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| **ICF-based support plan** | Filled in by: Date: |
| 1. **Basic data of the child**
 |
| Name: | If included in a kindergarten/preschool |
| Gender (f/m/d): | Group: |
| Birth date:  | Responsible head |
| Mothertongue: | year |
| Other Relevant ( e.g. custody.) |
| **2. Care persons** |
| Name: | Name: |
| Address: | Address: |
| Tel.: | Tel.: |
| Mail:  | Mail: |

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| **3. Status quo: Parental concerns, wishes… which might be connected with Early Childhood Intervention, incl. medical diagnosis** |
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| **4. Status quo: Personal factors** |
| **Which personal factors are related to the development of the child?****Examples:** What is your child interested in? Strenghts, motivations… (incl. anamnestic Data like pregnancy, Milestones of development, performed therapies….)**Gab es Auffälligkeiten in der Schwangerschaft? Welche?****Gab es Auffälligkeiten in der Entwicklung des Kindes? Welche?**Inkl. Anamnestischer  |
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| **5. Status quo: Environmental aspects** |
| **Which environmental aspects are relevant for your child** (within/outside of the family) e.g. concerning the material environment, availability of attachment persons, attitudes, systemic aspects…. |
| **Facilitating environmental aspects:** |
| **Barriers:** |

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| **6. Status quo: body structures and body functions** |
| Examples: Anatomic deviations, intelligence, lateral dominance, attention, thinking, emotions, attachment, perceptional processes, articulation/speech, allergies, coordination of movement…**Which medical or other reports/expertise are available?** |
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| **7. Status quo: activities/participation** |
| 1. **Which domains are important for your child? Address relevant domains!**
2. **How** does your child

d1: learn?d2: cope with tasks?d3: communicate?d4: move? d5: take care of him/herself?d7: interact with others?d8: play? d9: cope with social events? |
|  |

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| **8. Assessment of the activities/participation situation** |
|  | Observable activities/participation represent age typical level or a strength | Following SIGNIFICANT restrictions in activities/participation can be observed |
| d1: learning |[ ]   |
| d2: tasks |[ ]   |
| d3: communicaton |[ ]   |
| d4: mobility |[ ]   |
| d5: self care |[ ]   |
| d7: interaction with others (peers, parents…) |[ ]   |
| d8: way of play  |[ ]   |
| d9: within social activities |[ ]   |

**9. Goals: Individual support plan**

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| Domain 1 | **Smart goals(e)** | **Interventions/Methods** | Responsible person |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Evaluation

Date: Click here to enter text. | [ ] reached [ ]  partly [ ] not reached: please explainClick here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Evaluation

Date: Click here to enter text. | [ ] reached [ ]  partly [ ] not reached: please explainClick here to enter text. | Click here to enter text. | Click here to enter text. |
| Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Evaluation

Date: Click here to enter text. | [ ] reached [ ]  partly [ ] not reached: please explainClick here to enter text. | Click here to enter text. | Click here to enter text. |
| 1. Evaluation

Date: Click here to enter text. | [ ] reached [ ]  partly [ ] not reached: please explainClick here to enter text. | Click here to enter text. | Click here to enter text. |

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10. Other relevant (z.B. cooperation with whom? Further necessary diagnostic steps…)

11. Signature: Early intervention specialst Parents