


Inclusion Support – Orientation Meeting (Parent/Guardian Meeting with PSP Staff)

INDIVIDUALIZED CHILD/YOUTH SUPPORT PROFILE		
		
GENERAL		
NAME:	DOB:	Diagnosis/ Condition:
LIKES: Note preference between outdoor and indoor activities *Please encourage the child/youth to answer this question*	Outdoor Activities:	
	Indoor Activities:	
DISLIKES: *Please encourage the child/youth to answer this question*		
Fears and/or known trigger activities or stimuli: *Please encourage the child/youth to answer this question*		
Known stimuli or activities to help soothe or calm your child: *Please encourage the child/youth to answer this question*		
MOBILITY		
Any notes regarding mobility? I.e. stamina, balance , self-movement etc.		
PERSONAL CARE		

<p>Does your child require assistance at meal times? Please describe the necessary information to better support.</p>	
<p>Does your child require assistance with handwashing? Please describe the necessary information to better support.</p>	
<p>Does your child require assistance with toileting? i.e. supervision, diapers, menstrual supplies or washroom break reminders</p>	
SENSORY	
<p>Does your child have concerns with sensory input? I.e. sounds, visual, textures, smells etc.</p>	
<p>Does the camper have any dietary concerns?</p>	
MEDICATION	
<p>Is your child currently taking medication?</p>	<p>Yes No</p>
<p>Is your child required to take the medication during the program hours?</p>	<p>Yes No Not applicable</p>
<p>Please list medications and use <i>(Complete Permission to Administer Medication Form)</i></p>	
SOCIAL	
<p>How does the participant act in social situations? One-on-one vs. Groups</p>	
<p>How does the participant interact with adults or authority figures?</p>	

COMMUNICATION	
Does the participant have difficulty communicating their feelings/emotions? Explain	
BEHAVIOUR	
What are some common behaviors that your child portrays that staff should need to be aware of? i.e. flight risk, self-harm	
What are some strategies that help to de-escalate your child's emotions?	
How can staff best support the participant in terms of communication?	
ADDITIONAL INFORMATION & RESOURCES	
What strategies and accommodations can our team incorporate to best support your child?	
Please list any additional information that you feel will enhance your child's experience. i.e. tracking devices, emergency bracelets	
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.	
For Office use only: Additional Notes:	

