**Appendix 1**

Health and Education Rehabilitation Plan Template

Child’s name: Name of responsible clinician:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What does the child need?** | **Actions to achieving goal:** | **Who will ensure this happens?** | **When by?** | **Outcome for child:** | **Date for review:** |
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