::12.19 PERSoNAL CARE PLAN

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| name: | date drawn up: |
| **Information for Leaders** |
| **Toileting** e.g. needs help with buttons/zips |
| **Eating/drinking** e.g. drinks from his own cup |
| **Medical** e.g. needs to use inhaler if out of breath |
| **Behaviour** e.g. reacts badly to loud noises |
| **Mobility** e.g. has difficulty running and jumping |
| **Likes/Dislikes** e.g. likes stickers, does not like colouring in |

::12.20 PERSoNAL CARE LoG

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| name: | date: |
| **Information for Parents** |
| **Toileting** e.g. went to the toilet at 7:15pm and 8:05pm with (leader) |
| **Eating/drinking** e.g. drank juice, refused snack |
| **Medical** e.g. did not need to use inhaler |
| **Behaviour** e.g. interacted well with other children and leaders |
| **Mobility** e.g. wasn’t able to join in the basketball game but enjoyed passing the ball with (leader) |
| **Likes/Dislikes** e.g. liked watching the drama, did not like it when the balloon burst |