



Plan of Care for Autism

Child's Name: _____ Date of Birth: _____ Age: _____

AYS Program: _____ School Year: _____

Please list the name and phone number of the physician your child sees for autism below.

Name (please print)

Physician's Phone Number

Does your child take medications for their diagnosis of autism: YES* NO

If your child participated in an outside activity or field trips would they be required to take any medications with them: YES* NO

(* If you answered yes to either of the above questions please list the medications your child takes below)

Name of Medication(s)	Dosage	Time(s) of Day Given

Would any of the above medication(s) need to be given during normal program hours? YES NO

Would any of the above medication(s) need to be given during extended program hours? YES NO

If you answered yes to either question, please be aware that an AYS Medication Consent form will need to be completed by your child's doctor and provided to AYS.

Have you provided an AYS Medication Consent form to AYS staff? YES NO

Control of the Child Care Environment

Please list any ideas/suggestions that would help AYS staff to care for and communicate with your child.

Habits/Behaviors

Please list any habits or behaviors that are particular to your child of which AYS staff should be aware? _____

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Are there any situations that your child finds stressful? _____

How do you soothe your child in these situations? _____

Social/Family

All children have difficulty in peer interactions at times, please describe the types of difficulties your child experiences and please offer ideas/suggestions on how AYS staff might help your child through these times.

Is there any other information that relates to your child's behavior, that would be helpful in the care of your child, i.e. recent change in marital status, living situation, job change/loss, death of a loved one, or other items?

Therapies

If your child receives any types of therapy, i.e. psychological, reading, speech, or other, please describe when therapy began and how often therapy is given, and if there are goals or techniques used in therapy that the AYS staff would find helpful in caring for your child? _____

Review of above information and signatures for the _____ school year in AYS.

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date

Review of above information and signatures for the _____ school year in AYS.

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date