FASD Service Plan Template

Note:

This template is based on the MCCSS standardized service plan template. As personal information and personal health information may be collected and shared in the development of the service plan, FASD Coordinators are responsible for ensuring compliance with applicable laws with respect to the collection, use and disclosure of personal and/or professional health information, including, where required, obtaining appropriate consent from the child/youth, family/support network, and any other individuals whose personal information or personal health information may be collected, used or disclosed. It is the coordinator's responsibility to ensure that personal information and/or personal health information is collected, used or disclosed in a manner that complies with applicable laws, including any requirements that apply with respect to obtaining necessary consents. Some of the information collected in this service plan may be needed/requested by other program areas and when the child/youth transitions to adult services. Information will only be shared with the consent of the child/youth and/or their family/support network.

Before Beginning:

- Confirm the language of preference for the family/support network and make every effort possible to ask these questions and explain everything in their preferred language.
- Introduce your name and your role and the reasoning why the service plan is being completed or updated.
- Emphasize your role as someone that is there to listen and learn so that you can develop a plan together to support their child/youth and the family/support network.
- The family/support network should be given the opportunity to share their story. This will allow you as the FASD Coordinator to understand the family/support network and their needs from a holistic perspective.

- Let the family/support network know that you will be sharing your email/contact information with them, and they can reach out to you for any questions and/or additional support.
- Let the family/support network know that you will be facilitating the exchange of information between relevant providers in the child/youth's services, education, and health sectors to develop and maintain this service plan.

Agency Name: _____

Current Date: _____

CSP File # (if applicable): _____

FASD Coordinator Name: _____

1. About the Child/Youth:

1a. Full Name: _____

1b. Preferred Name: _____

Ensure you are able to pronounce their name correctly.

1c. Date of Birth (mm/dd/yyyy): _____

1d. Address: _____

_____

_____

The collected identity-based data will be shared with the government to better understand any equity of service access issues and support better planning. Explain to the family/support network the reason for collecting this information and obtain appropriate consents.

1e. Child/youth's current lived gender identity:

- ☐ Woman/Girl
- ☐ Man/Boy
- ☐ Gender Non-binary
- ☐ Transgender
- ☐ Transgender Woman/Girl
- ☐ Transgender Man/Boy
- ☐ Two-Spirit
- ☐ Another gender identity (please specify: _____)
- ☐ Do not know
- ☐ Prefer not to answer

1f. Does the child/youth identify as First Nations, Métis, Inuit/Inuk or another Indigenous identity? This question is about how the child/youth identifies themselves, regardless of status. Please select all that apply.

- ☐ Yes, First Nations
- ☐ Yes, Métis
- ☐ Yes, another Indigenous identity
- ☐ I do not know
- ☐ I prefer not to answer
- ☐ No

1g. What is the child/youth's ethnic or cultural origin? For example: Canadian, Francophone, African, Chinese, Dutch, East Indian, English, Filipino, French, German, Irish, Italian, Caribbean, Jamaican, Jewish, Korean, Mi'kmaq, Métis, Ojibway, Pakistani, Polish, Portuguese, Scottish, etc. You can write as many as you need to.

- ☐ Please specify: _____
- ☐ I do not know
- ☐ I prefer not to answer

1h. What language or languages are the child/youth and family/support network comfortable receiving services in?

- ☐ English
- ☐ French
- ☐ Indigenous language (please specify: _____)
- ☐ Another language (please specify: _____)
- ☐ I do not know

1i. Specify any values, beliefs, customs, faiths that are important to the child/youth and family/support network:

1j. Specify any accommodations the child/youth and family/support network have that the FASD Coordinator should be aware of while providing service coordination support.

---

2. Strengths Profile:

Make note of the child/youth's strengths, successes, and interests as they are mentioned (explicitly or implied). Some strengths to listen for may include:

- creativity, sense of humour, perseverance
- academic success or strong skills in certain academic areas
- strong skills in non-academic areas, including hobbies and sports
- supportive social relationships, a sense of membership/belongingness
- meaningful cultural/spiritual/belief/value systems
- self-esteem, pride, sense of self-efficacy
- prosocial interests, ideals, or motivation (e.g., to be a "helper" or mentor to others)

Child/youth's strengths:

---

3. About the Family / Support Network

- Let the family/support network know that the goals for this section are to capture their story and better understand the different experiences and challenges that impact the type of support they may need.
- Emphasizing the storytelling model from the beginning of the assessment will help ensure moving from question to question is smoother and families can feel safer in sharing experiences.
- Culturally safer approaches suggest acknowledging both formal/legal and informal caregiving arrangements

3a. Family/support network information:

Name: ----------

Relationship (if known, include info about custody status and/or custody orders)

Address (if different from child/youth)

Contact Information (email, phone, work phone)

Preferred Language (s) of Communication

If known, are there other considerations which impact the family/support network's current abilities to engage in service on behalf of their child/youth?
(If yes, please explain. Please include any physical or mental health issues and/or disabilities that might impact their caregiver capacity.)

☐ Yes, explain: ☐ Unknown ☐ No

3a. Family/support network information:

Name: ----------

Relationship (if known, include info about custody status and/or custody orders)

Address (if different from child/youth)

Contact Information (email, phone, work phone)

Preferred Language (s) of Communication

If known, are there other considerations which impact the family/support network's current abilities to engage in service on behalf of their child/youth?
(If yes, please explain. Please include any physical or mental health issues and/or disabilities that might impact their caregiver capacity.)

☐ Yes, explain: ☐ Unknown ☐ No

3a. Family/support network information:

Name: ----------

Relationship (if known, include info about custody status and/or custody orders)

Address (if different from child/youth)

Contact Information (email, phone, work phone)

Preferred Language (s) of Communication

If known, are there other considerations which impact the family/support network's current abilities to engage in service on behalf of their child/youth?
(If yes, please explain. Please include any physical or mental health issues and/or disabilities that might impact their caregiver capacity.)

☐ Yes, explain: ☐ Unknown ☐ No

3b. Sibling Information:

Are there other children/youth residing in the family/support network home that share the same parent(s)?

☐ Yes ☐ No

If yes, how many? ----------

If yes, what are their ages? ----------

If yes, do any of these children/youth have special needs (developmental disability, physical disability, neurodevelopmental concern, mental health concerns, etc.)?

☐ Yes ☐ No

3c. Family/Support Network Strengths: Please consider what is going well.

3d. General Family/Support Network Situation:

What has your family/support network been dealing with over the past years that has impacted your household and living situation.
Please include relevant dates/years, if known. Please consider the following: safety concerns (such as patterns of aggression), housing, food security, illness, linguistic barriers, employment situation, immigration, divorce/separation, custody disputes, legal/police involvement, healthcare/hospitalization, family/support network dynamics/needs.

3e. The family/support network is mostly worried about:

---

4. Child/Youth and Family/Support Network Goals:

- These are based on what has been identified as important for the child/youth's development, however it is not mandatory to have a goal(s) for each area. For more information see this link: **https://canchild.ca/research-in-practice/f-words-in-childhood-disability/f-words-tools/**
- While some aspirational goals may provide families with hope and motivation, FASD Coordinators are expected to work with the family/support network to establish Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals as much as possible.
- Consider conversations around grief and loss where a family/support network may be in the process of letting go of or grieving some goals.

	Goal(s)	Action Plan	Person Responsible	Due Date	Status
Functioning: An activity that helps the child/youth build a skill					
Family: Helps the child/youth participate in a family/support network activity					

	Goal(s)	Action Plan	Person Responsible	Due Date	Status
Friends: Helps the child/youth participate in a social activity					
Fun: Helps the child/youth do something they enjoy					
Fitness: Helps the child/youth do a physical activity					
Future: Helps plan for the child/youth's future					

5. Education and Learning

5a. Child/youth's grade (if known):

5b. Type of education program (if known):

Examples can include regular classroom with support, Care Treatment Education Program (CTEP)) (also known as Section 23), self-contained, daily living, vocational, pre-work, school, to workplace, alternative education):

5c. What does school attendance look like? Select all that apply:

- ☐ **Attending school full-time**
  - ☐ In-person
  - ☐ Online/Virtual
  - ☐ Hybrid/Combination of in-person and online
- ☐ **Consistent part-time schedule**
  - ☐ In-person
  - ☐ Online/Virtual
  - ☐ Hybrid/Combination of in-person and online
- ☐ **Inconsistent part-time**
  - ☐ In-person
  - ☐ Online/Virtual
  - ☐ Hybrid/Combination of in-person and online
- ☐ **Exclusion**
- ☐ **Modified Day Program**
- ☐ **Suspension(s)**
- ☐ **Expulsion(s)**

- ☐ **Other, please specify:** _____
- ☐ **Unknown/Family/support network is not sure,** please explain:

5d. Does the child/youth and family/support network feel that school is going well?

- ☐ Yes
- ☐ No
- ☐ N/A Please explain (optional):

5e. Are there any recent or upcoming educational transitions to be aware of?

Select all that apply:

- ☐ No
- ☐ Yes, change of school
- ☐ Yes, change of classroom
- ☐ Yes, change of teacher
- ☐ Yes, moving from elementary to middle school
- ☐ Yes, moving from elementary to secondary school
- ☐ Other, please specify:

_____

Please explain (optional):

5f. What are the child/youth and family/support network's educational goals?

5g. Does the child/youth have an Individual Education Plan (IEP)?

Explain to the family/support network what an IEP is if they are not aware.

- ☐ **Yes** (If yes, attach most recent copy, with the consent of the child/youth and/or their family/support network)
- ☐ **No**

5h. Does the child/youth have a safety/crisis plan developed by the school?

- ☐ **Yes** (If yes, please obtain a copy for the child/youth's records, with the consent of the child/youth and/or their family/support network)
- ☐ **No**
- ☐ **Not required**

5i. Is the child/youth or family/support network receiving support through their school to meet their learning goals (e.g. Educational Assistant, Child and Youth Worker, Social Worker, Speech and Language Pathologist, etc.) or a third party hired by the family/support network (e.g., tutor, psychologist)?

- ☐ Yes
- ☐ No
- ☐ N/A. Please explain:

5j. To the best of your knowledge, are the child/youth's school and educators open to collaborating with FASD Coordination Services to support their educational goals? (i.e., meet with and incorporate suggestions and strategies from the child/youth's care team)

Explain to the family/support network how you can offer support with coordinating with school.

☐ Yes ☐ No

☐ Unknown. Please explain:

---

6. Diagnostic Information:

6a. Diagnostic Profile: Please include any known diagnoses pertaining to mental health, learning, neurodevelopmental disorders, and physical health.

Diagnosis	Is the diagnosis suspected or confirmed?	Who provided this diagnosis or how was it obtained?	Are services from multiple sectors (i.e. community, health, education) required to support the needs associated with this diagnosis?	Are the appropriate services and supports associated with this diagnosis engaged as part of the child/youth's care team? Explain why or why not.
	☐ Suspected ☐ Confirmed		☐ Yes ☐ No	☐ Yes, explain: ☐ No, explain:
	☐ Suspected ☐ Confirmed		☐ Yes ☐ No	☐ Yes, explain: ☐ No, explain:
	☐ Suspected ☐ Confirmed		☐ Yes ☐ No	☐ Yes, explain: ☐ No, explain:
	☐ Suspected ☐ Confirmed		☐ Yes ☐ No	☐ Yes, explain: ☐ No, explain:

6b. Is the child/youth in the process of obtaining a clinical and/or professional assessment?

☐ Yes ☐ No, Please explain:

6c. Is the child/youth and family/support network interested in obtaining an FASD diagnosis?

- ☐ Yes
- ☐ No
- ☐ Already has an FASD diagnosis
- ☐ Already pursuing a diagnosis

6d. Assessments: List any past assessments, reports, and important documentation. These can include clinical and/or professional assessments from medical practitioners, psychologists, occupational therapists, physiotherapists, speech and language pathologists, psychologist, social worker, etc.

Type	By whom?	Date	Coordinating Agency has obtained a copy of the assessment and/or plan with appropriate consent
			☐ Yes ☐ No
			☐ Yes ☐ No

7. Care Team Information:

Please include the service providers supporting the child/youth and family/support network's goals that are regularly engaged, including local cross-sector partners.

Contact Name/ Role/ Agency/	Sector (children/ youth community services, health, mental health, education, child/ youth welfare, etc.)	Contact Information (address, phone, and email)	Involved in the in development of the FASD service plan, including the goals identified in Section 4?
			☐ Yes ☐ No If no, explain why and if there is a plan in place to involve this partner with the family/support network's consent:
			☐ Yes ☐ No If no, explain why and if there is a plan in place to involve this partner with the family/support network's consent:
			☐ Yes ☐ No If no, explain why and if there is a plan in place to involve this partner with the family/support network's consent:

8. Transition Planning for Adulthood (complete for children/youth 14 years and older):

8a. Has a transition plan for adulthood been developed?

☐ Yes

☐ Please list any goals and the plan of action for adulthood. Examples can include DSO, ODSP, housing, building strategies for independence (e.g., managing money, cooking, employment), RDSP, IEP/school transition plan, etc.

☐ No

☐ If no, please explain what work is underway to establish a transition plan, or when this work will begin.

---

9. Plan Sign-Off:

Completed by: ----------
(FASD Coordinator Name)

Who was informed of the completion of this plan?

- ☐ Child / Youth: ☐ Yes ☐ No
- ☐ Family / Support Network: ☐ Yes ☐ No
- ☐ FASD Coordinator: ☐ Yes ☐ No

Continued FASD Services Coordination required?

- ☐ Yes
  - If yes, indicate next review date: _____
- ☐ No
  - If no, date of discharge and discharge summary/plan: _____
- ☐ Inactive
  - If no, date of discharge and discharge summary/plan: _____

To the best of my ability, I confirm the information contained within this plan is accurate:

- Child / Youth Name(s): ----------
- Date (mm/dd/yyyy): ----------
- Primary Caregiver(s) Name(s): ----------
- Date (mm/dd/yyyy) ----------
- Has the plan been shared with the child/youth and family/support network? ☐ Yes ☐ No