



Plan of Care- Autism

This form is to be completed by a parent, guardian, or caregiver to support a student with Autism Spectrum Disorder (Autism) in AYS Programs.

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: Support participation, regulation, communication, and safety in AYS programs.

Student Information:

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

Condition Overview:

Areas of autism-related need (check all that apply): <input type="checkbox"/> Communication <input type="checkbox"/> Social interaction <input type="checkbox"/> Sensory processing <input type="checkbox"/> Transitions <input type="checkbox"/> Emotional regulation <input type="checkbox"/> Other (Please describe)	
Describe your child’s autism-related strengths and support needs in your own words	
Does your child see a medical or therapeutic professional for this condition?	
Name of professional and specialty (if applicable)	
Professional contact information (optional)	

Medication Support:

Does your child take any medications related to this condition?	
What medication (include dosage and time given)	
Would medication need to be given during the AYS program?	
Would medication need to be given during non-school days while at AYS?	

Parents will need to complete a Medication Authorization Form if medication is administered during the program.

How does this Condition Affect your Child’s Time at AYS

How may autism-related needs show up during activities, routines, or transitions?	
Areas of challenge (sensory sensitivities, communication, flexibility, peer interaction)	

Supports and Accommodations:

Helpful supports used (check all that apply): <input type="checkbox"/> Visual schedules <input type="checkbox"/> Predictable routines <input type="checkbox"/> Sensory breaks <input type="checkbox"/> Quiet space <input type="checkbox"/> Clear expectations <input type="checkbox"/> Adult check-ins <input type="checkbox"/> Other (Please describe)	
Additional supports or accommodations that work well	

Triggers/ Warning Signs:

Situations or triggers that may cause distress or dysregulation	
Early warning signs staff should watch for	

How Can Staff support your student?

How should staff best support your child when they are struggling?	
What does NOT help the student?	
Preferred de-escalation or calming strategies	
Additional information you want staff to know	

Emergency Procedures related to the condition:

Are there any emergency or safety considerations related to autism (e.g., elopement, self-injury)?	
When should emergency services (911) be contacted?	

Additional Information:

Additional information you want staff to know	
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Parent/Guardian Signature:

Parent / Guardian Name	
Signature	
Date	