

1:1 Program Support Plan

Access Services

- Please complete this form and send it to the Access Coordinator two weeks in advance of the start date, so we can ensure a safe and enjoyable experience for your child and to set them up for success.
- Additional documents may be required, depending on your child's needs.

Please note: The standard response in the event of a medical emergency is to call 9-1-1, then call the parent or guardian. The information on this form is for staff use, and may also be provided to 9-1-1 personnel in the event of an emergency.

We are committed to providing opportunities for people with diverse abilities to get involved in the recreation activities of their choice. We aim to:

- Advocate** on behalf of people with disabilities
- Assist** individuals with accessing their programs
- Educate** the public and staff about accessibility.

Program Success & Support Plan

Please email the completed form to:

Access Coordinator
Laura McGrath | 604-294-7904
laura.mcgrath@burnaby.ca

Participant Name: _____
First Last

Parent/Caregiver Name: _____
First Last

Home Phone: _____ Cell: _____

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Please describe the participant's diagnosis if applicable & needs:

Describe your child's strengths:

What support or accommodations are required in order for your child to take part and feel included in activities?

Please share any support strategies that have been successful either at home and/or at school:

Does your child have personal care needs? Please note our staff are unable assist with toileting or medications.

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Behavior and Communication

How does your child prefer to communicate their needs? (ie. verbal, written, gestures, signing, etc.)

What are your child's strengths, interests, and preferred activities?

What are your child's challenges?

Are there areas your child may require more support?

What helps motivate your child?

Behaviours

Easily Discouraged	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Interacts well with peers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Easily Distracted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Interacts well with adults	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hyperactive	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Wanders from group	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Shouts/Screams	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Stops/responds to hearing their name	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What are some triggers for these behaviors? What are strategies help to redirect these behaviors?

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Behavior and Communication Continued

Which of the following strategies support your child's understanding?

Demonstrations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Written/Drawn Instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physical Assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Verbal Cues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Equipment/Adaption	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other:	_____			

Environment

Does your child have any sensitivities to light, noise, smells or texture? Yes No

If so, which ones?: _____

Is participant hesitant to join in large groups? Yes No

What is the best way to support your child with transitions?

Is there anything else you would like us to know to ensure your child has a positive experience in our program?

I declare that the information provided on this form is complete and accurate, and I am responsible for keeping this information up to date.

Signature of participant (19 years & over), or Parent/Guardian/Caregiver

Date