

SUPPORTED CHILD DEVELOPMENT PROGRAM

Support Guide

*Youth Development
& Support Profile 5-
13 to 19 years*

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

Youth's Name: _____

Date of Birth: _____



Support Guide Youth Development Profile

Date Completed: _____

Date Reviewed: _____

Strengths and Preferences:

1. What do you like to do with your youth? 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 youth dislike and/or fear (i.e. things that irritate, frustrate or annoy him)? How do you know this?

Priorities / Comments / Notes:

Routines/Environments:

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

2. How does your youth 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 youth in these situations)?

Priorities / Comments / Notes:

Daily Living / Life Skills:

1. In daily skills, what does your youth 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, using personal products*)

Toileting (*as applicable*)

2. Describe any areas you are working on with your youth in terms of puberty and/or sexual development. How do people support him in these areas?

3. Does your youth have any household responsibilities (*e.g. household chores, putting possessions away, organizing activities*)? How do people help him with these?

4. What is your youth able to do in terms of personal responsibility, personal safety and personal planning (*e.g. make purchases, handle sums of money, use transit, 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:

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 youth'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 the community? What would need to be done to keep your youth and/or others safe?

Priorities / Comments / Notes:

Social Communication:

1. Why (for what reasons) does your youth communicate (*e.g. to express wants and needs, to ask questions, to express ideas, to share information, to seek information, to discuss ideas*)?
2. What is important for people to know about your youth's communication (*e.g. when he does ____, it means ____; he lets us know what he wants by ____; he uses words, gestures, pictures etc.*)?
3. How does your youth respond when others interact with / talk to him (*e.g. responds when they initiate, enters a conversation appropriately, 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*)?
4. What makes an interaction positive for your youth (*e.g. what does the other person need to do, what does your youth need the chance to do / say*)?
5. What written forms does your youth communicate with (*e.g. showing / pointing to pictures to tell something, draws pictures, writes words, writes sentences, paragraphs etc.*)?

Priorities / Comments / Notes:

Interacting with Others / Social Relationships:

1. Who are the important people in your youth's life right now?
2. What does having a 'friend' mean to your youth? (*e.g. people he has common interests with, having a 'best friend', responding when others initiate, initiating contact with others, looking for someone who has the qualities of a good friend*)? Is your youth showing an interest in dating?
3. What does your youth do if in conflict with an adult or peer (*e.g. if has a disagreement, if is criticized or teased, will use adults to help, problem solve*)?

Priorities / Comments / Notes:

Emotional Development:

1. How does your youth respond to his own emotions? To the emotions of others? (*e.g. what his temperament is like, 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 youth'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*). How does your youth understand his own development?

Priorities / Comments / Notes:

School and Community Activities:

1. What is your youth working on at school (*e.g. language arts, math, socials, science, computer science, life skills, or work experience*)? What does he like? What does he need help with?

3. Is there anything else that's important to know about your youth's learning, education plan or opportunities at school?

4. What activities is your youth involved with in the community (*e.g. extra-curricular activities at school, community centre, youth groups, or weekend activities with the family*)? What makes these successful?

5. What are you and/or your youth working on to prepare for the transition out of school and into adulthood (*e.g. community activities, specific courses at school, work experience, volunteering*)? How can your youth be supported to address these during his time with a caregiver?

Priorities / Comments / Notes:

Physical:

1. What types of small motor activities does he like to do (*e.g. written or pen and paper activities, computer or video games, building models, drawing complex pictures, woodworking*)?

2. What physical activities is your youth 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?

If he's not interested in physical activities, what does he do and/or would you like him to do to be physically active / fit? What would he do well? What would he need help with?

Priorities / Comments / Notes:

Learning Style:

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

Health/Medical:

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

Priorities / Comments / Notes:

**Support Guide
Support Profile 5**

Youth's Name: _____

Date of Birth: _____

Completed By: _____

Areas of Development	Before School Activities	After School Routine: Getting from School to Home	After School Routine: Arriving at Home / Initial Activities	After School Activities	After School Activities
What will the youth do and/or need during this routine (based on the information in the Development Profile)?					
<p>Review the youth's development in the following areas:</p> <ul style="list-style-type: none"> ✓ Daily Living / Life Skills ✓ Behaviour / Safety ✓ Social Communication ✓ Interacting with Others / Social Relationships ✓ Emotional Development ✓ School & Community Activities ✓ Physical ✓ Learning Style <p>Discuss how it will look in each routine.</p> <p style="margin-left: 20px;">→</p>					
<p>Supports Needed (see below for examples) →</p>					

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:

Recommendations:

Based on the information gathered in the Youth 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 Provider

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. Youth 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 youth and meet his support needs in the child care program.

Parent / Legal Guardian

Date