



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Special Care Plan

Child's Name \_\_\_\_\_ Class/Grade \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Developmental Age \_\_\_\_\_

1. Describe the child's disability and special need during group care: \_\_\_\_\_

\_\_\_\_\_

2. List your child's medication(s): \_\_\_\_\_

\_\_\_\_\_

3. What emergency or unusual episode might arise while the child is in care? How should the situation be handled? \_\_\_\_\_

\_\_\_\_\_

4. Are there particular instructions for:

sleeping? \_\_\_\_\_

toileting? \_\_\_\_\_

diapering? \_\_\_\_\_

feeding? \_\_\_\_\_

5. Other specialists working with the child (e.g., occupational therapist, physical therapist):

\_\_\_\_\_

6. Has the child been in group care before? If so, where? \_\_\_\_\_

7. Please describe your child's peer relationships: \_\_\_\_\_

\_\_\_\_\_

8. Additional comments about your child: \_\_\_\_\_

\_\_\_\_\_

Please attach a copy of the current **IEP** or **IFSP**. Thank you.