

::12.19 PERSONAL CARE PLAN

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

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	