

<b>MONTANA INDIVIDUAL CHILD CARE PLAN</b>	Child's name:	Date completed:
	Child's date of birth:	Provider's name and type of program:
	Person(s) completing this form	Relationship to child:

- I. Identify this child's primary special need, disability or diagnosis. Attach a copy of documentation which demonstrates this child's special needs in a child care setting.
  
- II. Describe individual accommodations or special care requirements which will be needed in order for this child to be included in typical child care routines and activities. Remember that you are describing assistance that is over and beyond the care that would be required by another child of the same age. **BE SPECIFIC!**

What will the child care provider need to do in order to support the medical needs of this child?

What will the child care provider need to do to help this child with daily living tasks like eating, dressing, and using the toilet?

What extra help will the child care provider need to offer to support this child's movement and/or positioning?

What will the child care provider need to do to help this child communicate?

What additional supervision or monitoring will be required in order for this child to be included in a child care setting?

What will the child care provider need to do in order to support this child's understanding of directions, rules, routines, and activities?

Are there any other special considerations or things that the child care provider will need to know or do in order to include this child in typical child care routines or activities?

How specifically will the extra money provided by the Special Needs Subsidy be used to support this child?

Has this child been removed from the biological family and placed in foster care?    Yes    No  
(Documentation from the case worker must be attached with this paperwork.)

Has this child been asked to leave other child care settings because of behavior?    Yes    No

