**Appointments and events**

Does your family member need support to participate in activities?

Examples might include social and recreational activities, camps, physical health appointments (e.g. dental, podiatry), family celebrations (e.g. a wedding/birthday, to see a sporting event or live music).

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| **Month** | **Activity** | **What support is required** |
| **January** |  |  |
| **February** |  |  |
| **March** |  |  |
| **April** |  |  |
| **May** |  |  |
| **June** |  |  |
| **July** |  |  |
| **August** |  |  |
| **September** |  |  |
| **October** |  |  |
| **November** |  |  |
| **December** |  |  |

|  |  |
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| **My family member participates in:** | **Supports required** |
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| **In the next 12 months, my family memberwould like to try?** | **Supports required** |
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