

## Family Plan

## Children's Developmental Services

| Name of Child:               |               |        | Date of Birth :                                    |                     |                  |
|------------------------------|---------------|--------|----------------------------------------------------|---------------------|------------------|
| Name of Parents/ Caregivers: |               |        | Current Program:  ☐ ICDS CCC Name (if applicable): |                     |                  |
| Prepared by:<br>□ DC         | ⊡OT I         | ⊐ RC   | Today's Date:                                      |                     |                  |
| Date reviewed:               | Action taken: |        |                                                    |                     | Parent initials: |
|                              |               |        |                                                    |                     |                  |
|                              |               |        |                                                    |                     |                  |
|                              |               |        |                                                    |                     |                  |
|                              |               |        |                                                    |                     |                  |
| Programming tools:           |               | Notes: |                                                    |                     |                  |
|                              |               |        | -                                                  | parent/caregiver si | gnature          |

What's going well?

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| • Function: what your child does and how they do it                                                   | • Fun: participation, joy, and doing stuff, engaging and belonging                          | <ul> <li>Family: your child's team, Child's ability to<br/>participate and engage in their environment,<br/>routines and transitions</li> </ul> |  |  |  |  |
| <ul> <li>Friendships: developing relationships and<br/>engaging with peers</li> </ul>                 | • Fitness: promoting health and well-being recreations and exploration of their environment |                                                                                                                                                 |  |  |  |  |
| What do we want to work on                                                                            | How we are going to work on it                                                              | Update                                                                                                                                          |  |  |  |  |
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| The future: What are your thoughts going forward? What do you need more of? What do you need less of? |                                                                                             |                                                                                                                                                 |  |  |  |  |
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Personal information contained on this form is collected pursuant to the Child and Family Services Act, R.S.O. 1990, c.c.11 and the CCEYA, 2017, Ontario Regulation 137/15, subsection 6.9, and will be used to administer the Children's Services Programs offered through Halton Region. Questions about this collection should be forwarded to the Freedom of Information and Privacy Coordinator, 1151 Bronte Rd, Oakville, ON L6M 3L1. Phone: 905-825-6000, or toll-free at 1-866-442-586

Based on Rosenbaum, P. & Gorter, J.W (2012), The 'F-words' in childhood disability: I swear this is how we should think! Child: Care, Health and Development, (38) 4. Visit https://www.canchild.ca/en/ research-in-practice/f-words-in-childhood-disability for more resources. *CanChild* Centre for Childhood Disability Research: <a href="https://www.canchild.ca">www.canchild.ca</a> CDS-14C-October-2017