

SUPPORTED CHILD DEVELOPMENT PROGRAM

## Support Guide

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# *Child Development Profile Review Summary*

For Additional Information or to Obtain Additional Copies contact:

Office of Provincial Advisor

Supported Child Development Programs of BC

237 Third Street

Courtenay, BC V9N 1E1

1-866-338-4881

January 7, 2009



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Support Guide**

**Child Development Profile  
Review Summary**

Date Completed: \_\_\_\_\_

Completed By: \_\_\_\_\_

In each section that follows, note any changes identified with the family and child care program – changes in the child's development, family priorities etc.

**Likes/Dislikes:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Routines/Environments:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Communication:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social / Emotional:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Understanding of Concepts:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self-Care:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Large and Small Motor:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behaviour / Safety:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health/Medical:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Learning Style:**

Changes Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Priorities:**

New, Additional or Different Priorities Noted During Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent to Release:**

I give the Supported Child Development (SCD) Program permission to share the information in the Child Development Profile Review Summary with:

\_\_\_\_\_  
\_\_\_\_\_

for the purpose of determining the SCD services needed to include my child and meet his/her support needs in the child care program.

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date