

# SUPPORT GUIDE

Child's name  Program (FFOSC, MJOSC or MRPre)

SCD Consultant  Date (mm/dd/yyyy)

Completed by

**What will the child do and/or need in each area? Explain, to the best of your ability, how support will look in this setting in each area**

<p>Please <b>circle</b> the type of support that best applies to the type of activity/setting.</p>	<p><b>LEGEND</b>  <b>Direct support:</b> Support is needed for direct and one-to-one guidance  <b>Guided:</b> Some support is needed in the form of re-direction  <b>Minimal:</b> Very little support is needed  <b>Without support:</b> The child can work well in the setting independently and no support is needed</p>
<p><b>EXAMPLE</b>  <b>Outdoor Free Play</b>          Direct Support          Guided          Minimal          Without support</p>	<p><b>DETAILS:</b>  <i>He/She has difficulty waiting their turn for equipment use.</i>   <i>He/She is most successful if given clear guidelines prior to heading outside and guidelines are consistently role modelled.</i>  <i>He/She responds very well to very clear and consistent expectations.</i></p>
<p><b>Health/Safety/ Self-Care</b>          Direct support          Guided          Minimal          Without support</p>	
<p><b>Indoor Free Play</b>          Direct support          Guided          Minimal          Without support</p>	
<p><b>Outdoor Free Play</b>          Direct support          Guided          Minimal          Without support</p>	
<p><b>Organized Group Play</b> (sports and structured activities)          Direct support          Guided          Minimal          Without support</p>	
<p><b>Group Instruction/ Circle Time</b>          Direct support          Guided          Minimal          Without support</p>	

<p><b>Transportation</b> (walking trips, public transit)  Direct support  Guided  Minimal  Without support</p>	
<p><b>Communication/ Social Situations with peers</b>  Direct support  Guided  Minimal  Without support</p>	
<p><b>Meal/Snack Routines</b>  Direct support  Guided  Minimal  Without support</p>	
<p><b>Transitions</b> (school to program, activity to activity)  Direct support  Guided  Minimal  Without support</p>	
<p><b>Out-Trips</b>  Direct support  Guided  Minimal  Without support</p>	
<p><b>OTHER</b>  Direct support  Guided  Minimal  Without support</p>	

Please list any occupational tools that your child has used or would benefit from using:

Parent Signature

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