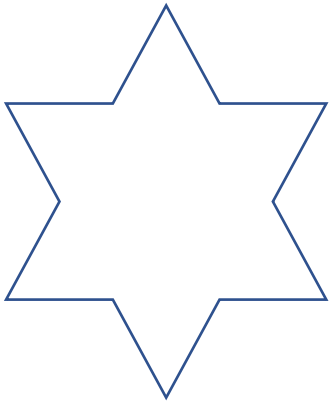
SHANARRI PERSONAL PLAN

Low Port Out Of School Club
S.C.I.O

Child's Name: **Date:**

S SAFE	H HEALTHY	A ACHIEVING	N NURTURED	A ACTIVE	R RESPECTED	R RESPONSIBLE	I INCLUDED	
I feel safe when I am in the care of the OOSC	I am provided with healthy snack and opportunity for physical play and fresh air daily	I am encouraged to try new things and to reach my full potential	I am offered extra help and support when I need it	I have the opportunity to take part in activities such as play, recreation and sports	My views, ideas and thoughts are taken into account in all aspects of my care	I can take responsibility for my own actions and the impact this has on those around me	I am included in any decisions made involving me and my care, I feel valued within the OOSC	*<The <statements <to the left <are <examples*
								<The column <to the left <should be <filled in <with the <child and <be specific <to their <needs

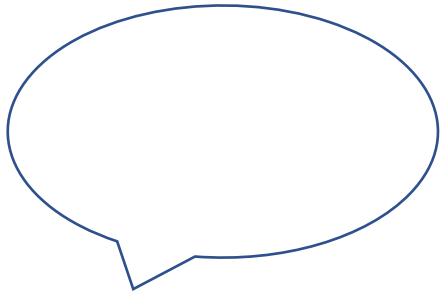
I am really good at:



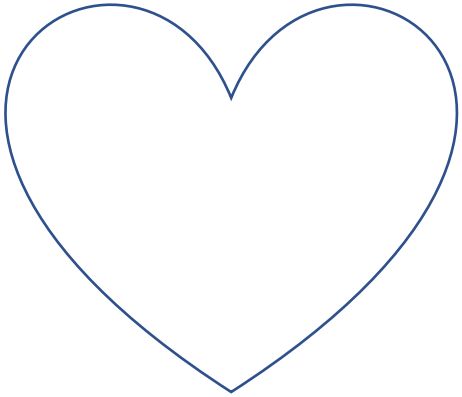
My Name:



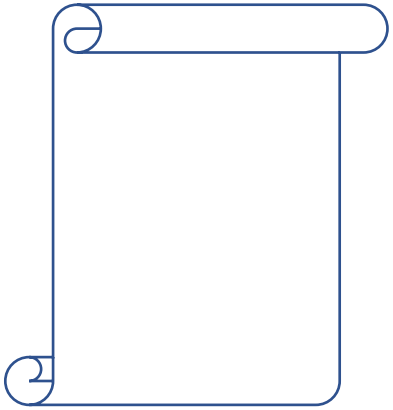
I don’t like:



What I Love:



Things you need to know about me:



SIGNIFICANT EVENTS IN MY LIFE

EVENT	SUPPORT REQUIRED	WHATS IN PLACE	WHO	Timescale