SPECIAL CARE PLAN FOR A CHILD WITH BEHAVIOR PROBLEMS

This sheet is intended to be used by health care providers and other professionals to formulate a plan of care for children with severe behavior problems that parents and child care providers can agree upon and follow consistently.

Part A: To be completed by parent/custodian.

Child's name: ______________________________ Date of birth: ____________________

Parent name(s):______________________________ __________________________________

Parent emergency numbers: _________________ __________________________________

Child care facility/school name: ______________________________ Phone: ______________

Health care provider's name: ______________________________ Phone: ______________

Other specialist's name/title: ______________________________ Phone: ______________

Part B: To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

1. Identify/describe behavior problem: ____
2. Possible causes/purposes for this type of behavior: (Circle all that apply.)

   medical condition _________________________ *(specify)*
   attention-getting mechanism
   gain access to restricted items/activities
   escape performance of task
   psychiatric disorder _______________________ *(specify)*
   tension release
   developmental disorder
   neurochemical imbalance
   frustration
   poor self-regulation skills
   other: ____________________

3. Accommodations needed by this child: ____

   ____

4. List any precipitating factors known to trigger behavior: ___________________________

   ____

5. How should caregiver react when behavior begins? (Circle all that apply.)

   ignore behavior
   avoid eye contact/conversation
   request desired behavior
   use helmet*
   physical guidance (including hand-over-hand)
   model behavior
   use diversion/distraction
   use substitution
   use pillow or other device to block self-injurious behavior (SIB)*
   other: ____

   ____

   *directions for use described by health professional in Part D.

6. List any special equipment this child needs: ____
   ____

7. List any medications this child receives:

   Name of medication: ________________ Name of medication: __________________
   Dose: _____________________________ Dose: ________________________________
   When to use: ______________________ When to use: _________________________
   Side effects: ________________________ Side effects: __________________________
   ____________________________________ ______________________________________
   Special instructions: ________________ Special instructions: __________________
   ____________________________________ ______________________________________

8. Training staff need to care for this child: ____
   ____

9. List any other instructions for caregivers: ____
   ____

Part C: Signatures

Date to review/update this plan: __________________

Health care provider's signature: ____ Date: ____________

Other specialist's signature: ____ Date: ____________

Parent signature(s): ____ Date: ____________

____ Date: ____________

Child care/school director: ____ Date: ____________

Primary caregiver signature: ____ Date: ____________

Part D: To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

Directions for use of helmet, pillow, or other behavior protocol: __________________________________

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