# IncludED@OSHC

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

## OSHC Individual support plan

***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.*

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Date of birth:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |
| **Age (at today’s date):** |  |
| **Days/times attending OSHC:** |  |
| **Year level:** |  |
| **School:** |  |
| **Profile completed date:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |
| **Profile review date:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |

**Child**

**Photo**

|  |  |
| --- | --- |
| **Disability diagnosis/diagnoses:** |  |
| **Allergies, medication and dietary requirements:** |  |
| **Emergency contact:** |  |
| **Photo permission** | Yes / No |
| **Interests and strengths:** |  |
| **Dislikes or aversions:** |  |
| **Goals:** |  |
| **Family information/cultural background:** |  |
| **Support needs (e.g. sensory, social, communication, medical and personal care, self-regulation):** |  |
| **Behaviours of concern/escalated behaviours:** | **Triggers:** | **Support/response strategies:** |
|  |  |  |
| **Details of any agreed adjustments to be made to support the child’s participation in the OSHC program and activities:** |  |

***OPTIONAL Medical and personal care plan (delete if not required)***

|  |  |
| --- | --- |
| **Details of any medical conditions:** |  |
| **Symptoms, triggers or causes that can lead to medical ‘flare-ups’ (if applicable):** |  |
| **Support/treatments required to manage medical condition (including any medication):** |  |
| **Allergies (if applicable):** |  |
| **Dietary requirements/ preferences (if applicable):** |  |
| **Eating and drinking abilities and support needs:** |  |
| **Physical, mobility and motor skill abilities and support needs:** |  |
| **Toileting and personal hygiene abilities and support needs:** |  |
| **Relevant documents and required use (e.g. medical management plans, toilet logs, medication logs):** |  |

***OPTIONAL Positive behaviour support plan (delete if not required)***

|  |  |
| --- | --- |
| **Date completed:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |
| **Completed by:** |  |
| **Approved by:** |  |
| **Next review deadline:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |
| **Likes and motivators:** |  |
| **Dislikes and avoidances:** |  |
| **Behavioural goals:** |  |
| **Behavioural triggers that lead to escalation (e.g. environmental or sensory stimuli, social or emotional events):** |  |
| **Escalated behaviours typically exhibited by the child:** |  |
| **Behavioural supports and adjustments to be taken to support the child at OSHC:** |  |

***OPTIONAL Positive behaviour support plan – incident record (delete if not required)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Type of incident (e.g. fight, accident, injury)** | **Details (e.g. location, circumstances, triggers)** | **Parent notification (yes/no)** | **Actions taken (e.g. response strategies, first aid)** | **Learnings (e.g. changes to future support strategies)** |
| \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  |  |  |  |  |
| \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  |  |  |  |  |
| \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  |  |  |  |  |
| \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  |  |  |  |  |
| \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |  |  |  |  |  |