



Personal Care at Day Program & Summer Camp

- Your body belongs to you – nobody should touch your face or body unless you say ‘yes’.
- If you need someone to help you with eating or in the bathroom, someone from the Club team can help.
- We have a form for you to fill out which will tell us about what you want.
- If you want it done a different way – please tell us.
- You can change your mind.
- Say ‘NO’ or show us if you don’t like it.
- If you do not like how it is done, please tell Justin or Jackie
- We want to make it comfortable for you.
- All the information about your personal care is private. That means we will not talk about it with friends or strangers.

Individual Personal Care Plan

The member of Club Inclusion and/or their caregiver, will complete this Care Plan with the Program Director. Copies will go to each team member responsible for Personal Care.



CLUB INCLUSION

My name is:

I need you to provide personal care support for me: in the bathroom / for eating / for dressing / sun screen / other (please explain).

(please delete - use a different sheet for each personal care support)

The way that I want you to do this is:

(Please take us through it step by step)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

The ways I can tell you 'NO' are:

(for example clenching my teeth, looking down, saying 'no').

This will make it more comfortable and pleasant for me:

(for example, warming your hands/gloves under the warm tap first, playing music, singing)

Please help me to become more independent by:

(for example, giving me space and time to do part of it by myself, using parallel talk to describe what you are doing, helping me to choose between two people to do my care)

Help respect my privacy by:

(for example, help me to learn to wait until the door is closed, asking me before inviting someone else to learn how to do my personal care)

I need you to help ensure my safety by:

(always doing the routine the same way every time, always putting the rail up, wiping the surfaces down beforehand, cutting my food into small pieces, etc)

Other things that are important to me are:

(for example, cultural considerations, anxiety about certain situations, making sure I don't miss fun activities, having someone the same gender help me with bathroom personal care, etc)

PLEASE NOTE: This is a confidential document. Do not share it and always keep it private.

Date created:	People involved in making this plan:
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Contact name and number in case of emergency: