

Individual Support Plan

Name of person completing the Individual Support Plan:
Child's name:
Child's Date of birth:
Does your child have a health care need, disability or diagnosis we need to be aware of?
Are there any triggers or behaviours we need to be aware of?
What strategies are effective in best supporting your child?
Are there any specific requirements or resources we need to have available for your child e.g. particular foods for snack, wobbly chair, sensory items

Your child _____ will have their photo and information displayed in an area accessible for all staff responsible for their education and care.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____