

## Care and Support Planner (planning your meeting)

Name:	Date of care planning meeting:	Who I want at my meeting:
What care and support w	orks well for me?	
what care and support w	orks well for me:	
What care and support d	oes not work well for me?	
What is important to me	?	

What goals do I have?
What questions do I want to ask?
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