Skill Development Plan

Plan Approval

Prepared By:	Jeremy Dyson	**Position/Title:**	Support Worker	**Date:**	1 month ago
Approved by:	Michaela Scott	**Position/Title:**	SW Supervisor	**Date:**	1 month ago
Next review date:	In two months				

Client and Contact Details

Client Details			
Client Name:	**Rupert Mason**	**Date of Birth:**	**14/5/1961**
Gender:	**Male**	**Doctors Name:**	**Dr Inga Goldberg**
ID:	DIS00379362		

Participants involved in care		
Name	**Relationship to Client**	**Area of Support**
William Mason	Son	Social outings (football etc.)

Emergency Contacts		
Name	**Relationship to Client**	**Contact No.**
William Mason	Son	0400 003 003
Robert Mason	Brother	0400 004 004

Care Alerts (e.g. Falls Risk, Allergies, Diabetic)
Intellectual disability **Diabetic**

Skill development goals

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Skill development goal	
To perform basic household tasks and live more independently.	
Goal task	**Clean the kitchen**
Task steps/skills	• Put dishes on the sink • Fill sink with water • Wash dishes • Dry dishes • Put dishes away • Wipe down benches • Spot clean cabinet fronts

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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

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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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