



PLAN OF CARE FOR A CHILD WITH SPECIAL NEEDS

Facility Name: _____

Child's Name: _____

Date of Birth: _____ Enrollment Schedule: _____

Provider(s) responsible for primary care: _____

1. Describe the child's special need for group care: _____

2. What Emergency or unusual episode might arise from this special situation? _____

3. Child's present cognitive and overall functional level and skills: _____

4. Describe the priorities, needs and concerns for the family _____

5. Has the child received an individualized family service plan (IFSP) or individualized education program (IEP) and are they attached? If not attached please describe: _____

6. Have other evaluations been completed that may assist the facility in caring for the child? Please attach or describe: _____

7. What specific services are needed from the facility for the child to meet functional outcome objectives? _____

a) If a service is needed from a source other than the facility, coordinating the needed service to be provided is the responsibility of: _____

b) Responsibility for payment of outside services: _____

8. What additional services is the child receiving and what specialists are working with the child (e.g., educational therapist, occupational therapist, physical therapist): _____



9. List additional special accommodations that the facility must provide for this child:___

a) What special routine care is required including special care instructions for sleeping, toileting, diapering, or feeding?_____

b) What special emergency and/or medical procedures are required?_____

c) What special training must staff have to provide that care?_____

d) What special materials/equipment are needed?_____

The plan of care for, _____, has been discussed between the parent(s)/guardian, facility administrator and caregiver responsible for the child's primary care and agreed upon for the child's admission in the facility.

Parent/guardian

Date

Caregiver responsible for child's care

Date

Facility Administrator

Date

Portion(s) of the plan listed below were revised _____ . All other information remains the same as on original plan.