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

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

**Curriculum focus with tick box - Juniors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |

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