



Strategic Plan in relation to a medical condition/diagnosis

	Child's name:	
	Date of Birth:	
	What is the specific health care need, allergy, relevant medical condition or diagnosis that this assessment addresses? (ASD, ADHD, Intellectual Impairment)	
	Does the child need dietary modifications? (if yes, please comment in sections below)	
<b>Risk</b> – What are the issues and/or the actual/potential situations that could lead to an incident? <i>(EXAMPLE: Low muscle tone, easily frustrated/ability to effectively communicate)</i>		
<b>Strategy</b> – What can be done to reduce these risks? What resources are needed? <i>(EXAMPLE: Repeat instructions, give/show examples, support/modify activity)</i>		
<b>Known Triggers</b>		
<b>Symptoms</b>		

Parent's name and signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All educators have been made aware of this strategic plan medical conditions risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.*

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_