

SIMPLIFIED Goal Directed Care Planning Template – Option 4 (EASY ENGLISH)

Name: _____

Date: _____

People involved in making this plan: _____

What's happening now

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What's important to me:

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What do I want? <i>What are we working towards?</i>	How can we make it happen? <i>Who is going to do what, when?</i>
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This plan describes how we are going to work together on the things that are important to me.

Signature:

I have been given a copy of this plan: Yes / No

I would like a copy of this plan to be given to:

Date we will review this plan:

If I would like to talk about this plan, I can speak to:

