

## Health Care Plans

### Action plan for Additional Needs

Photo	Name of Child
	Date of Birth:

Is your child able to complete activities independently? If no, is 1 to 1 support required at certain times or throughout the day?	
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Is your child able to use the toilet independently?	
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Is there anything which may trigger a sudden change in behaviour?	
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Is there any warnings signs that your child's behaviour is about to change?	
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If your child becomes upset how can we help them become calm?	
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Does your child have any particular interests which we may be able to tailor sessions to?	
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What sort of activities does your child enjoy taking part in?	
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Is there any other information which you think will be useful for us to know?	
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<b>Emergency Contact</b>	
Name	
Work number	
Mobile Number	
Email Address	
Signed parent / guardian	
Date	

