



Plan of Care- Physical Disabilities

This form is to be completed by a parent, guardian, or caregiver to support a student with physical disabilities in the AYS Program.

Process: Plan of Care forms are completed during enrollment to support each child's success. When additional information or planning is needed, families may be invited to an intake meeting with the Site Leader and Regional Manager to discuss supports, answer questions, and set clear, shared expectations. Forms are valid for a period of two years.

Purpose: Ensure safe participation and physical access.

Student Information:

| | |
|-------------------------|--|
| Student Name | |
| Date of Birth | |
| Age | |
| Program Site / Location | |
| Date Plan Completed | |
| Review Date | |

Condition Overview:

| | |
|---|--|
| Type of Physical Disability (mobility, stamina, coordination, etc.) | |
| Describe your child's physical disability or physical support needs in your own words | |
| Does your child see a medical professional for this condition? | |
| Name of Medical Professional and their specialty | |
| Medical professionals' contact information (phone number/ email address) | |

Medication support:

| | |
|--|--|
| Does your child take any medications related to this condition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| What medication (include dosage and time given) | |
| Would medication need to be given during the AYS program? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Would medication need to be given during non-school days while at AYS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Parents will need to complete a medication authorization form*

How does this condition affect your students' time at AYS:

| | |
|--|--|
| How may this physical disability affect your child during AYS programming? | |
| Activity limitations or challenges staff should be aware of? | |

Supports and Accommodations:

| | |
|--|--|
| Equipment used (wheelchair, brace, adaptive tools, etc.) | |
| Activity modifications required | |
| Transfer or movement support instructions | |

Triggers or Warning Signs:

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|--|--|
| Fatigue or pain indicators that staff should watch for | |
| Situations that increase discomfort, fatigue, or risk | |

Staff Response Guidelines:

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|--|--|
| How should staff support your child during physical activities or transitions? | |
| Guidelines for assisting with movement or positioning | |
| What staff should avoid | |

Emergency Procedures:

| | |
|--|--|
| Emergency considerations related to this physical disability | |
| When should emergency services (911) be contacted? | |

Additional Information:

| | |
|---|--|
| Additional information you want staff to know | |
|---|--|

Parent/Guardian Signature:

| | |
|------------------------|--|
| Parent / Guardian Name | |
| Signature | |
| Date | |