

Action Plan for Building an Effective Team

About Your Child

1. Each child has their own unique pattern of skills and interests. What do you notice in your child right now in each of the following areas?

Strengths/Passions	Areas of Need/Challenges	Supports That Help

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2. There are a lot of options for supporting your child, and every family's "dream team" will look different. What supports are part of your child's team right now? What supports do you want to explore or learn more about?

Support	Current	Want To Explore	Support	Current	Want To Explore
Developmental therapy			Organized activities (e.g., sports)		
Speech therapy			Pediatrician		
Feeding therapy			Developmental pediatrician		
Occupational therapy			Psychologist		
Physical therapy			Parent/caregiver education		
Behavior (ABA) therapy			Other family/friend support		
School/daycare			Other:		

3. What has been helpful about the supports that are currently part of your child's team?

4. What are some areas in which you would like to expand support or learn more about potential supports? (E.g., areas of challenge listed in #1, specific supports listed in #2)



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Being an Active Member of Your Child's Team

5. What are some things that are important for new providers to know about your child?

Example:
My son, __, is __ years old and has autism. He doesn't communicate using words, but he will let you know what he wants by reaching toward it. He may get upset if he doesn't know what is coming next, but he loves being able to be a helper and getting cheered on.

Setting Your Child Up for Success

6. What is the next transition in services or settings that you and your child will be preparing for? Choose from the list below, or add your own:

- Transitioning out of early intervention
- Starting in a new school or new classroom
- Starting in a new daycare setting or with a new childcare provider
- Starting a new therapy (e.g., at school, at home, at a clinic or center)
- Starting a new activity (e.g., play group, sports, music class)
- Seeing a new provider (e.g., therapist, teacher, doctor) for the first time
- Other: _____

7. **Adjusting your schedule:** What routines or schedules will change during your child's transition to a new setting or type of service?

- Routine (e.g., morning, afternoon, evening)
- Sleep schedule (bedtime, naptimes)
- Eating schedule (meals, snacks)
- Other changes: _____

8. What changes can you make to routines or schedules to help prepare your child?

9. **Choosing supports:** Identify some ways to help your child know what to expect in a new setting or with a new provider.

- Visual schedule
- Countdown calendar
- Social story
- Visiting the new setting
- Meeting new providers
- Practicing a new routine
- Other ways: _____



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10. **Practicing skills:** Identify a skill your child may need to practice before starting in a new setting or with a new provider (e.g. sitting for snack, separating from parents).

11. Set a clear goal for this skill (e.g., Christian will sit for 2 minutes to eat a snack).

Making Time for Self-Care

12. What is one thing, even if it is brief, that you can commit to doing within the next few days that connects you with something that is meaningful to you?

- Show yourself some grace (e.g., “This is hard and I’m doing my best”)
- Do a brief mindfulness activity (e.g., My Life app)
- Have a healthy snack or drink
- Physical activity
- Reach out to others for support or distraction
- Ignore/delay a non-urgent item on your “to-do” list
- Other: _____

