

SUPPORTING CHILDREN WITH SPECIAL NEEDS

Individualized Care Plan

CONTACT INFORMATION

Child's Name:

Child's Age/Birthdate:

Parent Contact:

Parent Contact:

Doctor(s) or Specialist(s), if applicable:

Therapist(s), if applicable:

Diagnosis, if known:

Known symptoms and/or triggers, is applicable:

CHILD'S SPECIFIC NEEDS

Describe any behavioral, medical, and/or environmental modifications that are needed for your child.



General Notes:

Goals

Describe any goals you have for your child or goals set by your child's care team, including medical staff, therapists, etc. Please attach your child's IEP/IFSP goals if applicable.

1

2

3

4

Action Steps

Goal (s):

①

②

③

④

Action Steps

Goal (s):


①

②

③

④



Child Care
Resource and
Referral Network
Powered by  CHILD CARE
ANSWERS

General Notes:

Roles & Responsibilities

