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<b>ICF-based support plan</b>	Filled in by: Date:
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**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:

**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? Strengths, motivations... (incl. anamnestic Data like pregnancy, Milestones of development, performed therapies....)

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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:**

**6. Status quo: body structures and body functions**

Examples: Anatomic deviations, intelligence, lateral dominance, attention, thinking, emotions, attachment, perceptual processes, articulation/speech, allergies, coordination of movement...  
**Which medical or other reports/expertise are available?**

**7. Status quo: activities/participation**

- a) **Which domains are important for your child? Address relevant domains!**
- b) **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	<input type="checkbox"/>	
d2: tasks	<input type="checkbox"/>	
d3: communicaton	<input type="checkbox"/>	
d4: mobility	<input type="checkbox"/>	
d5: self care	<input type="checkbox"/>	
d7: interaction with others (peers, parents...)	<input type="checkbox"/>	
d8: way of play	<input type="checkbox"/>	
d9: within social activities	<input type="checkbox"/>	

**9. Goals: Individual support plan**

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.	<input type="checkbox"/> reached <input type="checkbox"/> partly <input type="checkbox"/> not reached: please explain Click here to enter text.	Click here to enter text.	Click here to enter text.
1. Evaluation Date: Click here to enter text.	<input type="checkbox"/> reached <input type="checkbox"/> partly <input type="checkbox"/> not reached: please explain Click 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.	<input type="checkbox"/> reached <input type="checkbox"/> partly <input type="checkbox"/> not reached: please explain Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Evaluation Date: Click here to enter text.	<input type="checkbox"/> reached <input type="checkbox"/> partly <input type="checkbox"/> not reached: please explain Click 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 specialist

Parents