SUPPORTED CHILD DEVELOPMENT PROGRAM

Support Guide

Child Development & Support Profile 1- Birth to 3 years

Child's Name: _____   Date of Birth: _____

Child Development Profile 1 – Birth to 3 years

T he following pages contain a template for gathering information for the Child Development Profile for children birth to 3 years of age.

Between birth and 3 years of age children undergo rapid developmental changes. The Child Development Profile form is a reference for the SCD / ASCD Consultant, providing ideas about the questions to ask in order to gather the information needed for each section. This supports the SCD / ASCD Consultant in his/her role as facilitator – it provides a tool to assist the Consultant in guiding the conversation and information gathering. It is important to remember that each guidelines document is a guideline…it is not to be used as a standardized assessment.

A reminder – you should complete the Child Development Profile and Support Profile through talking to the family and the child care program. The emphasis of the Support Guide should be on the process –the conversation, discussion and agreements reached between the family, child care program and SCD / ASCD Consultant. The 'form' is a tool to assist you with this process. The form is not something to be left for families or child care program to complete alone. Whether you are doing the Support Guide with a family for the first or reviewing it for the 2nd or 3rd time, **preparation is important!** See **START HERE** for more information on this!

Once you have completed the Child Development Profile, review it with the child care program and add any additional information they have. Based on the final Child Development Profile, meet with the family and child care program to complete the Support Profile (see User Handbook for guidelines on how to do so).

START HERE IF →

This is the first time you've done the Support Guide with this family (e.g. they're new to SCD)

- Review information you already have (e.g. reports, information from talking to the family and/or child care program). Talk to IDP if they're involved;
- Transfer this information into the Child Development Profile – make notes in each section based on what you know;
- Look at the Reference Guide and notes you've made – based on what the child is doing and the milestones in the guide, what else do you need to know? Make note of these questions.
- Review during meeting with family – 'is this accurate' (for notes you've made) and 'tell me about this' (for the questions you have).

OR HERE IF →

You are updating the Support Guide with this family (e.g. they're already involved with SCD)

- Review the most recent Child Development and Support Profiles;
- Review notes you've made during visits, information from reports, information you've gathered from the family and child care program;
- Transfer this information to the Child Development Profile - make 'update' notes…what has changed? What is the child doing now?
- Look at the Reference Guide and notes you've made – based on what the child's doing and the milestones in the Guide, what do you need to ask about, find out about?
- Review during meeting with family – 'is this accurate' (for notes you've made) and 'tell me about this' (for the questions you have).

Child's Name: _____   Date of Birth: _____

Support Guide
Child Development Profile 1

Date Completed: _____   Completed By: _____

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:

Child's Name: _____   Date of Birth: _____

Communication:

1. What is your child's first language?

   Are other languages spoken in your home? ❑ Yes ❑ No If yes, what languages?

2. Has there ever been a change in your child's communication? ❑ Yes ❑ No If yes, at what age?

3. When you are talking to your child, how does he respond (*e.g. will look at me or the person speaking, will look at what I'm looking at, will make a sound or gesture*)? If you gesture or say a word that is new to your child, what does he do (*e.g. will he try to copy it*)?

4. Does your child take turns in playing with or communicating with you? For example, you say "bye, bye", and your child waves. Can you give me some examples of this?

5. How does your child communicate with you? (*e.g. looks at me and then the object, babbles, points, gestures, uses sign language, uses sounds that seem like words, uses single words, uses 2 words together*)

6. Describe what your child communicates about (*e.g. to get something he wants, to describe something, to name objects, to share information about an event etc*).

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:

Child's Name: _____   Date of Birth: _____

Understanding:

1. Describe how your child responds to noises, objects and people (*e.g. looks in the direction of the sounds, looks at people and/or objects, has a reaction when he see, hears or touches something, reacts when something is hidden, by actions such as looking for it / at where it was put, looks for objects when they are not in their regular place*).

2. What will your child do when given a toy that requires an action to make it work (*e.g. pull it to make it go*)? When you are playing a game, such as peek-a-boo, and stop?

3. Describe how your child solves problems (*e.g. figures out how to hold toys he already has to get another one, use a stool to get to the cookie jar, move around toys that are in his way, try different ways of solving a hard problem*)?

4. Describe how your child pretends in his play (*e.g. uses objects, such as a spoon and empty bowl to pretend to eat food; uses things to represent other objectives, such as using his hand to his ear as a telephone*).

5. What else do you think your child understands (*e.g. concepts like big/little; categories such as animals, food; pictures/symbols such as street signs, pictures of objects in books*)?

Priorities / Comments / Notes:

Child's Name: _____   Date of Birth: _____

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, describe:

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

   What did he do during free play time (*e.g. chose activities to play with, used them and puts 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 react to familiar people? To unfamiliar people?

4. What does your child do when interacting with adults? With children?

Priorities / Comments / Notes:

Child's Name: _____   Date of Birth: _____

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:

2. Describe your child's washroom routine (*e.g. diapering, hand washing, tooth brushing*). What can he do by himself? How do you help him?

3. 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*)?

4. 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:

Child's Name: _____   Date of Birth: _____

Large and Small Motor:

1. If your child is not yet sitting or moving around, describe what he does when lying down (*e.g. turns his head, moves his arms when on his stomach and back, rolls over from stomach to back and back to stomach*).

2. Describe how your child moves around (*e.g. sitting, rolling, bouncing on knees, crawling, creeping, walking, running, climbing stairs*).

3. Is your child's balance a concern at all when he's sitting, crawling, and/or walking? If yes, please describe:

4. When you go to the park or playground, what does your child enjoy doing?

5. Describe ways your child uses his hands separately and together (*e.g. holds objects using full hand, all fingers, index and second finger; using index finger to push buttons, turns door knobs, puts large blocks together, turns pages of board book; uses hands together such as clapping them, bringing both his hands together and banging two toys together*).

6. Has your child seen an occupational therapist, physiotherapist or other service provider for motor development?   ❑ N/A   ❑ Yes   ❑ No If yes, describe:

7. 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:

Child's Name: _____   Date of Birth: _____

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 them?

   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:

Child's Name: _____   Date of Birth: _____

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: 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*)?

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
	We have __ children during this routine with __ staff working directly with them	*We have __ children during this routine with __ staff working directly with them*	*We have __ children during this routine with __ staff working directly with them*	*We have __ children during this routine with __ staff working directly with them*	*We have __ children during this routine with __ staff working directly with them*	(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 ✓ 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:

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

_____

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_____

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