

POST plan - personalised outcome support team planning document



Student _____ date _____

Provider	<u>Organisation</u>	<u>Provider contact</u> Person Phone Email	<u>Type of support</u>
Common aim			
Typical session activities, and their relationship to school education			
Proposed start date	Session Duration _____ minutes	Frequency of sessions <i>(circle)</i> weekly fortnightly term	Planned support period <i>(circle)</i> T1 T2 T3 T4
Signatures and names			
Parent / Carer		Provider	
Teacher representative		LST representative	
Student (optional)			