



Plan of Care for

- Hearing or Visual Impairments**
- Learning Disabilities**
- Physical Disabilities**

Child's Name: _____ Date of Birth: _____ Age: _____

AYS Program: _____ School Year: _____

Please list the name and phone number of the physician your child sees for their hearing or visual impairment, learning disability, or physical disability below: (Please check above which ones apply)

Name (please print)

Physician's Phone Number

Does your child take medication for the prevention or treatment of their need: YES* NO

If your child participated in an outside activity or field trip would they be required to take any medications with them: YES* NO

(* If you answered yes to either of the above questions Please list the medications your child takes for the prevention/treatment of their hearing or visual impairment, learning disability, and/or physical disability)

Name of Medication(s)	Dosage	Time(s) of Day Given

Would any of the above medication (s) need to be given during normal program hours? YES NO

Would any of the above medication (s) need to be given during extended program hours? YES NO

If you answered yes to either question, please be aware that an AYS Medication Consent form will need to be completed by your child's doctor and provided to AYS.

Have you provided an AYS Medication Consent form to AYS staff? YES NO

Control of the Child Care Environment

Please list any ideas/suggestions that would help AYS staff to care for and communicate with your child

Are there any special procedures required of an adult regarding your child's care, i.e. assistance with dressing, eating, toileting, or other procedures? YES * NO **If yes, please list and describe* _____

Do you use special equipment with your child? YES* NO **If yes, please list and describe* _____



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Social/Family

All children may have difficulty in peer interactions at times, please describe the types of difficulties your child experiences and please offer ideas/suggestions on how AYS staff might help your child through these times.

Therapies

If your child receives any types of therapy i.e. psychological, reading, speech, or other, please describe when therapy began and how often therapy is given and if there are goals or techniques used in therapy that AYS staff would find helpful in caring for your child? _____

Are there any other special instructions from you or your child's physician?

Review of above information and signatures for the _____ school year in AYS.

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date

Review of above information and signatures for the _____ school year in AYS.

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date