

Support Plan

Using PCAP

NAME:

DATE COMPLETED:

1. How are you going?

Reflect on the statements on this sheet. Choose the face that reflects how you currently feel about each statement and write down what this looks like in your life in the space provided.

Positive contributions that you make

People who care about you

Support for you to grow

Positive activities

Places where you belong

Confidentiality

School staff work together with other support agencies to provide the best possible support.

We look out for safety. If we are concerned about your safety, or the safety of someone around you, we may need to talk to and involve other support people.

Your parents are legally responsible for you and we will keep them informed as needed.

Together we will identify who is in your support network and how each will be involved.

2. Think critically about what happened or what is happening

THE SITUATION

What happened or what is happening?

REFLECTION

How do you feel about the situation?

What aspects of this situation are acceptable or unacceptable?

Why do you say this?

VALUES AND BELIEFS

What are the values and beliefs of the people involved in this situation?

What do you think has influenced these values and beliefs?

THE IMPACT

Who has been affected? In what ways?

What could they have experienced?

CHANGE AND SUPPORT

What needs to change?

How can you contribute to this change?

What support do you need?

Adapted from Ministry of Education. (2004). The Curriculum in Action: Making Meaning Making a Difference and Ministry of Education (2014). Positive Behaviour for Learning: Restorative Practice Kete Book Three Restorative Circles.

3. Plan what we will do

WHAT IS YOUR OVERARCHING GOAL?

WHAT ACTIONS WILL HAPPEN TO GET THERE?	WHO	DATE FOR REVIEW

WHO IS IN YOUR SUPPORT NETWORK?		LEVEL OF INVOLVEMENT			
		Less Involved ←————→ More involved			
		They get told what I am doing	They get told how I am progressing	They come to meetings with me to support me to make changes	They work with me to support me to make changes
Name	Contact				
Name	Contact				
Name	Contact				
Name	Contact				
Name	Contact				

Support Plan Review

NAME:

DATE COMPLETED:

WHAT HAS GONE WELL?

WHAT HAS NOT GONE WELL?

WHAT WILL HAPPEN NEXT?

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