Skill Development Plan

Plan Approval

Prepared By:	Leah Wallace	**Position/Title:**	Support Worker	**Date:**	2 weeks ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	2 weeks ago
Next review date:	10 weeks from now				

Client and Contact Details

Client Details			
Client Name:	**Christina Scott**	**Date of Birth:**	**18/9/1991**
Gender:	Female	**Doctors Name:**	Dr Kimberly West
ID:	DIS00374497		

Participants involved in care		
Name	**Relationship to Client**	**Area of Support**
Natalie Deacon	Daughter	Takes shopping, to doctors and church weekly
Joshua Deacon	Son-in-law	Assists with home maintenance
Dr Kimberly Smith	Doctor	Steroid injections

Emergency Contacts		
Name	**Relationship to Client**	**Contact No.**
Natalie Deacon	Daughter	0400 006 006
Joshua Deacon	Son-in-law	0400 007 007

Care Alerts (e.g. Falls Risk, Allergies, Diabetic)
Fall risk – High **Intellectual disability (development age; 12 years old)**

Skill development goals

Skill development goal	
Shop and cook more independently.	
Goal task	**Cook a meal (basic)**
Task steps/skills	• Read recipe • Select ingredients • Use a knife to chop/slice ingredients • Use a spoon/whisk/etc. to mix ingredients • Heat stove/pre-heat oven • Place food in a fry pan or baking dish • Place food on stove/in oven • Read clock to check food • Remove food from stove/oven • Serve food

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