Consider supports that have been helpful to your family member, regular appointments, and activities they would like to undertake in their week. List these below.

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| **MONDAY** |
| **What does my family member do now? What supports to they have?** | **Are there any changes we would like to make?(New activities)** | **What support will my family member need?(What’s missing?)** | **What transport will they use?** |
| **Morning** |
|  |  |  |  |
| **Afternoon** |
|  |  |  |  |
| **Evening** |
|  |  |  |  |

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| **TUESDAY** |
| **What does my family member do now? What supports to they have?** | **Are there any changes we would like to make?(New activities)** | **What support will my family member need?(What’s missing?)** | **What transport will they use?** |
| **Morning** |
|  |  |  |  |
| **Afternoon** |
|  |  |  |  |
| **Evening** |
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| **WEDNESDAY** |
| **What does my family member do now? What supports to they have?** | **Are there any changes we would like to make?(New activities)** | **What support will my family member need?(What’s missing?)** | **What transport will they use?** |
| **Morning** |
|  |  |  |  |
| **Afternoon** |
|  |  |  |  |
| **Evening** |
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| **THURSDAY** |
| **What does my family member do now? What supports to they have?** | **Are there any changes we would like to make?(New activities)** | **What support will my family member need?(What’s missing?)** | **What transport will they use?** |
| **Morning** |
|  |  |  |  |
| **Afternoon** |
|  |  |  |  |
| **Evening** |
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| **FRIDAY** |
| **What does my family member do now? What supports to they have?** | **Are there any changes we would like to make?(New activities)** | **What support will my family member need?(What’s missing?)** | **What transport will they use?** |
| **Morning** |
|  |  |  |  |
| **Afternoon** |
|  |  |  |  |
| **Evening** |
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| **SATURDAY** |
| **What does my family member do now? What supports to they have?** | **Are there any changes we would like to make?(New activities)** | **What support will my family member need?(What’s missing?)** | **What transport will they use?** |
| **Morning** |
|  |  |  |  |
| **Afternoon** |
|  |  |  |  |
| **Evening** |
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| **SUNDAY** |
| **What does my family member do now? What supports to they have?** | **Are there any changes we would like to make?(New activities)** | **What support will my family member need?(What’s missing?)** | **What transport will they use?** |
| **Morning** |
|  |  |  |  |
| **Afternoon** |
|  |  |  |  |
| **Evening** |
|  |  |  |  |