

Participant Care Plan 2025

This care plan is accepted by the following organizations: City of Victoria, Esquimalt Parks and Recreation, Oak Bay Parks, Recreation and Culture, Pacific Institute for Sport Education, Panorama Recreation, Saanich Parks, Recreation and Community Services, SEAPARC, and West Shore Parks and Recreation.

Participant Information	
Participant Name:	Participant Date of Birth:
Parent/Guardian Name:	Phone:
Parent/Guardian Email:	
Parent/Guardian Name:	Phone:
Parent/Guardian Email:	
Best number and who to call for Support during program: (We must be able to contact a primary care giver for immediate assistance)	
Participant receives funding from:	
SCD <input type="checkbox"/> VNFC <input type="checkbox"/> My child does not receive funding <input type="checkbox"/> Other <input type="checkbox"/> : _____	
Level of support during school year:	
Participant requires a full-time Education Assistant at school: <input type="checkbox"/>	
Participant requires a part-time or shared Education Assistant at school: <input type="checkbox"/>	
Participant does not receive an Education Assistant at school: <input type="checkbox"/>	
Medical Information (Diagnosis or need for support, allergies, dietary needs and special instructions, medications and timing, adaptive equipment, etc.)	

Participant Care Plan

Healthcare professionals involved in the participant's life:

(Name, contact information, and type of professional (OT, PT, AT, etc.) if applicable)

Participant routines and strategies:

(Please describe current strategies, routines, or family rules that best support your child. These can include the use of visuals, reward charts, TouchChat, redirection strategies, etc.)

Social Skills

- | | |
|--|--|
| <input type="checkbox"/> Enjoys being in large groups | <input type="checkbox"/> Transitions well from one activity to another |
| <input type="checkbox"/> Finds large groups challenging | <input type="checkbox"/> Overwhelmed in busy/noisy environments |
| <input type="checkbox"/> Enjoys peer interactions | <input type="checkbox"/> Requires assistance in comprehension of complex games or activities |
| <input type="checkbox"/> Able to focus during activities | <input type="checkbox"/> Struggles with transitions |
| <input type="checkbox"/> Needs sensory breaks in a quiet space | <input type="checkbox"/> Other: _____ |

Please describe the best way to support the participant's social interaction in program:

Behavioural Information

- | | |
|---|--|
| <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Swearing or use of inappropriate language |
| <input type="checkbox"/> Spitting or biting | <input type="checkbox"/> Wandering, hiding or running away |
| <input type="checkbox"/> Destructive behaviours | <input type="checkbox"/> Unpredictable behaviours |
| <input type="checkbox"/> Upsets easily | <input type="checkbox"/> Fears or phobias |
| <input type="checkbox"/> Self-harm behaviours | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fearless to danger | |

Participant Care Plan

Please describe the best way to manage these behaviours, including effective or commonly used redirection strategies:

(Include triggers we may see in program, and the best strategies we can use to support them to regulate or self-sooth, etc.)

Challenges – What challenges has the participant been struggling with at home or school?

(Communication, social, eating, mobility, self-regulation (anger, fear, physical or emotional), personal care (subject to centre policies), etc.)

Participant Profile

Strengths and Interests:

(Favourite activities, games, toys, music, etc.)

Dislikes:

(Least favourite activity, sound, actions, food, etc.)

Participant Care Plan

Who does the participant live with:

Goals:

Participant will come to program with:

(favourite toy, iPad, etc.)

Additional information you would like to share that will help staff and the participant be successful in program:

Each year the participant's needs grow and develop, and strategies change. This plan must be reviewed at least once per year with the parent/guardian of the participant requiring extra support, and any other persons requested by the parent.

Signature of Parent/Guardian:

Date:

Signature of Program Supervisor:

Date:

