

SUPPORTED CHILD DEVELOPMENT PROGRAM

Support Guide

*Child Development
& Support Profile 3-
6 to 9 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 3



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. How does your child communicate (*e.g. gestures, body language, spoken language, alternative / augmentative communication*)?
4. Does your child communicate with some people more than others (*i.e. you, other family members, friends, and strangers*)?
5. Why (for what reasons) does your child communicate (*e.g. to express feelings and needs; to provide information; to ask questions, including what, when, why, where, who, how, yes/no questions; to experiment with words such as identifying them by their use, identifying them from definitions, choosing words to complete a sentence*)?
6. 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*)?
7. 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:

Social / Emotional:

1. How does your child interact with other children (*e.g. plays beside them, watches them, takes turns, cooperates on an activity*)?

2. What does your child do when in conflict and/or frustrated with an adult or peer (*e.g. uses adults to help, problem solves*)? How does your child respond to teasing, criticism from peers?

3. How does your child respond to his feelings and the feelings of others (*e.g. understands his feelings, describes his feelings, understands and responds to the feelings of others*)?

4. What does your child understand in terms of his versus someone else's possessions (*e.g. knows what is his vs. someone else's, respects the property of others*)?

Priorities / Comments / Notes:

Self-Care:

1. In daily skills, what does your child do? How do you help him?

Eating

Preparing food

Dressing / Undressing

Handwashing

Bathing

Toileting

2. Does your child have household responsibilities? Yes No If yes, what are they (*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 the area of personal responsibility (*e.g. tell his phone number, tell his address, use the phone, phone home or emergency numbers, make a purchase, order something at a restaurant, or handle small sums of money*)?

Priorities / Comments / Notes:

Large and Small Motor:

1. What physical activities are your child interested in (i.e. during gym, if you go outside to play or to the park)? (e.g. climbing, riding a bike, skateboarding, soccer, group sports activities, throwing/catching balls, balancing)

What does your child need to be successful in physical activities?

2. What hand does your child use most often in activities?
3. What pen and paper activities does your child do (e.g. draws, including people, writes letters, numbers, or words)? Are there ways you help him with these?
4. What other small motor activities does your child do (e.g. using a keyboard, using both hands in a coordinated way such as with video games, building with Lego)? Are there ways you help him with these?
5. Has your child seen an occupational therapist, physiotherapist or other service provider for motor development? N/A Yes No If yes, describe:
6. (Ask if relevant) - 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. Describe what helped him / her to learn best (*e.g. observing, repetition, hands on practice, listening, combination*)?

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Child's Name: _____

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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)
What will the child do and/or need during this routine (based on the information in the Development Profile)?						
Review the child's development in the following areas: ✓ Communication ✓ Understanding ✓ Social-Emotional ✓ Self-care ✓ Large & Small Motor ✓ Behaviour / Safety ✓ Learning Style Discuss how it will look in each routine. →						
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 Yes No
- 2. Support Profile Yes 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