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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 - Juniors**

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| Traffic awareness |  | Green Cross Code |  | Advanced trailing |  |
| Outdoor and indoor orientation |  | Advanced balance and co-ordination training |  | Environmental concepts |  |
| Use of mobility aid |  | Appropriate independent living skills, eg shoe laces, making a drink |  |  |  |

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