**HEALTH AND EDUCATION REHABILITATION PLAN TEMPLATE**

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| **Name of child:****NHS/agency number:** | **Date of birth: (dd/mm/yy):****Ethnicity:** | **Address:** |
| Compiled by: | Agency: | Date compiled / revised: |

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| **What does the child need?** | **Actions to achieve goal** | **Who will ensure this happens?** | **When by?** | **Outcome for child** | **Date for review** |
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