

**Emotional Support Plan**

Date:

Name of Child:

D.O.B:

Meeting Attendees:

What are the child’s strengths and interests?

How does the child’s parents/caregivers report the child’s behaviour at home?

What triggers if any have been identified?

Emotional Support Plan.

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| --- | --- | --- |
| **What can I see, hear and sense? Describe the Behaviour/s being observed** | **What lies beneath the child’s behaviour?**  **Feelings Trauma Body Response**  http://www.jonestherapyservices.com/images/r/emotions-1/c960x540g0-29-640-389/emotions-1.jpg See the source image See the source image | **What can we do to meet the child’s needs?**  *List strategies;* |
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Has a copy of “The Interactions with Children policy” been provided to parent / caregiver

YES Date: NO

Emotional support Plan Review Date: ……../………./20………

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| **Procedure for parents to provide current information and status of the child’s needs.**  *(What is the procedure for parents to keep us informed of the most current status of the child’s wellbeing and needs and how often do we want parents to provide updates?)* |
| **Procedure for staff to provide information and status of the child’s specific needs to parents**  *(What is the procedure for staff to keep parents informed of any issue or incident at kinder relating to the child’s wellbeing and needs – what, how and when will such information be communicated?)* |

Teacher’s Name: …………………………………………… Signature: ……………………………………….. Date: ……../………./20………

Parents Name: ……………………………………………… Signature: ……………………………………….. Date: ……../………./20………

Parents Name: ……………………………………………… Signature: ……………………………………….. Date: ……../………./20………

Nominated Supervisors Name: ……………………. Signature: ……………………………………….. Date: ……../………./20………