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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | | | |
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| **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** | | | |
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| **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** | | | |
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| **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** | | | |
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