

SCHOLA BOHEMIA SERVICES CARE PLAN

Child's Name:	Date of Birth: Age:
Program: Schola Bohemia Services Before and After School Care	Attendance: AM: M Tu W Th F PM: M Tu W Th F

Parent or Guardian	Relationship	Contact Information

Other Professionals Involved (note if current or previous, and the capacity of involvement)

Professional/Organization	Contact Person	Contact Info	Capacity of Involvement

Rationale for Care Plan (Describe Child's Needs):

Photo:

Recommendations from other professionals
(attach any relevant documents or add comments below):

	Description	Person Responsible	Date for Review
Staffing Requirements <small>Reg.19 (3), 34 (1)</small>			
Adaptations/Modifications To Program <small>Reg. 58 (ii) 3 (c)44 (2)</small>			
Adaptations/Modifications To the Environment <small>Reg.13 (4) 58(i)</small>			
Dietary Requirements <small>Reg.58(3)(a) 48(1)(2)57(h)</small>			
Medication <small>Reg.58 (3)(a), 57 (2)(e)(f)(h) 53(1)(2)(3)(4)</small>			
Health & Safety Requirements/First Aid <small>Reg.58(i) 23(1)</small>			
Behavioural Guidance <small>Reg.58 (3)(d) 51 (2)</small>			

Parent/Guardian Signature:	Date:	Parent/Guardian Signature:	Date:
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Manager/Operator Signature:	Date:
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