**Physical Action Plan (PAP) – Schools, Clubs & Community Groups**

|  |  |  |
| --- | --- | --- |
| **Name:** **DOB:** **School/Club/Community Group:** **Class/Sport/Team/Group:**  | **Date of Meeting:** **Review date:** **Location:** **Long term aim (1-2 years):** | **Team members present** **Parent/caregiver:** **Teacher/Coach/Instructor:** **Others:**  |
| **Focus:**    |
| **Present skills and needs:**  |
| **Achievement** **Objective/** **Goal** | **Specific Learning** **Outcome** | **Who will help the participant learn this?** | **Summary of Adaptation of Teaching/Coaching Strategies, Resources etc** |
|  |    |    |  |
| **Evaluation:** |