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

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

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| --- | --- | --- | --- | --- | --- |
| **What does the child need?** | **Actions to achieving goal:** | **Who will ensure this happens?** | **When by?** | **Outcome for the child:** | **Date for review:** |
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*From RCPCH Guidance 2021*5