

# Participant Care Plan

Updated January 2026

Participants' needs change as they grow and develop, therefore, this Care Plan must be reviewed and updated on an annual basis.

This Care Plan is accepted at the following organizations: City of Victoria, Esquimalt Parks and Recreation, Oak Bay Parks, Recreation and Culture, Pacific Institute for Sport Education, Panorama Recreation, Saanich Parks, Recreation and Community Services, SEAPARC, and West Shore Parks and Recreation.

## Participant Information

**Participant Name:**

**Participant Date of Birth:**

**Legal Guardian Name:**

**Phone:**

**Legal Guardian Email:**

**Second Legal Guardian Name:**

**Phone:**

**Legal Guardian Email:**

**Best person to contact during program times:**

Staff must be able to contact a primary care giver for immediate assistance. Please provide phone number.

**Accessibility and Support:** Please share any applicable information about the participant to help staff support the participant in a large group childcare or recreational setting. This may include medical, developmental, or accessibility considerations.

**Medical Information (if applicable):** Please list any allergies, dietary needs, medications (with timing), or other important medical instructions.

## Support at School

- Participant requires a full-time Education Assistant at school.
- Participant requires a part-time or shared Education Assistant at school.
- Participant does not have an Education Assistant at school.
- Participant is on a **waitlist** for an Educational Assistant at school.
- Participant requires a Safety Plan at school.
- Participant requires a Behaviour Plan at school.

## Participants Support Team

**Additional Supports:** Are there any individuals or services supporting the participant outside of school (e.g., SCD consultants, VNFC, therapists, medical professionals, funding agencies)? If yes, please list their name, role/organization, and contact information below.

**Additional Funding:** Does the participant receive funding from any of the following outside organizations?

- |  |   |
|--|---|
| <input type="checkbox"/> Supported Child Development       | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Victoria Native Friendship Centre | <input type="checkbox"/> My child does not receive funding from an outside organization |
| <input type="checkbox"/> Autism Network                    |   |

I give permission to program staff to contact the participants support team as listed above.

## Support, Accessibility, and Accommodations

**Need for Support:** What areas does the participant need support in?

- |   |   |
|---|---|
| <input type="checkbox"/> Mobility and Physical Assistance | <input type="checkbox"/> Transitions          |
| <input type="checkbox"/> Social Interaction               | <input type="checkbox"/> Safety Awareness     |
| <input type="checkbox"/> Personal Care                    | <input type="checkbox"/> Emotional Regulation |
| <input type="checkbox"/> Behavioural                      | <input type="checkbox"/> Sensory Needs        |
| <input type="checkbox"/> Communication                    | <input type="checkbox"/> Other _____          |

### Personal Care:

- Independent    Requires verbal guidance    Requires 1:1 physical support

Is the participant independent with their personal care such as toileting, dressing, feeding, etc.?

If not independent, please describe.

### Mobility, Sensory, and Physical Assistance:

- Independent    Requires verbal guidance    Requires 1:1 physical support

Does the participant require assistance with physical activities, movement, vision, hearing, and/or other fine or gross motor skills. Please provide details below.

## Social Skills

- |  |   |
|--|---|
| <input type="checkbox"/> Enjoys large groups             | <input type="checkbox"/> Benefits from support during peer interactions |
| <input type="checkbox"/> Prefers smaller groups          | <input type="checkbox"/> Benefits from guidance during group activities |
| <input type="checkbox"/> Prefers one-to-one interactions | <input type="checkbox"/> Benefits from explanation in complex games     |
| <input type="checkbox"/> Prefers one-to-one interactions | <input type="checkbox"/> Adapts well to routine and structure           |

Does the participant require support with social interactions such as playing with others, resolving peer conflicts, or joining group activities? Please provide details below.

**Communication:** What are the participants preferred ways to communicate (i.e. Gestures, pictures, symbols)? Do they use a communication device? Are there any communication styles that are less effective for them (i.e. Jokes or figurative language)? Please provide details below.

## Behavioural Information

**Potential Stressors or Triggers:** What situations or experiences may cause the participant to feel overwhelmed, upset, dysregulated, and/or in need of extra support?

- |   |   |
|---|---|
| <input type="checkbox"/> Loud noises or busy environments         | <input type="checkbox"/> Feeling misunderstood or not listened to |
| <input type="checkbox"/> Changes in routine or unexpected changes | <input type="checkbox"/> Separation from a caregiver              |
| <input type="checkbox"/> When limits or boundaries are set        | <input type="checkbox"/> Certain textures or sounds               |
| <input type="checkbox"/> Waiting or delays                        | <input type="checkbox"/> Transitions                              |
| <input type="checkbox"/> Being touched or crowded                 | <input type="checkbox"/> Hunger                                   |
|   | <input type="checkbox"/> Other _____                              |

**If any triggers are checked above, please describe what this might look like in a camp or large group setting**

### Behaviour Regulation:

- Independent    Requires some support    Requires 1:1 support

What behaviours might the participant display during the program that staff should be aware of?

- |   |  |
|---|--|
| <input type="checkbox"/> Physical aggression                | <input type="checkbox"/> Swearing or use of inappropriate language |
| <input type="checkbox"/> Spitting or biting                 | <input type="checkbox"/> Wandering, hiding or running away         |
| <input type="checkbox"/> Destructive behaviours             | <input type="checkbox"/> Unpredictable behaviours                  |
| <input type="checkbox"/> Becomes upset or frustrated easily | <input type="checkbox"/> Fears or phobias                          |
| <input type="checkbox"/> Self-harm behaviours               | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Fearless to danger                 |  |

**If any behaviours are checked above, please describe what this looks like in a camp or large group setting.**

**Support Strategies:** What helps the participant feel calm, safe, and successful in a group setting? What can staff do to support the participants regulation and engagement?

- |  |  |
|--|--|
| <input type="checkbox"/> Deep breathing exercises                | <input type="checkbox"/> Movement Breaks                         |
| <input type="checkbox"/> Sensory tools (fidgets, weighted items) | <input type="checkbox"/> Reward Charts                           |
| <input type="checkbox"/> Visual Schedules or cues                | <input type="checkbox"/> Consequences                            |
| <input type="checkbox"/> Offering closed Choices                 | <input type="checkbox"/> Positive reinforcement or encouragement |
| <input type="checkbox"/> "First-Then" Prompts                    | <input type="checkbox"/> Needs sensory breaks in a               |
| <input type="checkbox"/> Transition reminders                    | <input type="checkbox"/> Other _____                             |

**Additional space to describe support strategies:**

**Support Tools:** What items, if any, will the participant bring to the program to support their comfort and engagement (e.g., fidgets, iPad, sensory tools)?

**Goals:** What would you like the participant to gain or experience by attending this program or camp?

**Strengths and Interests:** What are some of the participant's favourite activities and strengths?

**Disliked Activities and Experiences:** What are some of the participants least favourite activities, experiences and/or sensitivities?

**Additional Information:** Any other information to help staff support the participant in a large group childcare or recreational setting?

**Signature of Legal Guardian:**

**Date:**

**Signature of Program Supervisor:**

**Date:**

*The personal information collected in this form is collected in accordance with s.26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of administering Camp, Recreation, and Licensed Care programming. The information will be stored in a binder/clipboard and securely stored in a District office when not in use. It will be accessible to authorized staff only, including Licensed Care and camps staff, and used for attendance, medical and safety purposes. For inquiries regarding privacy protection, please contact the Municipal Privacy Officer for the district where you are completing this form.*

