

Participant Inclusion Plan

Participant Name:	Plan Created:
Age:	Grade:

Gender Identity:

School:

Type of Support:

1:1 Aide
 Group Support
 Program Support

Health Information

Medications that need to be distributed during program:

Allergies:

Dietary Restrictions:

Other Info:

Physical Skills

Physical Limitations:

Assistive Devices utilized:

Activities of Daily Living

Area of required assistance:

Mobility
 Eating
 Toileting / Hygiene
 Dressing

Type of support required:

Communication

Level of communication:

Verbally independent
 Speech Delay
 Communication Aid
 Sign Language

Other Info:

Cognitive Skills

Learning style to be used:

Modeling

Visual support

Written directions

Verbal prompts

Step-by-step assistance

Other

Can Read: Yes No

Can follow multi - step directions: Yes No

Other Info:

Safety/Behaviors

Behavior Concerns:

Triggers for Behaviors:

Warning Signs:

Safety Concerns:

Other Info:

Sensory

S= Seeking

Bright lights

Hot / Cold

Touch

Fidgets

Water

Gross motor

A = Avoidance

Busy environments

Smells

Textures

Sounds / Loud noises

Deep pressure / "Heavy Work"

Chewable objects

Other Info:

Tips and Tools

Supporting Materials:

- | | |
|--|---|
| <input type="checkbox"/> Visual Schedule | <input type="checkbox"/> Reward Chart |
| <input type="checkbox"/> Social Story | <input type="checkbox"/> First/Then Chart |
| <input type="checkbox"/> Timers | <input type="checkbox"/> Verbal Reminders |
| <input type="checkbox"/> Other | |

Program Adaptations / Modifications

Likes:

Dislikes:

Strengths:

Areas of improvement:

Motivators:

Staff Directives:

Participant's Goals

- | | |
|---|---|
| <input type="checkbox"/> Active listening | <input type="checkbox"/> Engagement / Participation |
| <input type="checkbox"/> Spatial awareness / Body control | <input type="checkbox"/> Behavior management |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Staying with a group |
| <input type="checkbox"/> Social interactions | <input type="checkbox"/> Peer connections |
| <input type="checkbox"/> Fine / Gross motor skills | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Flexible thinking |
| <input type="checkbox"/> Coping skills | <input type="checkbox"/> Leisure / Activity Exploration |
| <input type="checkbox"/> Communication | <input type="checkbox"/> FUN! |
| <input type="checkbox"/> Other | |

I have fully read the inclusion plan and agree to implement the inclusion program within the program.

Program Leader Signature: _____ Date: _____

Inclusion Aide Signature: _____ Date: _____