



Plan of Care- Learning Disabilities

This form is to be completed by a parent, guardian, or caregiver to support a student with learning differences 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 access to activities and participation in activities at AYS.

Student Information:

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

Condition Overview:

Type of learning disability <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dysgraphia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Processing disorder <input type="checkbox"/> Other (Please describe):	
Describe your child’s learning disability or learning differences in your own words	
Does your child see a medical professional for this condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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 learning difference affect your child during the AYS Program (Check all that apply): <input type="checkbox"/> Understanding verbal instructions <input type="checkbox"/> Reading or written materials <input type="checkbox"/> Processing speed <input type="checkbox"/> Remembering multi-step directions <input type="checkbox"/> Expressing ideas verbally or in writing <input type="checkbox"/> Frustration during structured tasks <input type="checkbox"/> Other (Please describe):	
Areas of challenge (instructions, reading, processing speed, etc.)	

Supports and Accommodations:

Helpful supports used (Check all that apply): <input type="checkbox"/> Visual instructions <input type="checkbox"/> Repetition / check-ins <input type="checkbox"/> Extra time <input type="checkbox"/> Peer or adult support <input type="checkbox"/> One-step directions <input type="checkbox"/> Written or visual reminders <input type="checkbox"/> Quiet space when needed <input type="checkbox"/> Other (Please describe):	
Additional supports or accommodations that work well	

Triggers/ Warning Signs:

Situations or triggers that make learning or participation difficult	
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?	
Additional information you want staff to know?	

Emergency Procedures relate to the condition:

Emergency considerations related to hearing or visual needs	
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	