



Child Success Plan

This form will allow for us to receive the appropriate information to better understand your child and to properly interact with your child *to the best of our ability*. To do so, we need to be able to ensure that ALL youth are physically & emotionally in a safe environment with appropriate supervision. If the actions and behaviors of your child require physical intervention we will not be able to safely serve them.

We hope to support your child, but as a parent/guardian, we ask that you understand that if your child requires so many resources that it jeopardizes the safety and well-being of the majority that a parent meeting will be required to discuss member attendance and participation at the Club. Safety for all is our #1 priority.

Child's Name: _____

Age: _____ **Grade** _____ **School** _____ **Teacher** _____

Describe your child's ability (or lack of) to work with others:

What are your child's strengths?

How does your child respond to structured activities?

How does your child respond to change?

When your child exhibits inappropriate behaviors at home, how do you manage it?

Does your child exhibit inappropriate behavior at school? If so, how does the school manage it?



What **triggers** cause negative behavior in your child?

What are appropriate consequences for your child?

What are rewards/motivators for your child?

What does your child enjoy doing in his or her free time?

Additional information that we may need to know to better work with your child:

I understand that my child is required to actively participate in Club programs as well as behave in a positive manner. I understand these services are a privilege and can be taken away if my child demonstrates disrespectful or negative behavior at the Club, as outlined by our behavior management protocol. **By signing, you state that the information provided is truthful to the best of your knowledge and that you understand the role of the Boys & Girls Club and staff.**

_____ **YES**, I grant permission for BGCMC staff to communicate with any school staff/faculty and any other adults I approve to discuss my child.

The BGCMC has my permission to discuss my child with these additional people:

_____ Name

_____ Signature

_____ Date