Name Birthday Year group						
	Name					

## My usual week looks like this....

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Before school	Morning	Morning				
Morning	Morning	Morning	Morning	Morning	Afternoon	Afternoon
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Evening	Evening
Evening	Evening	Evening	Evening	Evening		

Considerations should include: Who CYP spends time with (including respite arrangements), transitions and specific considerations.