, to seek information, to discuss ideas*)?
5. What does your child do when talking to someone (*e.g. takes turns as speaker and listener, asks and answers questions, adds information to expand the topic, understands and responds to the verbal and non-verbal cues of the other person, uses different tones of voice to convey meaning*)?
6. What written forms does your child communicate with (*e.g. showing / pointing to pictures to tell something, draws pictures, writes words, writes sentences, paragraphs etc.*)?
7. Has your child seen a Speech-Language Pathologist? Yes No If yes, describe:

Priorities / Comments / Notes:

Interacting with Others / Social Relationships:

1. What are your child's preferences in social relationships (*e.g. prefers to spend time with family, prefers to spend time with individual friends, or prefers to spend time with groups of friends*)? Who are the important people in his life right now?
2. How does your child understand and respond to friendships (*e.g. has individual friends based on common interests, interacts with groups of children based on common interests, has or wants a 'best friend', responds when others initiate, initiates contact with others, understands what makes someone a good friend*)?
3. What is your child interested in knowing about the world around him (*e.g. what happens in friends homes, how and why things work like they do, what happens in business or services, practices of different cultures, languages, cultural food groups*)?
4. What does your child do when in conflict with an adult or peer (*e.g. uses adults to help, problem solves*)? How does your child respond to teasing, criticism from peers?

Priorities / Comments / Notes:

Emotional Development:

1. How does your child respond to his own emotions? To the emotions of others? (*e.g. understands his emotions, can express what he is feeling accurately, can express what others are feeling, can change his behaviour to respond to the emotions of others*)

2. How would you describe your child's sense of self (*e.g. realistic understanding of who he is and what he can do, able to describe himself using a variety of adjectives, begins to compare himself with others, including pop stars, peers*). His temperament / moods (*e.g. consistent, unpredictable, variable*)?

3. How does your child understand his own development? (*e.g. his abilities, the areas in which he needs support, why he needs support in some areas etc.*)

Priorities / Comments / Notes:

Understanding:

1. What does your child do when faced with a problem he's involved with? When asked about how to address a problem someone else is having? (e.g. explores a variety of possible solutions to a problem, researches possible solutions to a problem, seeks others point of view on how to solve a problem, begin understanding issues involved in complex problems)?
2. What is your child working on at school? What does he like / do well with? What does he need help with? (e.g. reading and writing of a variety of materials for different purposes, communication of ideas and concepts in verbal and written form, solves various math problems, in numerical and word format involving division, multiplication, decimals etc., measurements, graphing)
3. What other concepts does your child understand and express (e.g. time concepts such as hours, minutes, days, weeks, money concepts such as denominations, sequencing of events based on their logical order, multiple steps involved in an instruction).

Priorities / Comments / Notes:

Physical:

1. What types of small motor activities does he like to do (e.g. written or pen and paper activities, building models, drawing complex pictures, woodworking)?
2. What physical activities is your child interested in (e.g. individual sports activities, groups sports activities such as teams, bike riding, skateboarding, swimming, etc.)? What is needed so he can participate in physical activities?

Priorities / Comments / Notes:

Behaviour/Safety:

1. Are there any behaviours during routines, family activities and/or community activities that concern you?

Yes Sometimes No

What concerns you about this?

What have you found works best to address these concerns?

Is there a behaviour consultant or other service provider helping you with these behaviours?

N/A Yes No If yes, describe:

2. Do you have any concerns regarding your child's safety during routines, family and community activities (e.g. out for walks, in the car / bus, in a store / mall, with strangers, during mealtimes or other daily routines)?

Yes No If yes, please describe:

Are there any safety precautions you think might be necessary in a child care setting? What would need to be done to keep your child and/or others safe?

Priorities / Comments / Notes:

Self-Care/Life Skills:

1. In daily skills, what does your child do on his own? What does he need help with? How do you help him?

Meals (*e.g. eating, preparing food, packing lunches, loading dishwasher*)

Dressing / Undressing (*e.g. putting clothes on and off, choosing clothes, dressing appropriately for the weather*)

Bathing / Grooming (*e.g. showering/bathing, face washing, shaving, hair care*)

Toileting (*as applicable*)

2. Does your child have any household responsibilities (*e.g. household chores, putting his possessions away, organizing his own activities*)? How do you help him with these?

3. What is your child able to do in terms of personal responsibility, personal safety and personal planning (*e.g. make purchases, handle sums of money, plan activities, make plans with friends, bring homework home and complete it, organize his time after school, go to and from school*)?

Priorities / Comments / Notes:

Health/Medical:

1. Does your child have any allergies? What reaction does he / she have? How do you respond?
2. Has your child's vision been checked? Is a vision professional involved with your child? Yes No
Comments:
3. Is your child taking any medication? Would the medication need to be taken at child care? Are there any side effects that the child care program will need to be aware of? What needs to happen if the child care program observes a side effect?
4. Does your child have any health or medical procedures that need to be followed on a regular basis?
 Yes No If yes: Yes No Is nursing support involved? Yes No
 - a) What will the child care program need to know to do these?
 - b) Are there any risks for your child, because of these procedures, when in a group situation?
 Yes No If yes, how would these risks need to be addressed
 - c) Are there any other medical concerns you have?

Priorities / Comments / Notes:

Learning Style:

1. Think of situations when you were teaching your child something new. Describe what helped him / her to learn best (e.g. observing, repetition, hands on practice, listening, combination)?

Support Guide Support Profile 4

Child's Name: _____

Date of Birth: _____

Child Care Program: _____

Completed By: _____

Areas of Development	Free Play	Outdoor Play	Group / Circle Time	Meal / Snack Routines	Transitions (routines / environments)	Other Routines
	<i>We have __ children during this routine with __ staff working directly with them</i>	<i>We have __ children during this routine with __ staff working directly with them</i>	<i>We have __ children during this routine with __ staff working directly with them</i>	<i>We have __ children during this routine with __ staff working directly with them</i>	<i>We have __ children during this routine with __ staff working directly with them</i>	(e.g. washroom routine, out-trips)
What will the child do and/or need during this routine (based on the information in the Development Profile)?						
<p>Review the child's development in the following areas:</p> <ul style="list-style-type: none"> ✓ Communication ✓ Interacting with Others / Social Relationships ✓ Emotional Development ✓ Understanding ✓ Physical ✓ Behaviour / Safety ✓ Self-care / life skills ✓ Learning Style <p>Discuss how it will look in each routine.</p> <p style="text-align: center;">—————→</p>						
Supports Needed (see below for examples)→						

Possible supports:							
1. Strategies / Information	2. Training for our Team	3. Modeling / coaching with specific techniques	4. How to adapt our environment or routine				
5. How to adapt activities	6. Materials and/or equipment	7. We do not need anything; it is the same as with the other children	8. Direct adult assistance				

Summary of Family's Priorities:

In addition to the family priorities, the family and child care program have identified the following priorities related to child care:

Recommendations:

Based on the information gathered in the Child Development Profile and Support Profile, it is recommended that:

The Support Guide will be reviewed on or before _____ (date). This review may happen earlier if requested by the family, child care program and/or SCD Consultant.

Parent(s)/Legal Guardian

Child Care Program

Supported Child Development Consultant

Date

Consent to Release:

I give the Supported Child Development (SCD) Program permission to share the information in the Support Guide, including the:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| 1. Child Development Profile | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Support Profile | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

with:

for the purpose of providing services needed to include my child and meet his support needs in the child care program.

Parent / Legal Guardian

Date