

Residence Plan prepared by		Student Case Plan			
Date of meeting	Student name	DoB	Aboriginal/Torres SI Y N		
Place of meeting			Other CALD background Y N		
Year level	School contact: Name				
School	Preferred contact method				
Family contact yes / no	Name	Type of involvement			
Preferred method:					
Student involved in creating this plan Yes / No	Signature	Felt involved 1 2 3 4 5 6 7 8 9 10	1=not at all	10=totally	
		Felt listened to 1 2 3 4 5 6 7 8 9 10			
Overall aim of plan					
3 priority areas					
1					
2					
3					
Strengths / Positives that may promote plan					
Concerns that may hinder plan					
Assessments or services that inform this plan					
Major supports	Type of support				

Issue	Action task	Responsibility	Time frame	Measure of achievement
Health & medical				
Education				
Family				
Emotional and behavioural				
Social and living skills (with peers)				
Self care				
Cultural identity				
Review date	Who to attend			
Distribution of Case Plan notes	Who/how to distribute plan			
Stakeholder name	Role	Participation	Organisation	Preferred contact method