# IncludED@OSHC

*Guidance, training and resources to support the inclusion of children with complex disability in OSHC*

## Child enrolment profile questionnaire

***Delete these instructions written in orange once you’ve read them***

*Use the information from the child enrolment profile questionnaire and insights from a child’s support team as the basis to create this individual support plan.*

*Make sure all staff are aware of the details in this individual support plan.*

*Staff who accept enrolments should make an assessment about whether the following two optional sections**should be included: the medical and personal care support plan, and the positive behaviour support plan.*

*Update these support plans as required (for example, in response to changing medical needs or a behavioural incident), but also hold a formal review every year with the child, family and their support team.*

*Delete the optional sections on this document that are not required.*

## Preamble to parents

“Our OSHC service requires information about your child to ensure our program and activities are engaging and interesting for all children. We will ask you the following questions about your child’s interests, goals, personal care, medical supports and other areas to help us deliver a service that includes and supports your child.”

**Child strengths, abilities and interests**

1. What are the child’s strengths? What are they good at?
2. What is the child able to do independently?
3. What does the child like? What motivates them?
4. What does the child dislike? What activities do they avoid?
5. What interests the child? What do they like to do?
6. What are the child’s social skills, preferences and tendencies to play with others?
7. What does the child enjoy doing with others? What do they enjoy doing alone?

**Child background**

1. Who does the child live with?
2. Does the child have any siblings? If so, what are their names and ages?
3. What is the child’s and family’s cultural background?
4. Do they speak languages other than English at home? If yes, what language/s?
5. Are there any key words or phrases the OSHC should be aware of to help communicate with the child?
6. Does the child have any diagnosed disabilities?
7. What goals (personal, developmental etc.) is the child working towards?
8. What can OSHC do to support the child to achieve their goals?
9. Does the child have an NDIS plan with goals that OSHC could support?

**Child support needs**

Which of the following areas does the child require assistance or support with?

|  |
| --- |
| Does the child have any medical conditions or support needs?  Yes ⬜ No ⬜ |
| Does the child have any personal care support needs?  Yes ⬜ No ⬜ |
| Does the child have any dietary or eating support needs?  Yes ⬜ No ⬜ |
| Does the child have any communication support needs?  Yes ⬜ No ⬜ |
| Does the child have any mobility support needs?  Yes ⬜ No ⬜ |
| Does the child have any cognitive support needs?  Yes ⬜ No ⬜ |
| Does the child have any emotional support needs?  Yes ⬜ No ⬜ |
| Does the child have any social interaction support needs?  Yes ⬜ No ⬜ |
| Does the child have any sensory support needs?  Yes ⬜ No ⬜ |
| Does the child have any behavioural support needs?  Yes ⬜ No ⬜ |

If yes was selected for any of the above, ask the related questions below:

**Medical conditions and support**

1. Does the child have any medical conditions?
2. What health support will the child need at OSHC?
3. Is there any training that OSHC staff must undertake to provide health support to the child?
4. Does the child have any symptoms that need to be monitored?
5. Are there any triggers or causes that can lead to a condition ‘flare-up’?
6. Does the child take any medications?
7. When does their medication need to be administered? Do they need help to take it?
8. Does the child work with any medical or allied health professionals (e.g. occupational therapist, physiotherapist, psychologist)?
9. Does the OSHC need to contact any of these care professionals to discuss the child’s medical needs?
10. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their medical needs?

**Personal care support**

1. What personal care tasks is the child able to do themselves?
2. Does the child have any toileting support needs (e.g. wearing continence products or needing help, such as hoisting, to use the toilet)?
3. Does the child have any personal hygiene support needs?
4. Does the child need any assistance with dressing?
5. Is there any training that OSHC staff must do to provide personal care to the child?
6. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their personal needs?

**Dietary and eating support**

1. Does the child have any food allergies or intolerances?
2. Does the child have any dietary restrictions or aversions (e.g. cultural, religious, sensory)?
3. What tasks can the child manage independently during mealtimes? Are there certain foods they can eat without assistance?
4. What assistance does the child need with eating and drinking?
5. Does the child have any strong food preferences?
6. If the child uses a feeding tube, how is it administered?
7. Is there any training that OSHC staff must do to provide feeding support to the child?
8. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their eating needs?

**Communication support**

1. What are the child’s communication preferences?
2. Does the child use spoken communication?
3. Does the child use non-spoken communication methods (e.g. noises, visuals, gestures)?
4. Does the child use any augmentative and alternative communication (AAC) aids?
5. How would you describe the child’s ability to understand their peers and their teachers and educators?
6. Is there any training that OSHC staff must do to communicate with the child?
7. Is there any support that OSHC staff need to give the other children so they can communicate with the child?
8. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their communication support needs?

**Mobility support**

1. How would you describe the child’s motor skills, physical movement and mobility abilities?
2. Does the child have any physical or mobility limitations?
3. What support does the child require with motor skills, mobility or movement?
4. Does the child use any mobility aids or support equipment? Are there any times or activities where they do or don’t need these aids or equipment?
5. Is there any training that OSHC staff must do to provide mobility support to the child?
6. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their physical mobility needs?

**Cognitive support**

1. How would you describe the child’s cognitive abilities (e.g. attention, memory, learning, decision-making, following instructions)?
2. Does the child have any cognitive support needs (e.g. support to follow instructions, make decisions, understand information)?
3. To what extent does the child understand personal safety and risks (e.g. road safety)?
4. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their cognitive support needs?

**Emotional support**

1. How would you describe the child’s ability to self-regulate their emotions?
2. What abilities does the child have to communicate how they are feeling?
3. Are there any circumstances or triggers that may lead to a child experiencing challenges with regulating their emotions?
4. How does the child’s emotions impact their behavioural responses?
5. What support does the child need to self-regulate their emotions?
6. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their emotional needs?

**Social interaction support**

1. How would you describe the child’s abilities to socialise and interact with others?
2. How does the child prefer to socialise? Do they comfortably interact with most people, tend to interact with only certain people, or prefer to spend more time alone?
3. What strategies assist a child to be able to interact with others?
4. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their social interactions?

**Sensory support**

1. What types of sensory input and stimuli would you describe as affecting the child?
2. Is the child under-sensitive or overly sensitive to sensory input or both?
3. Does the child seek out or avoid any particular sensory stimulation?
4. Does the child have any challenges responding to or processing certain sensory stimuli?
5. What support does the child need in response to sensory challenges such as sensory overload?
6. What behaviours does the child exhibit when experiencing challenges with sensory regulation?
7. Are there particular sensory stimuli that can support a child to self-regulate?
8. Does the child have strategies in place at school or at home that the OSHC plan should align with to support their sensory needs?

**Behavioural support**

1. Does the child experience any escalated behaviours or behaviours of concern?
2. Are there any known triggers for these behaviours?
3. What strategies can support positive behaviour patterns for the child at OSHC (i.e. to minimise behaviour escalation)?
4. Does the child require a positive behaviour support plan at OSHC?
5. Does the child have a positive behaviour support plan in place at school or at home that the OSHC plan should align with?
6. What are the best ways to respond to or support the child when exhibiting these behaviours?

**Next steps**

1. Develop an individual support plan for the child.
2. Send the plan to the child and their family so they can provide input and finalise the plan.
3. Agree with the family on the frequency and method of ongoing communication and check-ins about the child’s support needs.