Participant Care Plan

Updated October 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:	
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?

☐ Supported Child Development
☐ Victoria Native Friendship Centre
☐ Autism Network
☐ Other_____
☐ My child does not receive funding from an outside organization

☐ 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?

☐ Mobility and Physical Assistance
☐ Social Interaction
☐ Personal Care
☐ Behavioural
☐ Communication
☐ Transitions
☐ Safety Awareness
☐ Emotional Regulation
☐ Sensory Needs
☐ 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

☐ Enjoys large groups
☐ Prefers smaller groups
☐ Prefers one-to-one interactions
☐ Prefers one-to-one interactions
☐ Benefits from support during peer interactions
☐ Benefits from guidance during group activities
☐ Benefits from explanation in complex games
☐ 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 us 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?

☐ Loud noises or busy environments
☐ Changes in routine or unexpected changes
☐ When limits or boundaries are set
☐ Waiting or delays
☐ Being touched or crowded
☐ Feeling misunderstood or not listened to
☐ Separation from a caregiver
☐Certain textures or sounds
☐ Transitions
☐ Hunger
☐ 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?

☐Physical aggression
☐Spitting or biting
☐Destructive behaviours
☐Becomes upset or frustrated easily
☐Self-harm behaviours
☐Fearless to danger
☐Swearing or use of inappropriate language
☐Wandering, hiding or running away
☐Unpredictable behaviours
☐Fears or phobias
☐Other: _____

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?

- ☐ Deep breathing exercises
- ☐ Sensory tools (fidgets, weighted items)
- ☐ Visual Schedules or cues
- ☐ Offering closed Choices
- ☐ "First-Then" Prompts
- ☐ Transition reminders
- ☐ Movement Breaks
- ☐ Reward Charts
- ☐ Consequences
- ☐ Positive reinforcement or encouragement
- ☐ Needs sensory breaks
- ☐ 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.

CITY OF VICTORIA

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