

BACI Life Sharing Network

SUPPORT PLAN

Name:

Area of concern/risk (please describe in detail):

Events leading to area of concern/risk and how we prevent them: (ie. Season change, special occasion, lack of sleep, change in medication, seizure, menstruation, routine change)

Triggers: (ie. Who What Where When and Why, cheque, contact with specific people, stressful situation/appointment etc.)

Support Strategies for Area of Concern/Risk:

Who do you contact (include names and #s), places they go/hang-out (include addresses), specific support techniques/equipment (prn, tone of voice, no touching/eye contact when communicating, cell phone, money transfer.

Please describe in a step by step method.

Revision Date:

BACI Life Sharing Network
SUPPORT PLAN

Revision Date:

BACI Life Sharing Network
SUPPORT PLAN

Revision Date: