APPENDIX B - **Health and Education Rehabilitation Plan Template**

|  |  |  |
| --- | --- | --- |
| **Name of child:** | **Date of birth: (dd/mm/yy):** | **NHS number:** |
| **Name of responsible clinician:** | **Date of Plan:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What does the child need?**  | **Actions to achieving goal:**  | **Who will ensure this happens?** | **When by?** | **Outcome for the child:** | **Date for review:** |
|  |  |  |  |  |  |
|  |  | page20image44664 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*From RCPCH Guidance 2021*5