







# Visual Planning Matrix

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_

	HOW DOES YOUR CHILD?	WHY ARE YOU WORRIED?	WHO/WHAT CAN HELP?
 <p><b>Communicate</b></p>			
 <p><b>Socialise</b></p>			
 <p><b>Behave</b></p>			
 <p><b>Cope (sensory)</b></p>			
 <p><b>Learn</b></p>			
 <p><b>Take care of self</b></p>			

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