



## Getting to Know My Child and their health conditions and diagnoses

Please give as much information as possible so we can build a successful care plan for your child.

<b>Child's name:</b>	<b>Nick name:</b>
<b>About my Child: (interests, hobbies, favorite things)</b>	
<b>My Strengths: (things that are easy)</b>	
<b>My Challenges/triggers: (communication, feeding, learning mobility, social, energy, behaviour)</b>	
<b>Tools and strategies my child use for their challenges:</b>	
<b>Diagnoses:</b>	
<b>Equipment and assistive technology devices my child require:</b>	
<b>Any personal care required:</b>	



**Health conditions:**

**Triggers:**

**Reactions:**

**Protocols:**

**My child's current medication and what the medication is for:**

**Goals for my child:**



**Symptoms of medication:**

**My child's allergies/ dietary restrictions:**

**Symptoms and reactions for allergies: (what should we watch for)**

**Things to avoid: (activities, procedures)**

**Ways the staff in the center can help my child:**

**Is it in best interest for my child and the other children in care to have a support worker in the center so they can participate successfully:**