

Catalogue:


This is _____
Room

Birthday: Favourite Colour:

Daily goals and support

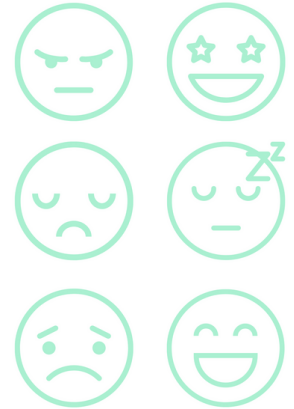
Who is supporting me today?

How am I feeling today?



Do I need help?

Yes No



Daily Care Plan

Date & day: My name: _____

What I want to do today:

What needs to be done today:

	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Shower Routine

Tick what you need to do!

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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What clothes do you need?

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				

Shower Routine

Tick what you need to do!

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>						

This is my team

Date: _____

Medication Routine

Date/time/who

: : _____	: : _____
_____	_____
_____	_____
_____	_____

Food Routine

Breakfast : : _____

Lunch : : _____

Dinner : : _____

Food I like to eat:

Daily goals and support

Date: _____

Today's Goals

Please respect my privacy by:

The people supporting me today are:

You can help me have a good day by:

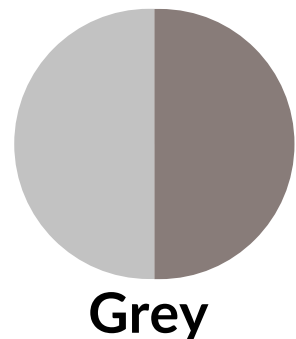
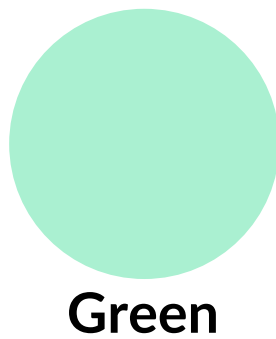
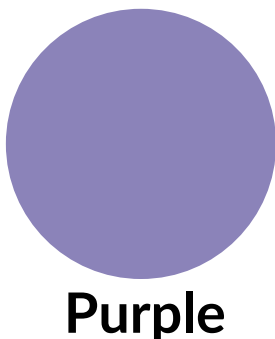
Foods for today:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____



Catalogue:

Weekly Behaviour Tracker

Overall mood for the day

Angry Excited Happy Nervous Sad Tired
 Aggressive Behaviour Over Stimulated Relaxed Playful Erratic/Withdrawn Withdrawn Crying Cranky Sleepy

MON	TUES	WED	THUR	FRI	SAT	SUN

Incidents during the week

--	--	--	--	--	--	--

How am I feeling today?

Red Orange Yellow Green Blue Purple

Do I need help?

Yes No

Daily Behaviour Tracker

Felt **most of the day**

Any major changes in behaviour?

Brief description of incident/major changes in behaviour
 - what occurred before hand
 - why did it occur
 - period of major change
 - resolution

Daily Sleep Tracker

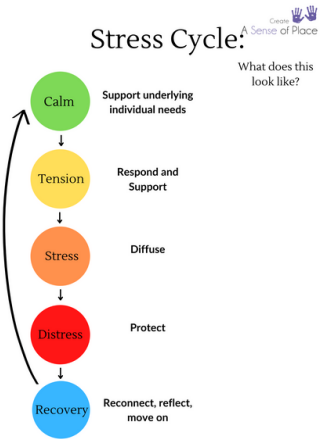
Type of sleep:

Red Yellow Green
 Bad/Restless Okay/Interrupted Good/Peaceful

How many hours of sleep:

0-1 2 3 4 5 6 7 8 9 10 11+

Notes:



Weekly Sleep Tracker

	Hours	Rating	Notes
MON			
TUES			
WED			
THUR			
FRI			
SAT			
SUN			

Key: (estimate)

0-1 2 3 4 5 6 7 8 9 10 11+

Red Yellow Green
 Bad/Restless Okay/Interrupted Good/Peaceful

