## Inclusion Checklist for Programs

Kids Included Together
Creating and maintaining a fully inclusive program takes ongoing work and planning. Fill out this checklist to see how your organization is doing.

| Written Materials: | Y N |
| :---: | :---: |
| Do program printed materials, including applications, newsletters, and signs, state your policy on welcoming all individuals, including children and youth with disabilities? | $\square \square$ |
| Is written language about persons with disabilities respectful? | $\square$ |
| Staff Training \& Support: | Y N |
| Do all staff members have access to training and information on inclusion? | $\square \quad \square$ |
| Do staff members avoid stereotyping? | $\square$ |
| Do staff members hold high expectations for all children and youth in the program? | $\square \quad \square$ |
| Do staff members have the opportunity to reflect on how to better meet all children and youth's needs? | $\square \quad \square$ |
| Is disability considered when talking about diversity? | $\square$ |
| Confidentiality: | Y N |
| Is a staff policy in place for maintaining confidentiality? | $\square \square$ |
| Do management and staff maintain the confidentiality of children and youth's personal and medical information? | $\square \square$ |
| Relationships: | Y N |
| Does your program support positive and cooperative relationships? | $\square$ |
| Is communication between all individuals valued and supported? | $\square \square$ |
| Is the work environment conducive to collaboration among staff? | $\square \quad \square$ |
| Do management and staff work to establish and maintain positive relationships with all families? |  |
| Do management and staff collaborate with other members of the community? | $\square \quad \square$ |


| Schedules: | Y | N |
| :--- | :--- | :--- |
| Does your program follow a routine in which staff, children and youth, |  |  |
| and families know what activities and events to expect? | $\square$ | $\square$ |
| Do all rooms have a schedule posted that is accessible to everyone? | $\square$ | $\square$ |
| Do children and youth who need additional support with |  |  |
| transitions receive individual schedules to carry or post where |  |  |
| they can easily access it? | $\square$ | $\square$ |
| Activities: | Y | N |
| Are program activities designed so that all children and | $\square$ | $\square$ |
| youth can participate? | $\square$ | $\square$ |
| Are all children and youth included in routines and play experiences? | $\square$ | $\square$ |
| Are all children and youth physically and emotionally safe when | $\square$ | N |
| participating in activities? | $\square$ | $\square$ |
| Transitions \& Supports: | $\square$ | $\square$ |
| Do staff members plan for transitions? | $\square$ | $\square$ |
| Are the number of transitions per day minimized? | $\square$ | $\square$ |
| Are children and youth informed of transitions ahead of time? | $\square$ | $\square$ |
| Is individual support given to children and youth who have |  |  |
| difficulty making transitions? |  |  |
| Do staff members provide cues to signal upcoming transitions? | $\square$ | $\square$ |
| Are staff members present and thoughtful during transition times? | $\square$ | $\square$ |
| Visual Environment: | Y | N |
| Is the visual environment in your program welcoming? | $\square$ | $\square$ |

Physical Accessibility:
Y N

| Is program space accessible to all children and youth in your program? | $\square$ | $\square$ |
| :--- | :--- | :--- |
| Do all children and youth have access to activity spaces? | $\square$ | $\square$ |
| Are toys, materials, and tools (appropriate for a wide range | $\square$ | $\square$ |
| of abilities) available and accessible? | $Y$ | $N$ |
| Designated Space: | $\square$ | $\square$ |
| Is there a dedicated space for movement available? | $\square$ | $\square$ |
| Is there a dedicated quiet space available? | $Y$ | $N$ |
| Sensory Input: | $\square$ |  |

Is the staff aware of sensory elements in the environment including lights and other visual stimulation, sounds, and smells?

| Is the staff aware of individual sensitivity to these elements? | $\square$ |
| :--- | :--- |
| Communication Support: | Y |

Is individual support given to children and youth who have difficulty communicating or who need an alternative communication method?
Do staff members use picture schedules, pictures with words, sign language, or other visual communication to increase comprehension?

Do staff members speak clearly and slowly when a child or youth does not understand?
Do staff members model appropriate conversations and interactions for children and youth?

| Ratios \& One-on-one Support: | Y | N |
| :--- | :--- | :--- |
| Does management provide for lower ratios when a child or youth <br> requires individual attention? | $\square$ | $\square$ |
| Is there a written plan for support and phase out when one-on-one <br> support is provided? | $\square$ | $\square$ |
| Do staff members use one-on-one support when children and youth <br> need ongoing attention? | $\square$ | $\square$ |
| Do one-on-one providers work to help children and youth successfully <br> interact with others? | $\square$ | $\square$ |
| Do staff members re-evaluate the need for one-on-one care after <br> progress has been made? | $\square$ | $\square$ |

Do staff members re-evaluate the need for one-on-one care after progress has been made?

