

INFANT-TODDLER CARE PLAN FOR CHILDREN WITH SPECIAL NEEDS

Child's Full Name: _____ Today's Date: _____
 Current Age: _____
 Team Member (s): _____

Special Needs that need to be considered when selecting support system

Circle Needed Add-On's: Seatbelt, Chest Harness, Footplate, Headrest, Laterals, Arm Supports, Tray, Abductors, Adductors, Foot Straps, Tilt-in-space, hi/low base.

Tasks to be accomplished

_____ **Floor Time**

- _____ Supine
- _____ Prone
- _____ Side Lying
- _____ Sitting with Parent/Caregiver
- _____ Sitting in Chair, Stroller, etc.
- _____ Standing – using standing frame



_____ **Feeding / Independent Eating**

- _____
- _____
- _____



_____ **Seating Options at Home**

- _____
- _____
- _____

_____ **Seating Options in Community**

- _____
- _____
- _____



_____ **Bathing**

- _____ Safe Transfer
- _____ Carrying/Lifting
- _____ Shower Chair
- _____ Bath Chair
- _____ Adapted Tubs
- _____ Bed Bath Head Washing System



Toileting

- Lifting and Transfers
- Grab Bar
- Stand Alone
- Tilt
- Insert/Over Toilet



Support Standing

- Prone
- Supine
- Vertical & Mobile

Crawling, Walking, Wheelchair Use

- Crawling
- Walker
 - No Wheels
 - 2 Wheels
 - 4 Wheels
 - Reverse Walker
- Gait Trainer
- Canes and Crutches
- Strollers
- Wheelchair
- Powerchair



Safety in Vehicles

- Car Seat
- Vest or Special Harness
- Chest Clips or Guards
- Added Support
- Behavioral Needs
- Sensory Needs



Travel

- Portable Sleeping



Accessories for Switch Positioning

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Action Statement: What, why, who, what time?

Contacts

Borrowing Contact: _____

Funding Contact: _____