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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** |