



Autism Spectrum Support Plan

for education and care

CONFIDENTIAL

To be completed collaboratively with the education and care service, support services and parent or legal guardian, with input from the child or young person. It is recommended the plan is reviewed and updated 2-4 times per year. This information is confidential and will be available only to relevant staff.

Affix photo of child / young person (optional)

Education or care service:

Name of child/young person:

DOB:

Next review date:

Interests, strengths, skills, support needs		
Child or young person description	Interests:	
	Strengths:	
	Skills:	
	Support needs:	
Family description	Interests:	
	Strengths:	
	Skills:	
	Support needs:	
Education service description	Interests:	
	Strengths:	
	Skills:	
	Support needs:	

Communication			
Does the child or young person use spoken language:	<input type="checkbox"/> at home	<input type="checkbox"/> at school	<input type="checkbox"/> in the community
Other communication	<input type="checkbox"/> AUSLAN	<input type="checkbox"/> PECS	<input type="checkbox"/> gestures
	<input type="checkbox"/> visuals	<input type="checkbox"/> Proloquo2go	<input type="checkbox"/> other AAC
	<input type="checkbox"/> other (specify)		
What affects their ability to communicate?			
Does the child or young person communicate:	<input type="checkbox"/> their needs	<input type="checkbox"/> their wants	<input type="checkbox"/> request a break
Can the child or young person understand instructions?	<input type="checkbox"/> multistep	<input type="checkbox"/> two step	<input type="checkbox"/> single step
Can the child or young person:	<input type="checkbox"/> hold a pencil	<input type="checkbox"/> type	<input type="checkbox"/> use a mouse/tracker ball

Interactions			
Does the child or young person work:	<input type="checkbox"/> alongside peers	<input type="checkbox"/> with peers	<input type="checkbox"/> independently
Does the child or young person play:	<input type="checkbox"/> alongside peers	<input type="checkbox"/> with peers	<input type="checkbox"/> independently
Can the child or young person interact socially with:	<input type="checkbox"/> familiar adults	<input type="checkbox"/> familiar peers	<input type="checkbox"/> a range of people
	<input type="checkbox"/> competently	<input type="checkbox"/> independently	<input type="checkbox"/> needs support



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Personal safety			
Does the child or young have concept of personal safety	<input type="checkbox"/> at home	<input type="checkbox"/> in class	<input type="checkbox"/> in yard
	<input type="checkbox"/> in community		
Does the child or young person have concept of personal safety around:	<input type="checkbox"/> younger children	<input type="checkbox"/> peers	<input type="checkbox"/> older children
	<input type="checkbox"/> adults	<input type="checkbox"/> traffic	<input type="checkbox"/> water
	<input type="checkbox"/> trains	<input type="checkbox"/> fire	<input type="checkbox"/> electricity
Detail particular issues and strategies including WHO will provide WHAT supports/supervision:			

Additional needs <i>(detail support strategies if required)</i>	
<input type="checkbox"/> ADHD	strategies
<input type="checkbox"/> ADD	strategies
<input type="checkbox"/> Dyslexia	strategies
<input type="checkbox"/> Dyspraxia	strategies
<input type="checkbox"/> Anxiety	signs to look for/preferred strategies to manage
<input type="checkbox"/> Depression	signs to look for/preferred strategies to manage
<input type="checkbox"/> Other	incl. health, medical, allergy, sleep (provide details)

Learning and thinking style preferences	Strongly preferred	Preferred	Struggles with this	Comments/further information
Visual – text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual – picture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tactile / kinesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Like variety / novelty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area of interest as focus for new learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pattern thinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Logical / analytical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reflective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Other major impacts on learning	Positive impact	Negative impact
Movement of self		
Movement of others		
Unrestricted access to food		
Unrestricted access to drink		
Time of day		
Structure / formality or task / day		
Freedom to follow own learning path		
Ability to persist and focus on tasks is dependent on:		

Accommodations	
Accommodations required for transition into new class or school (if appropriate):	
School entry time	
Recess and lunch	
Transitions	
NIT	
School events (onsite)	
School event (offsite)	
Sensory / emotional / wellbeing breaks	
Food and drink	
Scaffolding tasks	
Scaffolding day	
Written tasks	
Homework	
Motivation to learn	



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Curriculum strengths and support needs	Strengths	Support needs
English		
Mathematics		
Science		
Health		
Physical education		
Humanities and social sciences		
The arts		
Technologies		
Languages		

Other relevant information

Overview	
Current strengths and skills	
Current interests	
Preferred strategies for helping return to a calm state	
Known distress triggers	
Long term goal	

This plan is intended to be used in with the sensory overview to enable sites to gain an understanding of how an individual's autism spectrum is currently presenting and how this impacts teaching and learning. As children and young people's strengths, skills and support needs change over time it is recommended that this plan be **reviewed and updated 2-4 times a year.**

Date plan completed		Next review date	
People assisting in completing plan:			
Child or young person:			
Parent or legal guardian:			
Role title for education staff			
Role title for education staff			
Role title for education staff			



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SHORT TERM GOALS

One goal should be identified by the child or young person, one from the family and one from the site

Child or young person	Short term goal	
	What goal will look like when achieved	
	Strategies (teaching / environmental etc)	
	Who will implement strategies and when	
	Review comments	
Family (parent or legal guardian)	Short term goal	
	What goal will look like when achieved	
	Strategies (teaching / environmental etc)	
	Who will implement strategies and when	
	Review comments	
Education service	Short term goal	
	What goal will look like when achieved	
	Strategies (teaching / environmental etc)	
	Who will implement strategies and when	
	Review comments	