Skill Development Plan

Plan Approval

Prepared By:	Leah Wallace	**Position/Title:**	Support Worker	**Date:**	1 week ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	1 week ago
Next review date:	11 weeks from now				

Client and Contact Details

Client Details			
Client Name:	**Zhi (Helen) Chou***	**Date of Birth:**	**11/3/1987**
Gender:	**Female**	**Doctors Name:**	**Dr Gabor Machala**
ID:	DIS00378263		

Participants involved in care		
Name	**Relationship to Client**	**Area of Support**
Charlie Zhen	Brother	Takes her to family events and does home maintenance
Tilly Zhen	Sister	Takes her to social activities (dances) and shopping (weekly)

Emergency Contacts		
Name	**Relationship to Client**	**Contact No.**
Walter Chou	Brother	0400 005 005
Cherry Chou	Sister	0400 006 006

Care Alerts (e.g. Falls Risk, Allergies, Diabetic)
Risk of falls – high **Has Cerebral Palsy**

Notes: Goes by Helen

Skill development goals

Skill development goal	
Eat and drink more independently; be able to eat with friends more easily.	
Goal task	**Eating and drinking**
Task steps/skills	• Grip plate • Place plate on table • Grip knife, fork and spoon • Use utensils to pick up food • Grip cup • Bring cup to mouth

© Learn For Work