

SUPPORTED CHILD DEVELOPMENT PROGRAM

## Support Guide

---

*Child Development  
& Support Profile 2-  
3 to 6 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 2

Date Completed: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

### Likes/Dislikes:

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?

Priorities / Comments / Notes:

### Routines/Environments:

1. Describe your child's daily routine? (*e.g. how much structure, consistency or flexible routine, changes in routine*)?
2. Describe how he responds to transitions between activities, changes in / new environments and/or activities (*e.g. 'goes with the flow', has difficulty with transitions, stopping one activity and starting another*)?
3. Does your child have any particular sensitivity or specific responses to environments (*e.g. noises, crowds and/or large groups in places such as the mall, sounds, smells, lighting, temperatures, and textures*)? If so, how does your child react? What strategies do you use?

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. Has there ever been a change in your child's communication?  Yes  No If yes, at what age?
4. How does your child communicate (*e.g. gestures, body language, spoken language, alternative / augmentative communication*)?
5. What kinds of words does your child use when talking (*e.g. concept words, such as colours, sizes, shapes; variety of action words (verbs); words followed by an apostrophe and "s" to show something belongs to someone; uses different types of words to ask questions; pronouns, uses a variety of words to describe quality and quantity*)?
6. Why (for what reasons) does your child communicate (*e.g. to have his needs met, to express feelings, to ask questions, to provide information about what he sees, hears and does, to tell others what to do*)?
7. What does your child do when talking to someone (*e.g. takes turn being speaker and listener, asks and answers questions, stays on topic, changes his voice to match how he feels or what he's trying to convey, changes position to face the person he's speaking to*)?
8. Has your child seen a Speech-Language Pathologist?  Yes  No If yes, describe:  
  
Has your child had his hearing checked / seen a hearing specialist?  Yes  No If yes, describe:  
  
Has your child seen an Ear, Nose and Throat Specialist?  Yes  No If yes, describe:

Priorities / Comments / Notes:

**Understanding of Concepts:**

1. What concepts does your child understand? *For example, colour, shape and size concepts, quality and quantity concepts, position and time concepts, categories (putting things in groups), numbers such as counting objects, recognizing numerals, sequencing, such as following directions with 3 steps, talking about an activity in the order it occurred, putting objects in order of size.*
  
2. What problem solving strategies does your child use (*e.g. describes why a solution would or wouldn't work, predicts what might happen if something else happens, identifies a possible cause for something*)?
  
3. How does your child play (*e.g. pretends to be someone else, acts out a pretend story or event, uses pretend objects to play, plays games with rules*)?
  
4. What kind of pre-reading or emergent reading activities does your child participate in (*e.g. is interested in stories and book sharing, recognizes alphabet, tries to make rhymes, understands words are made up of different sounds, recognizes that a sound has a written letter, knows letters of the alphabet, recognizes familiar words*)?

Priorities / Comments / Notes:

**Social / Emotional:**

1. Has your child been around other children informally and/or through group experiences (*e.g. daycare, family resource programs, library story times, moms and tots groups*)?  Yes  No If yes,

What did you and/or your child like about the program or experience?

What did he do during free play time (*e.g. chose materials to play with, used them and put them away*)?

What did he do during structure small and large group activities?

Is there anything that your child didn't like or that you wanted to be different about the program or experience?

2. Does your child prefer to interact with:  Adults only  Adults or children  Children mostly  
Comments:

3. How does your child play with other children (*e.g. asks friends to play, finds ways to stop conflicts*)?

4. How does your child show you that he is self-aware (*e.g. understands rules such as not touching food in the grocery store, tells me what he does and doesn't like, understands his emotions and those of others, knows information about himself, such as his age, siblings names, etc.*).

Priorities / Comments / Notes:

**Self-Care:**

1. Describe how your child eats. What can he do by himself? How do you help him (*e.g. with finger feeding, holding & drinking from a bottle, drinking from a cup, using a spoon*)?

Describe your child's food preferences:

Describe how your child helps with preparing foods (*e.g. serves food from container onto plate, pours juice into cup from jug*).

2. Describe your child's washroom routine (*e.g. diapering, toileting*). What can he do by himself? How do you help him?
3. Describe your child's personal care skills (*e.g. hand washing, face washing, blowing nose*). What can he do by himself? How do you help him?
4. Describe undressing / dressing your child. What can he do by himself? How do you help him (*e.g. with putting on and taking off socks, shoes, shirts, pants, fastening and unfastening zippers, buttons*)?
5. Describe your child's napping / sleeping patterns and routine (*e.g. how often does he nap, how does he sleep at night*).

Priorities / Comments / Notes:

**Large and Small Motor:**

1. Describe how your child moves his body (*e.g. running, walking up/down stairs, jumping, catching and throwing, kicking balls, riding a bike*).
  
2. Is your child's balance a concern at all when he's moving? If yes, please describe
  
3. When you go to the park or playground, what does your child enjoy doing?
  
4. Describe ways your child uses his hands separately and together (*e.g. uses both hands, with each one doing something different like in stringing bead; uses index finger to push buttons; turns door knobs; puts blocks together; turns pages of book; cuts shapes out with scissors while hold paper; colours; holding crayon on 3 fingers; draws simple shapes; tries to print*).
  
5. Has your child seen an occupational therapist, physiotherapist or other service provider for motor development?  N/A  Yes  No If yes, describe:
  
6. Does your child use any specific equipment to assist him with large motor activities? For example, wheelchair, adaptive seat, standing frame, walker, etc.  N/A  Yes  No

If yes, for which activities is this equipment used?

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:



**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. Can you give me examples of what helped him / her to learn best (*e.g. by observing, through repetition, hands on practice, listening, combination*)?

## Support Guide Support Profile 2

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, sleeping/naptime)
<b>What will the child do and/or need during this routine (based on the information in the Development Profile)?</b>						
<p>Review the child's development in the following areas:</p> <ul style="list-style-type: none"> <li>✓ Communication</li> <li>✓ Understanding</li> <li>✓ Self-care</li> <li>✓ Large &amp; Small Motor</li> <li>✓ Behaviour / Safety</li> <li>✓ Learning Style</li> </ul> <p>Discuss how it will look in each routine.</p> <p style="margin-left: 20px;">—————→</p>						
<b>Supports Needed</b> (see below for examples)→						

<b>Possible supports:</b>							
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