# **Appendix B: Health and Education Rehabilitation Plan Template**

# Child’s Name…………………..…………… Name of responsible clinician……………..…………….. Date completed……..

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