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

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| **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** | |
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| **Evaluation:** | | | | | |