







Visual Planning Matrix

Child's name: _____

Date: _____

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