

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

Name:	Date of Meeting:	Team members present	
DOB:	Review date:	Parent/caregiver:	
School/Club/Community Group:	Location:	Teacher/Coach/Instructor:	
Class/Sport/Team/Group:	Long term aim (1-2 years):	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:			

