Step 5
Child Inclusion Plan

Child and Family Information

Child: _____

Date of Birth: _____

Parents/Guardian: _____

Child and Family's Primary Language: _____

Program Information

Program Name: _____

Phone Number: _____

Classroom: _____

Classroom Teacher: _____

Person(S) Completing Inclusion Plan

Parent/Guardian _____ Date: _____

Classroom Teacher _____ Date: _____

Other: _____ Date: _____

Other: _____ Date: _____

IDAHO STARS

Part 1: Transition

Type of Transition:

☐ New to child care ☐ Transition to new classroom ☐ Leaving child care

☐ Other:

What are the child's favorite activities?	What are the child's strengths?

Has the child had opportunities to play with other children? Yes No

If yes, how does the child play with other children?

Is the child receiving any services or supports? Yes No

Type of Service	Description

Does the child have a medical or developmental diagnosis? If yes, what is the diagnosis?

How does the child communicate with other? (i.e. words, gestures, sign language or communication devise)

Does the child follow simple directions?   Yes   No

If yes, provide examples:

What supports do you believe this child will need to participate in classroom activities?

What helps the child adjust to new situations?

How does the child participate in self-care tasks? (i.e. with assistance, with minimal assistance, independent, or not applicable)

Handwashing	Toileting	Eating	Dressing

What resources or supports will the family need?

What resources or supports will the program staff need?

Part 2: Participation and Supports

Classroom Routines and Activities *List all classroom routines and activities*	How Peers Participate in routines and activities	How child participates in routines and activities	Level of Participation
			Strength Average Concern
			Strength Average Concern
			Strength Average Concern
			Strength Average Concern
			Strength Average Concern
			Strength Average Concern

Identify Child Goals with the child's family. Consider family concerns, ways in which the child can be supported to actively participate in routines and activities with peers, and any developmentally appropriate skills that can be supported in the child care setting.

Goal 1	Goal 2

Describe strategies for meeting each goal, such as specific embedded interventions (i.e. environmental modifications or peer supports), and any additional supports that will be needed.

Goal	Classroom Routine or Activity	Strategies for meeting goal	Additional supports needed