# Skills development plan (Learning plan)

## Client information

**Note:** For privacy and confidentiality reasons, do not provide the client’s name or personal contact information.

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| --- | --- | --- | --- | --- |
| **Date of observation** |  | **Client age** | |  |
| **Cultural/religious preferences** |  | | | |
| **Condition, disabilities or development delays** |  | | | |
| **Impact on day to day life** |  | | | |
| **Goal** |  | | | |
| **Objective** |  | | | |
| **Teaching strategy** |  | | | |
| **Learning steps** | 1.  2.  3.  *add more steps as needed* | | | |
| **Steps for fading the support** | Step | | Criteria for moving forward | |
| 1. | |  | |
| 2. | |  | |
| 3.  *add more steps as needed* | |  | |
| **Time of planned activity** |  | | | |
| **Location for planned activity** |  | | | |
| **Required equipment and aids** |  | | | |