**EDEV202 Assessment 2**

**CREATING INCLUSIVE EARLY CHILDHOOD ENVIRONMENTS:**

**A STRATEGIC PLAN FOR SUPPORTING CHILDREN WITH DIVERSE NEEDS (AGES 4–5)**

**Prepared By:**

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**EDEV202 – INCLUSION STRATEGIC PLAN**

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| **Service Details** | |  | | | | | |
| **Service Profile** | | | | | | | |
| **Number of children enrolled, and service break down by the cohorts the program supports** | | We have an early childhood education and care (ECEC) service that enrolls 25-children aged between 4 and 5 years. Of them, there are also typically developing children and four children with diagnosed exceptionalities (one child with an Autism Spectrum Disorder (Child A), one child with the Attention Deficit Hyperactivity Disorder (ADHD) and the Oppositional Defiant Disorder (ODD) (Child B), one child with Cerebral Palsy (Child C), and one child with an Anxiety Disorder (Child D)). | | | | | |
| **Service outline of current capacity and capability to include children with additional needs** | | This age group has 1:5 ratio of educators to children in the service, which allows flexibility in terms of specialised attention. We utilise an Inclusion Support Educator, and have routinely sought the services of allied health professionals (e.g., occupational therapists, speech pathologists, psychologists) by NDIS funding. Our curriculum is in line with EYLF V2.0 and uses inclusive practices such as Universal Design for Learning (UDL) or inclusive lessons where all children can access learning environment. | | | | | |
| **Educator outline of current capacity and capability to include children with additional needs** | | Training in the fields of inclusive education, trauma-informed practice, and positive behaviour support has been conducted in all educators. They join weekly team planning of review of children Individual Education Plans (IEPs) and Behaviour Management Plan (BMPs). Teachers introduce visuals, adjustable equipment and sensory-based routines according to needs of each kid. Mentoring and teamwork with peers improve continuity and contemplation. | | | | | |
| **Service outline of current family and community outreach strategy.** | | There is an excellent level of contact with families, both by the use of digital apps (e.g., Seesaw) and print newsletter and through regular face-to-face contact. Families participate in the co-development of the IEPs/BMPs. To allow cultural inclusion and holistic support, we actively collaborate with local Aboriginal groups, CALD organisations, early intervention agencies. There are also regular monthly activities and events including cultural celebrations that are inclusive and aim at family bonding and community attachment. | | | | | |
| **Care Environments** | | | | | | | |
| **Room Description:** The 4-5-year-old room is an open, flexible and sensory aware room which accommodates all learners. It has different areas such as reading, sensory playing, quiet play, creating, and gross motor play. There are natural lighting, less tense colours, visual labels, and broad walkways, which create a friendly and comfortable learning environment to children with mobility and sensory requirements. | | | | | | | |
| **Inclusion Profile:** Sensory adaptation is integrated into inclusion by using visual support (PECS, now-next boards, schedules), sensory tools (noise-cancelling headphones, fidget items), or more adaptive equipment (seating adjustments, fine motor instruments). Children such as Child A are attracted by routine schedules and visuals, Child B by organized activities, positive feedback, Child C by mobility devices and OT-facilitated equipment, whereas Child D by de-stressing areas and anxiety removal methods. Environment is re-evaluated at frequent intervals with the help of professionals to make it accessible as long as possible. | | | | | | | |
| **Child/ren with Additional Needs Profile** | | | | | | | |
| **Name** | **Outline of Additional Need** | | **Current Barriers for the Care Environment** | | **Individual Plans**  IEP – Behaviour – Transition to School | | **Additional Educator Analysis** |
| **A** | Autism Spectrum Disorder | | Difficulty understanding verbal instructions, challenges with social interactions, sensory sensitivity to noise | | IEP – Focus on communication, social participation, and sensory regulation | | Needs visual supports (PECS), access to quiet zones, and consistent routines to reduce anxiety and improve engagement (Saggers & Ashburner, 2019) |
| **B** | ADHD and Oppositional Defiant Disorder (ODD) | | Impulsivity, difficulty following rules, and defiant behaviour disrupt group routines | | Behaviour Management Plan – Focus on self-regulation, positive reinforcement, and classroom participation | | Requires structured routines, visual prompts (first-then boards), and close monitoring to support behaviour and transitions (Kaur, 2022) |
| **C** | Cerebral Palsy | | Limited mobility affects movement around the room and participation in fine motor tasks | | IEP – Focus on motor skill development, independence, and accessibility | | Needs adaptive tools, wide walkways, and OT-informed task modifications to promote inclusion and participation (Stasolla et al., 2018) |
| **D** | Anxiety Disorder | | Easily overwhelmed during transitions and group activities, avoids unfamiliar tasks | | IEP – Focus on emotional regulation, transitions, and confidence building | | Benefits from calming spaces, visual schedules, and supportive adult interactions to reduce stress and encourage engagement (Saggers & Ashburner, 2019) |
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| **Barriers and Strategies**  Refer to Table 1: Barriers and Strategies | | | | | | | |
| **Level 1 Barrier** | **Level 2 Barrier** | | **Strategies** | | | **Actions and Responsibility** | |
| Communication | Difficulty understanding and expressing spoken language (Child A) | | Use PECS visuals, now-next boards, and simplified verbal cues | | | Speech therapist to model usage; educators embed visuals into routines and transitions | |
| Behaviour | Impulsivity and oppositional behaviour (Child B) | | Use first-then visuals, reward systems, and structured routines | | | Inclusion professional to guide implementation; educators apply strategies and track progress | |
| Physical Access | Mobility and fine motor difficulties (Child C) | | Provide adaptive furniture, fine motor tools (e.g., loop scissors), and redesign layout | | | Occupational therapist advises on setup; educators prepare materials and support participation | |
| Emotional Regulation | Anxiety in transitions and social activities (Child D) | | Provide calming kits, consistent routines, and visual schedules | | | Educators assist with transitions using visuals; families reinforce strategies at home | |
| **Family, Professionals, Organisations, Support Services and Resources** | | | | | | | |
| **Name** | **Details** | | | **Actions and Strategies** | | | |
| Local Aboriginal and Torres Strait Islander Services | Cultural guidance and community connections | | | Invite Elders for storytelling; embed First Nations perspectives in curriculum | | | |
| NDIS Allied Health Professionals | External support team including OT, speech therapist, and psychologist | | | Schedule regular consults; integrate therapy goals into daily routines; co-review IEPs/BMPs | | | |
| CALD Family Support Organisations | Multilingual resources, cultural liaisons, and translation services | | | Use interpreters during meetings; share visual communication aids and culturally inclusive materials | | | |
| **Pedagogical practices, curriculum design and environment provision considerations:** Our service follows inclusive pedagogy on the principle of Early Years Learning Framework ( EYLF V 2.0 ) and Universal Design Learning ( UDL ). The curriculum is play- centred, child- focused and modified according to the strengths and interests and abilities. Sensory tools, social stories and visual schedules are also used as learning scaffolds by educators. Group assignments are separated to permit maximum involvement, and peer modelling. The environment consists of relaxing areas, spacious access routes, and adjustable materials which will help children with physical, sensory, emotional, or behaviour-related requirements. | | | | | | | |

| **Service Educator Inclusive Education Capacity Building Plan**  Consider the National Quality Standards, including National Learning Frameworks such as EYLF and My Time, Our Place and the service’s Quality Improvement Plan when developing this plan. Note: rows not requiring input may be deleted. | | | |
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| **Team Goals** | **Action Plan** | **Resources** | **Progress Notes** |
| What outcomes do you want to achieve within this care environment? *These goals address the educator needs and the issues identified in the service review* | What are the steps you will take to reach your Team Goals? | What resources will be used to assist educators to provide a care environment inclusive of all children? | What has been achieved so far? What difference has it made? Are there any adjustments to your Action Plan? |
| **QA 1 Educational Program and Practice** | | | |
| Develop inclusive, differentiated learning experiences that address individual needs | Conduct weekly team meetings to review and co-plan IEPs/BMPs; align curriculum with EYLF and UDL (Mostovoy-Luna, 2025) | IEP/BMP templates, EYLF V2.0, UDL guidelines, case notes | Increased engagement from children with additional needs; educators more confident in adapting plans |
| **QA 2 Children’s Health and Safety** | | | |
| Ensure all children’s physical and emotional safety | Termly review of behaviour and medical plans; run trauma-informed care workshops | Individual health plans, behaviour safety plans, regulation tools, PD materials | Staff demonstrate improved response to behaviour; children display more regulated emotional behaviour |
| **QA 3 Physical Environments** | | | |
| Create accessible and sensory-considerate environments | Monthly OT visits to assess space; adjust layout and materials accordingly | OT reviews layout; adjust zones for mobility and sensory needs | Classroom now more navigable; improved participation from Child C and Child A |
| **QA 4 Staffing Arrangements** | | | |
| Strengthen educator skills and consistency in inclusive practices | Assign key educators; implement mentoring for new or casual staff (Unwin et al., 2021) | Role clarity documents, mentoring checklist, training calendar | Improved collaboration and strategy use across team; fewer support gaps during staff changes |
| **QA 5 Relationships with Children** | | | |
| Foster secure and respectful relationships with all children | Use daily emotion check-ins and embed social stories into group routines | Visual charts, emotion cards, social storybooks | Children more open in expressing feelings; educators build stronger rapport |
| **QA 6 Collaborative Partnerships with Families and Communities** | | | |
| Promote active family participation and cultural responsiveness | Run monthly forums; involve families in co-developing IEPs/BMPs | Seesaw app, multilingual resources, family input forms | Family feedback increased; greater cultural inclusion observed in curriculum |
| **QA 7 Leadership and Service Management** | | | |
| Embed inclusive practices into leadership and service operations | Include inclusion in QIP goals; review leadership practices termly | QIP template, leadership reflection tools, appraisal forms | Inclusion targets are tracked in staff reviews; stronger team accountability |

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**EDEV202 – INDIVIDUAL BEHAVIOUR SUPPORT PLAN**

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| **Child’s Name:** Child A | | | | **Date of Birth: 10/11/2021** | | **IBSP Date: 19/07/2025** | | |
| **People involved in setting IBSP:** Lead Early Childhood Teacher, Inclusion Support Educator, Speech Therapist, Occupational Therapist, Child’s Parent/Guardian, Centre Director | | | | | | **Home language/s:** English (primary), child also exposed to basic Auslan gestures introduced in the centre for inclusive communication | | |
| **List of identified behaviour/concerns/issues from all stakeholders involved with the child**   * Child A often isolates themselves and finds it hard to start or continue social interactions. * Child A sometimes misread social cues like facial expressions or tone, which affects peer relationships. * Repetitive behaviours such as hand-flapping or lining up toys increase during stress or routine changes. * Child A struggles with transitions and may cry, withdraw, or refuse instructions when routines shift. | | | | | | | | |
| **List the behaviour triggers and outline possible contributing factors to behaviours**   * Sudden changes in routine often cause Child A to feel anxious and resist participation. * Child A becomes confused and disengaged when group tasks lack structure or visual support. * Difficulty expressing needs verbally can lead to frustration and emotional dysregulation. * Peers may not understand Child A’s communication or behaviours, which increases isolation. | | | | | | | | |
| **What can the child do now? Strengths / Interests?**   * Child A is a strong visual learner and responds well to picture cues and object-based instructions. * Child A stay calm and focused during solitary activities like puzzles and sorting games. * Child A enjoys sensory play, especially with water, sand, and textured materials. * Musical instruments and rhythm games are becoming a strong interest and motivator. * Child A is beginning to use simple Auslan signs like “more,” “finished,” and “help” when modelled regularly. | | | | | | | | |
| **Area of concern**  Developmental Domains, Self Help, Transition to School | **Long Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | | | **Short Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | **Teaching Strategies and Resources Required** | | **Review**  Tick as appropriate and comment on progress towards target | |
| Communication and comprehension difficulties impacting participation and classroom transitions. | Within six months, Child A will use visual aids and key word signing to follow two-step instructions in 4 out of 5 group activities with minimal prompting. | | | Within six weeks, Child A will independently follow single-step visual instructions such as "pack away" or "come sit" in 3 out of 5 transitions per day. | Use consistent visual cues and daily routine strips. Model key signs like “sit” and “help”. Provide one-on-one support during transitions and routines (Kim et al., 2023). | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| Difficulty with peer interactions and social engagement due to limited social understanding and repetitive behaviours. | Within four months, Child A will engage in supported social interactions with peers at least once daily through gesture, and shared play. | | | Within four weeks, Child A will engage in parallel play with one or more peers for at least five minutes. | Use sensory stations and interest-based group activities. Implement a buddy system. | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| **Strategies for the learning environment and staff** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Type of Intervention and support required in the learning environment** | | | | | **Total Hours per day** |
| Difficulty understanding spoken language and following verbal instructions | | Mr. Lauran-Lead Educator | I will consistently utilise visual aids like visual schedule, cue-cards, and first-then boards as a way of helping Child A to expect routines and transitions (McDonald, 2021). | | | | | **3 hour per day** |
| Repetitive behaviours and sensory regulation needs | | Miss Lincin- Inclusion Support Assistant | I will develop and implement a quiet corner with some sensory objects, including fidget toys, weighted cushions, and noise-blocking headphones. I will assist Child A to identify behaviors of dysregulation and ensure they become capable of using this space when they feel the need to do so (Cole et al., 1994). | | | | | **2 hour per day** |
| **Comments:** I will ensure that I make the environment predictive, facilitative, and inclusive to Child A. Any teacher will exhibit a congruent approach and calm yet respectful verbiage when dealing with the child. Since there has to be a common approach between the centre and home, regular consultation with the family will be given priority. | | | | | | | | |
| **Monitoring and evaluating the plan** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Comments and Feedback** | | | | | **Date** |
| Difficulty understanding verbal instructions and using spoken language to respond | | Mr. Lauran -Lead Educator | Child A is responding well to visual supports such as the daily visual schedule and “first-then” prompts. I have noticed an increase in Child A’s ability to follow one-step instructions independently. | | | | | 23 August 2025 |
| Social interaction and peer engagement | | Miss Lincin- Inclusion Support Assistant | Child A has started showing interest in playing alongside peers and occasionally makes eye contact during shared play. With guided facilitation, Child A joined a small group to complete a puzzle. | | | | | 24 August 2025 |

**SIgnatures:**

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| **IBGP Meeting** | Parent/Carer Sign: Justin Luke | Service Rep Sign: Tyla Katherine | Proposed Review Date: |
| **Review meeting** | Parent/Carer Sign: Justin Luke | Service Rep Sign: Tyla Katherine | Actual Review Date: |

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**EDEV202 – INDIVIDUAL BEHAVIOUR SUPPORT PLAN**

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| **Child’s Name:** Child B | | | | **Date of Birth: 11/11/2022** | | **IBSP Date: 21/07/2025** | | |
| **People involved in setting IBSP:** Educators, Learning Support Officer, Guardian, Inclusion Support Professional | | | | | | **Home language/s:** English | | |
| **List of identified behaviour/concerns/issues from all stakeholders involved with the child**   * Child B finds it difficult to focus, follow instructions, and complete tasks. * He often act without thinking and display defiant behaviour toward educators. * These behaviours lead to frequent classroom disruptions and peer conflict. | | | | | | | | |
| **List the behaviour triggers and outline possible contributing factors to behaviours**   * Disruptions in routine, unclear instructions, and transitions between activities can trigger impulsive and oppositional behaviour. * Overstimulation or lack of physical movement may also increase hyperactivity and frustration. | | | | | | | | |
| **What can the child do now? Strengths / Interests?**   * Child B is highly energetic and enjoys hands-on, active learning tasks. * He shown interest in sports, music, and outdoor play. * When motivated, they can complete short, structured tasks and respond well to encouragement and positive attention. | | | | | | | | |
| **Area of concern**  Developmental Domains, Self Help, Transition to School | **Long Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | | | **Short Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | **Teaching Strategies and Resources Required** | | **Review**  Tick as appropriate and comment on progress towards target | |
| Sustaining attention and focus during classroom activities. | Child B will stay on task for 15 minutes during structured activities, with visual and verbal prompts, over the next 10 weeks. | | | Child B will remain engaged in a set task for 5 minutes with one verbal reminder over the next 2 weeks. | Use of visual timers, task cards, and short breaks between activities (Pierce et al., 2013). Provide positive reinforcement and structured routines. | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| Oppositional behaviour when given instructions by staff. | Child B will follow educator instructions without oppositional behaviour in 4 out of 5 situations across 6 weeks. | | | Child B will follow one-step instructions with reduced resistance in 3 out of 5 situations over 2 weeks. | Use clear, calm language and choices. Provide consistent expectations and reward charts. Encourage with specific praise and visual support (Marx, 2021). | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| **Strategies for the learning environment and staff** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Type of Intervention and support required in the learning environment** | | | | | **Total Hours per day** |
| Difficulty staying focused during tasks | | Emily-Classroom Teacher | Provide short, structured activities with visual task cards, regular movement breaks, and positive reinforcement (Zimmerman et al., 2017). | | | | | 4 hours |
| Oppositional behaviour toward instructions | | Sam-Learning Support Officer | Use calm, consistent language, offer clear choices, and reinforce positive behaviours with a token system. | | | | | 3 hours |
| **Comments:** Support strategies are helping Child B stay engaged for longer periods and reduce defiant responses. Continued consistency and visual support are key. | | | | | | | | |
| **Monitoring and evaluating the plan** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Comments and Feedback** | | | | | **Date** |
| Inability to remain focused on tasks | | Emily - Classroom Teacher | Child B is now able to complete short tasks with visual support. Still needs reminders. | | | | | 25/07/2025 |
| Defiant responses to adult instructions | | Sam-Learning Support Officer | Child B is responding better to consistent routines and reward-based strategies. | | | | | 26/07/2025 |

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| **IBGP Meeting** | Parent/Carer Sign: Ellina Martin | Service Rep Sign: Tyla Katherine | Proposed Review Date: 21/07/2025 |
| **Review meeting** | Parent/Carer Sign: Ellina Martin | Service Rep Sign: Tyla Katherine | Actual Review Date: 22/07/2025 |

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**EDEV202 – INDIVIDUAL BEHAVIOUR SUPPORT PLAN**

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| **Child’s Name: Child C** | | | | **Date of Birth: 03/011/2021** | | **IBSP Date: 20/07/2025** | | |
| **People involved in setting IBSP:** Classroom teacher, learning support officer, occupational therapist, physiotherapist, parent or guardian. | | | | | | **Home language/s: English** | | |
| **List of identified behaviour/concerns/issues from all stakeholders involved with the child**   * Child C experiences difficulty with independent mobility, requiring assistance to move around the classroom and playground. * Fine motor tasks such as holding pencils, using scissors, or opening containers are challenging. * Child C may become frustrated when unable to participate in physical activities with peers. * Fatigue can impact concentration and stamina throughout the day. | | | | | | | | |
| **List the behaviour triggers and outline possible contributing factors to behaviours**   * Physical fatigue and discomfort often result in reduced participation and engagement. * Activities requiring sustained fine motor effort may lead to frustration or withdrawal. * Lack of accessible resources or support during transitions may cause stress or emotional upset. * Unstructured or fast-paced group activities can overwhelm the child. | | | | | | | | |
| **What can the child do now? Strengths / Interests?**   * Child C shows enthusiasm for music and enjoys listening to rhythm and singing songs. * The child can recognise letters and numbers and responds well to visual aids. * Child C enjoys social interaction in small groups and likes storytelling sessions. * He showed interest in painting using adaptive tools and are eager to participate when given adequate support. | | | | | | | | |
| **Area of concern**  Developmental Domains, Self Help, Transition to School | **Long Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | | | **Short Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | **Teaching Strategies and Resources Required** | | **Review**  Tick as appropriate and comment on progress towards target | |
| Gross motor mobility and independence | Child C will move independently within the classroom using a walker or mobility aid for at least 80% of daily transitions by the end of Term 4. | | | Child C will use a walker to move independently between classroom areas such as desk to mat for at least 3 out of 5 daily transitions within 6 weeks. | Use of walker with adult supervision, support from physiotherapist, clear and obstacle-free pathways, consistent verbal encouragement (Gupta et al., 2007). | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| Fine motor skills for classroom tasks | Child C will use adaptive tools to complete basic classroom activities such as drawing or using scissors with minimal assistance by the end of the term. | | | Child C will use a pencil grip or adapted scissors to complete one structured fine motor task daily with adult support over the next 4 weeks. | Adaptive tools (pencil grips, loop scissors), fine motor stations, modelling by educator, assistance from occupational therapist (Damonse, 2021) . | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| **Strategies for the learning environment and staff** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Type of Intervention and support required in the learning environment** | | | | | **Total Hours per day** |
| Gross and fine motor development | | Ms. Lee – Learning Support Officer | Assist with safe mobility transitions, help set up adaptive tools, and provide one-on-one task support. | | | | | 3 hours |
| Classroom participation and independence | | Mr. Ahmed – Classroom Teacher | Modify activities to suit physical ability, ensure inclusive play opportunities, and provide clear, step-by-step instructions (Lieberman et al., 2024). | | | | | 2 hours |
| **Comments:** Staff ensure the classroom is accessible, tools are pre-arranged, and Child C receives encouragement during tasks. The team works closely with allied health professionals to review and adjust strategies weekly. | | | | | | | | |
| **Monitoring and evaluating the plan** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Comments and Feedback** | | | | | **Date** |
| Fine and gross motor development | | Ms. Lee – Learning Support Officer | Child C is increasingly confident using adaptive scissors and grip tools. Mobility transitions are smoother with minimal support. | | | | | 23/07/2025 |
| Participation and classroom engagement | | Mr. Ahmed – Classroom Teacher | Modified tasks and visual prompts are helping Child C stay engaged for longer periods. Peer interaction has improved during group play. | | | | | 23/07/2025 |

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| **IBGP Meeting** | Parent/Carer Sign: Leon Ray | Service Rep Sign: Tyla Katherine | Proposed Review Date: 21/07/2025 |
| **Review meeting** | Parent/Carer Sign: Leon Ray | Service Rep Sign: Tyla Katherine | Actual Review Date: 22/07/2025 |

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**EDEV202 – INDIVIDUAL BEHAVIOUR SUPPORT PLAN**

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| **Child’s Name:** Child D | | | | **Date of Birth: 22/12/2022** | | **IBSP Date:** 19/07/2025 | | |
| **People involved in setting IBSP:** Ms. Aisha Khan (Lead Educator), Mrs. Tanya Desai (Learning Support Officer), Mr. David Lee (School Psychologist), Parent/Carer | | | | | | **Home language/s: English** | | |
| **List of identified behaviour/concerns/issues from all stakeholders involved with the child**   * Child D displays signs of anxiety, including refusal to separate from caregivers, frequent tearfulness, and physical symptoms such as stomach aches before transitions. * They avoid group activities and often stay close to adults for reassurance. * Child D struggles to try new tasks or speak in group settings, even when familiar with the topic. | | | | | | | | |
| **List the behaviour triggers and outline possible contributing factors to behaviours**   * Sudden changes in routine or unfamiliar environments trigger high anxiety. * Loud noises, unstructured playtime, and being the focus of attention during group discussions can increase distress. * Child D is highly sensitive to peer judgment and may withdraw if unsure about expectations or outcomes. | | | | | | | | |
| **What can the child do now? Strengths / Interests?**   * Child D enjoys quiet, independent tasks such as drawing, reading picture books, and sorting objects. * They respond well to gentle praise and calm, predictable routines. * Child D has started using deep-breathing techniques when modelled and guided by a trusted adult. * He was beginning to engage in parallel play and enjoy nature-based activities such as watering plants or sensory walks. | | | | | | | | |
| **Area of concern**  Developmental Domains, Self Help, Transition to School | **Long Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | | | **Short Term Goal**  **(Target – This must be SMART)**  (Specific, Measurable, Achievable, Realistic and Timed) | **Teaching Strategies and Resources Required** | | **Review**  Tick as appropriate and comment on progress towards target | |
| Social-emotional development and separation anxiety during school transitions | Child D will confidently separate from their parent/carer and join morning group time independently on 4 out of 5 school days. | | | Child D will separate from their parent/carer with minimal adult support and join one structured activity independently, 2 times per week for 4 consecutive weeks. | I will put in place visual morning routine chart and a calm quiet arrival area which includes familiar items. A regular teacher will also meet the kid every morning and communicate one-on-one and ensure the child with a calm tone of voice (Rogers et al., 2012). | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| Emotional regulation and engagement in group tasks | Child D will participate in small group activities for 15–20 minutes without emotional distress or withdrawal. | | | Child D will join a small group activity such as storytelling or art for at least 10 minutes with adult support. | I will present visual schedules, calm-down cards, and present two options concerning the group task. Child D will gain access to a solitary location prior and after every in-group activity. | | Not Met □ Partially Met □  Fully Met □ Exceeded □ | |
| **Strategies for the learning environment and staff** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Type of Intervention and support required in the learning environment** | | | | | **Total Hours per day** |
| Separation anxiety and social-emotional development | | Ms. Olivia (Lead Educator) | Regular mornings greetings, help to make transition out of parent/carer, and help Child D to participate in calming activities on arrival. To lower anxiety use visual schedule. | | | | | 1.5 hours |
| Emotional regulation during group participation | | Mr. Samir (Educational Assistant) | Provide individual assistance in group activities, observe distress signals, and teach Child D to calm-down techniques like breathing cards and the possibility to get back to the quiet area (Raghavendra et al., 2013). | | | | | 2 hours |
| **Comments:** Child D benefits from predictable routines and calm, reassuring adult support. Staff ensure consistent verbal and visual cues are used to build trust and emotional safety. Adult presence during transitions and group tasks remains crucial to reduce stress. | | | | | | | | |
| **Monitoring and evaluating the plan** | | | | | | | | |
| **Area of Concern** | | **Name of Staff and Role** | **Comments and Feedback** | | | | | **Date** |
| Separation anxiety and social-emotional regulation | | Ms. Olivia – Lead Educator | Child D is showing more confidence at drop-off times with minimal distress. Consistent visual routines are helping reduce anxiety during transitions. | | | | | 19/07/2025 |
| Group participation and emotional regulation | | Mr. Samir – Educational Assistant | Child D responds well to breathing prompts and uses the quiet area when overwhelmed. Support strategies need to continue to build independence gradually. | | | | | 19/07/2025 |

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| **IBGP Meeting** | Parent/Carer Sign: Sienna | Service Rep Sign: Tyla Katherine | Proposed Review Date: 20/07/2025 |
| **Review meeting** | Parent/Carer Sign: Sienna | Service Rep Sign: Tyla Katherine | Actual Review Date: 22/07/2025 |

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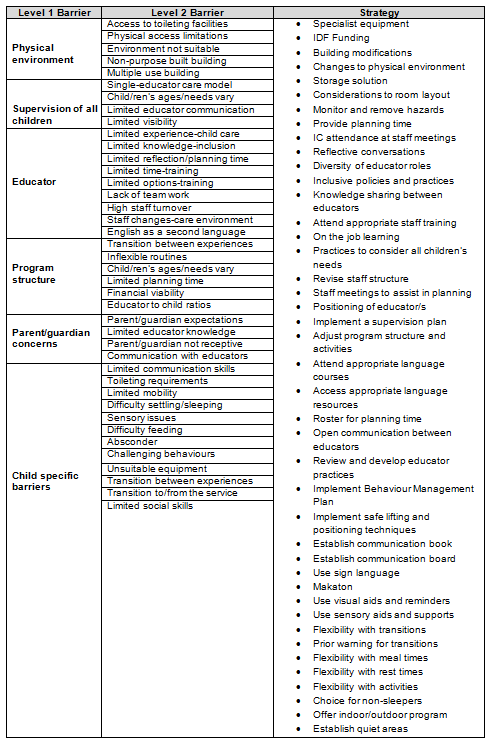
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**ATTACHMENTS:** Ensure to include copies of Individual Education Plans (IEP) , Behaviour Plans and Transition to School Statements

 Table 1: Barriers and Strategies