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| **What happens?** | **Why?** | **What helps?** |
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| **Reconnecting (as I am regulating):** | **Restoring (when I am regulated):** |

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| **What keeps me here?** |
| **What do I like to do?** |

**Signature of Plan Co-ordinator…………………………………**

**Signature of Parent / Carer………………………………………**

**Signature of Young Person………………………………………**