

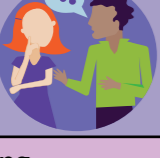




Name: _____ **D.O.B:** _____ **Class / Year Level :** _____

The team supporting the young person: <i>Names and roles</i>	
Who attended this planning meeting: <i>Names and dates</i>	
How the young person's voice was or will be included: <i>Description</i>	
Date completed:	Review date:

	Observations and examples. What can you see or hear the young person doing?	What are the helpful and unhelpful impacts on them and others?	What strategies and adjustments might help them?
Strengths and interests 			
Connections to culture and community 			
Social and communication skills 			
Sensory processing 			
Self-care and independence skills 			
Executive functioning skills 