

INDIVIDUALIZED CHILD/YOUTH SUPPORT PROFILE**GENERAL**

| | | |
|---|--|--|
| NAME: <input type="text"/> | DOB: <input type="text"/> | Diagnosis/ Condition: <input type="text"/> |
| Does your child require additional support (supervision) during school or structured activities? | Yes <input type="checkbox"/> Please specify (full time, part time, only for certain activities): <hr/> | |
| | No <input type="checkbox"/> | |
| LIKES: Note preference between outdoor and indoor activities *Please encourage the child/youth to answer this question* | Outdoor Activities: <input type="text"/> | <input type="text"/> |
| | Indoor Activities: <input type="text"/> | <input type="text"/> |
| DISLIKES: *Please encourage the child/youth to answer this question* | <input type="text"/> | |
| Fears and/or known trigger activities or stimuli: *Please encourage the child/youth to answer this question* | <input type="text"/> | |
| Known stimuli or activities to help soothe or calm your child: *Please encourage the child/youth to answer this question* | <input type="text"/> | |

| MOBILITY & PERSONAL CARE | |
|--|--|
| Any notes regarding mobility? I.e. stamina, balance, self-movement etc. | |
| Does your child require assistance at meal times? Please describe the necessary information to better support. | |
| Does your child require assistance with handwashing? Please describe the necessary information to better support. | |
| Does your child require assistance with toileting? i.e. supervision, diapers, menstrual supplies or washroom break reminders | |
| SENSORY | |
| Does your child have concerns with sensory input? I.e. sounds, visual, textures, smells etc. | |
| Does the camper have any dietary concerns? | |
| MEDICATION | |
| Is your child currently taking medication? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, will your child be required to take medication during program hours? | Yes <input type="checkbox"/> A Permission to Administer Medication form will be required. No <input type="checkbox"/> |
| SOCIAL | |
| How does the participant act in social situations? | One-on-one: Groups: |
| How does the participant interact with adults or authority figures? Do they struggle to communicate their emotions/feelings? | |

| BEHAVIOUR | |
|---|--|
| <p>Does your child currently or have they previously had a history of leaving supervised spaces without permission (elopement)? Please describe the necessary information to better support.</p> | |
| <p>What are some common behaviors that your child portrays that staff should need to be aware of? i.e. flight risk, self-harm</p> | |
| <p>What are some strategies that help to de-escalate your child's emotions and support positive behaviours?</p> | |
| ADDITIONAL INFORMATION & RESOURCES | |
| <p>Please list any additional information that you feel will enhance your child's experience. i.e. tracking devices, emergency bracelets, communication tools</p> | |
| <p>If able, please list any resources such as support workers, respite workers, school assistants, medical professionals, local societies etc. who could provide information and context.</p> | |

Please return completed form to recreationcpac@forces.gc.ca