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| **Schools & Families Specialist Services**  **Planning & Visit Record**  **Habilitation Support**  logo black medium |

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| **Staff Name:** | **Pupil Name:**  **DOB**  **Yr:** | **School/Setting:** |
| **Key Worker:** | **Date:** | **Time:** |

**Curriculum focus with tick box - Infants**

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| Body awareness activities |  | Advanced free movement |  | Basic direction taking |  |
| Balance/Co-ordination training |  | Traffic awareness |  | Trailing |  |
| Sighted guide technique |  | Independent living skills eg dressing and eating |  |  |  |

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| **Session Focus** | **Outcomes** |
| **Learning outcome/progress made** | |
| **Pupil comment/Parent comment** | |
| **Next Steps** | |