Newfoundland Labrador

Child Care Inclusion Program
Individual Program Plan

Case File Number:

Date: YYYY/MM/DD	Meeting Type: ☐ Initial ☐ Review ☐ Transition

Section A: Child Care Service Information

Service Name:	
Administrator/FCC Provider:	Licensee:
Inclusion Support Staff: (1)	(2)

Section B: Child Information

Name:				Date of Birth: YYYY/MM/DD			
Written Consent on File: ☐ Yes: CONSENT EXPIRY DATE				☐ No			
Diagnosis (if known):							
Date Child Started Service: YYYY/MM/DD							
Child Attendance:	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
Hours							

Section C: Other Professionals/Agencies

Service/Agency	***Details/Referrals***
ISSP or IPP	
Pediatrician	
K-12 Supports	
Children, Seniors, and Social Development	
Janeway Rehabilitation Team	
Regional Autism Services	
Direct Home Services	
Speech-Language Pathologist	
Occupational Therapist	
Child Management Specialist	
Behaviour Management Specialist	
Other: _____	

Section D: Updates Since Last Review

Section E: Short and Long Term Planning

Goal/Objective	*Individual Responsible*	*Required Resources*	*Target Date* *YYYY/MM/DD*	*Completed /In Progress*	*Date Reviewed* *YYYY/MM/DD*

Comments:

Section F: Team Members

Name	*Relationship to Child*	*Contact Information (telephone/email)*	*Copy of IPP Provided*
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Section F: Signatures

Regional Inclusion Consultant Signature _____ Date YYYY/MM/DD _____

Name (Please Print) _____

Inclusion Support Staff Signature _____ Date YYYY/MM/DD _____

Name (Please Print) _____

Homeroom Caregiver Signature _____ Date YYYY/MM/DD _____

Name (Please Print) _____

Homeroom Caregiver Signature _____ Date YYYY/MM/DD _____

Name (Please Print) _____

Administrator/Coordinator Signature _____ Date YYYY/MM/DD _____

Name (Please Print) _____

Parent/Legal Guardian Signature _____ Date YYYY/MM/DD _____

Name (Please Print) _____

cc. **Regional Inclusion Consultant or designate**
Parent/Guardian