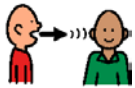












Visual Planning Matrix

Child's name: _____

Date: _____

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