Ormond Community Kindergarten

Inclusion Support Plan

GROUP DETAILS			
Educational Team (names):			
Days and session times child attends:			
CHILD DETAILS			
Child's name			Male / Female
DOB		Formal Diagnosis	
Cultural Identity		Child's First Language	
Is the child receiving a second year of kindergarten?			YES □ NO □
If yes, where did your child attend their first year of kindergarten?			
FAMILY DETAILS			
Name of parent/guardian/carer (1)			
Phone		Email	
Name of parent/guardian/carer (2)			
Phone		Email	
EARLY INTERVENTION SERVICES DETAILS			
Is child currently receiving early intervention services? Yes No (E.G speech, OT, Yooralla, Specialist Children's services etc.)			YES □ NO □
Early Intervention service/s name:		Contact name & Number:	
CONTEXT OF THE CHILD			
Goals:			

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Has a personalised learning plan been completed? If yes, please attach a copy	YES □ NO □
MEDICAL INFORMATION	
Provide the child's medical diagnosis and describe their medical condition:	
What health support procedures are required during the kindergarten program?	
Who will provide additional support at the service? How and when? (Consider how educators will work together to meet the complex medical needs of the child and the inclusion of all children)	
Have the kindergarten team already undertaken training to support the child's complex medical needs?	YES □ NO □
If yes, provide details:	
Is further additional training (in addition to mandatory requirements for first aid, anaphylaxis management and asthma training) required for the kindergarten team?	YES □ NO □
If yes, provide details:	
Will it be necessary to adjust any of the usual practices of the kinder program in order to be fully inclusive of the child	YES □ NO □
If yes, provide details:	
Will Specialised equipment be required	YES □ NO □
If yes, provide details of what equipment will be needed and who will provide the equipment (include details or any grants of other inclusion support required):	
Is any other support required to help the child participate in the program?	YES □ NO □
If yes, provide details of who and when these will be utilised:	
Has a medical management plan been provided?	YES □ NO □
If yes, provide details and attach copy:	
Has a risk minimisation and communication plan been completed?	YES □ NO □
If yes, attach a copy	
Inclusion Support plan has been read and understood	

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Parent Name:		Signature:		Date: / /