



CHILD'S LAST NAME, FIRST NAME:

# THE CHILDREN'S CIRCLE PRESCHOOL

## STUDENT SPECIAL CARE PLAN

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Age level of enrollment \_\_\_\_\_ Teachers \_\_\_\_\_

Describe the child's special need during group care: \_\_\_\_\_

\_\_\_\_\_

Child's present functional level and skills: \_\_\_\_\_

\_\_\_\_\_

What emergency or unusual episode might arise while the child is in care? \_\_\_\_\_

\_\_\_\_\_

How should the situation be handled? \_\_\_\_\_

\_\_\_\_\_

Accommodation which the school must provide for your child

a. Specific instructions for feeding or toileting? \_\_\_\_\_

\_\_\_\_\_

b. Will the child require medication while in care? \_\_\_\_\_

c. Are special emergency and/or medical procedures required? \_\_\_\_\_

If so, what procedures are required \_\_\_\_\_

\_\_\_\_\_

d. What special training, if any, must staff have to provide care? \_\_\_\_\_

\_\_\_\_\_

e. Are special materials/equipment needed? \_\_\_\_\_

\_\_\_\_\_

Other specialists working with the child (i.e. - occupational therapist, physical therapist) \_\_\_\_\_

\_\_\_\_\_

Primary Case Manager/Physician's Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_