

Wakefield My Support Plan EXEMPLAR

A co-ordinated plan of support

| | |
|----------------------------------|---------------------------------|
| Name | Eleanor James |
| Date of Birth | 04/06/2007 |
| Current Education Setting | Wakefield Primary School |



Personal Details

This section completed/updated on: [Click here to enter a date.](#)

My picture – This is me or represents me



| | |
|------------------------------------|---------------------------------|
| I like to be known as | Ellie |
| First Name | Eleanor |
| Surname / Family Name | James |
| Date of Birth | 04/06/2007 |
| Address | 1 My Street, Wakefield, WF1 2AB |
| Gender | Female |
| UPN Number | 1234567890 |
| NHS Number | 1234567890 |
| Ethnicity | British |
| Place of Birth | Wakefield |
| Languages spoken | English |
| Is the child LAC / in public care? | No |

| | |
|---------------------------------------|--------------|
| Lead Professional for My Support Plan | Mrs Philips |
| Role | School SENCO |

| Ellie's family and the other important people in their life | | |
|--|--|--|
| Parent/Person with parental responsibility | | |
| First Name | Samantha | David |
| Surname | James | James |
| Address | 1 My Street, Wakefield, WF1 2AB | 1 My Street, Wakefield, WF1 2AB |
| Telephone | 01924 222222 | 01924 222222 |
| Email | sjames@gmail.com | djames@gmail.com |
| Relationship to Child | Mum | Dad |
| Is support required with language? Please detail language spoken if yes | No | No |
| Please tell us who lives in the home and how they are related to <i>Ellie</i> | | |
| Only Ellie and her parents live at home. She does not have any siblings | | |
| Please tell us the names of other people who are important to <i>Ellie</i> and who they are | | |
| <ul style="list-style-type: none"> • Edna James – Grandmother who lives locally • Hannah & Malcolm Watts – Grandparents – live in Leeds • Gemma Wright – Neighbours – help with Ellie occasionally • Lucy Peters – Ellie's best friend at school | | |



| Professionals and services that help and support <i>Ellie</i> | | | |
|---|-------------|------------------------|----------------------------|
| Please list below the details of those services that help the child / young person where involved or previously involved. | | | |
| Service | Name | Contact Details | Currently involved? |
| School SENCO | | | Choose an item. |
| School Support Worker | | | Choose an item. |
| Other School staff | | | Choose an item. |
| Educational Psychologist | | | Choose an item. |
| Child Family Inclusion Team | | | Choose an item. |
| Learning Support Service | | | Choose an item. |
| Communication Interaction and Access Team | | | Choose an item. |
| Children's Sensory Impairment Team | | | Choose an item. |
| Behaviour Exclusion Support Team | | | Choose an item. |
| Portage | | | Choose an item. |
| Pre-5 Service | | | Choose an item. |
| REACH team | | | Choose an item. |
| SENART Caseworker | | | Choose an item. |
| Other Education Support | | | Choose an item. |



| | | | |
|--|--|--|-----------------|
| Speech and Language Therapist | | | Choose an item. |
| Occupational Therapist | | | Choose an item. |
| Physiotherapist | | | Choose an item. |
| CAMHS | | | Choose an item. |
| Community Nursing | | | Choose an item. |
| Adult Mental Health | | | Choose an item. |
| Doctor (GP) | | | Choose an item. |
| Paediatrician | | | Choose an item. |
| Consultant | | | Choose an item. |
| Other Health Support | | | Choose an item. |
| Social Worker | | | Choose an item. |
| Early Help Hub Support Worker / CAF Lead | | | Choose an item. |
| Connexions / Careers advisor | | | Choose an item. |
| Key Worker | | | Choose an item. |
| Voluntary Sector Support | | | Choose an item. |
| Other Care Support | | | Choose an item. |



Section A – The Views, interests and aspirations of the child and their parents, or of the young person

A1 All about me – The child / young person's views

This section should be completed by the child either independently or with support. It can be completed as text or visually (eg. Mind map, photos) and **must** represent the views of the child / young person. Any method can be used to gather this.

This should support the 'Tell Us Once' approach and only need to be updated as situations change in the future and the plan is reviewed.

This section completed/updated on: 27/04/2015

Things I like doing and am good at

This should include things both at home and at school

Playing with my friends at school

I love to Dance and go to my dance class with my Mum

I like going swimming and I love One Direction

At School I am good at history but I don't like writing

What I need help with / what is not working and I want to change

I need help with moving so I can be a better Dancer

I want to be able to go to places easier

My handwriting but it is getting better. I like using the ipad more

I need help sitting up. My new chair has helped me sit up better.

I want more help with writing. I want to use the ipad instead of writing.

I want someone to carry my lunch for me so that I can have more playtime

What and who is important to me now

My Mum

I want to do things on my own

Using the ipad

I had a friend to stay at my house. I want to do this again



| My hopes and dreams for the future – My aspirations | |
|--|-------------------------|
| I want to be a dancer or a Doctor I want to be able to do stuff on my own but I'm a bit scared of this I want to be better on the computer | |
| Has this section been completed independently? | No |
| If not who has helped complete it? | Miss Harris, School LSA |



A2 All about my child – The families' views

This section should be completed by the family either independently or with support from a key worker. Where the plan relates to a young person over 16, the young person **must** also be involved in completing it. It can be completed as text or visually (eg. Mind map, photos).

This should support the 'Tell Us Once' approach and only need to be updated as situations change in the future and the plan is reviewed.

This section completed/updated on: 27/04/2015

Ellie's journey so far

My child's history and important information about their background

Ellie's birth was long but there were no real problems. We thought she was like other babies until we noticed she didn't move particularly when we thought she should. We started to get worried when she was about 6 months old as she didn't roll over and couldn't sit up. We took her to the doctor who sorted lots of tests and found out that she has Cerebral Palsy.

Since then we have had lots of help for both us and her. She has got help from physio's and from the Portage team. We have also had help from Kids Wesail. They have helped her to move as much as possible.

When she started school she had lots of help from different people to make sure that school knew how to help her and how to make sure she moved as much as possible and could play with other children. She has loved being at school but does get frustrated when she can't do things.

Important information you need to know about Ellie (eg. Medical diagnosis, home situation)

Ellie has Cerebral Palsy.

She also has Epilepsy. She takes medicine for her Epilepsy.

She gets very tired and fits when she gets tired.

She gets the odd cough and cold but generally she is OK.

Ellie falls a lot and can't walk far before she gets tired and gets pains in her legs.

What Ellie likes and is good at



Ellie is a very happy little girl and has always been happy apart from when she gets frustrated.

Ellie is very talkative! She doesn't stop and wants to know about everything. When she talks she is very clear.

Although I think she struggles in school when she's tired I think she's doing really well. Much better than I thought she would. She loves art. I think school have been great with Ellie.

She likes dancing but does get very tired from this but I'm really impressed at how well she is doing with this. She loves swimming as it means that she can move more easily. She loves floating.

Ellie has lots of friends and loves being with us. She likes playing games with our neighbour but won't stay without us.

What the *Ellie* needs help with

This should consider what they need to learn, to play, to keep healthy, to be independent and to prepare for the future and adult life

I (Mum) have to help her with most things as she gets tired so often.

She can put clothes on but can't do buttons up. She needs help with this. She still needs help going to the toilet and is in pull ups at night still.

She doesn't like going anywhere except school without me and struggles to be away from me.

She needs help in making sure that she's not too tired at school to learn or struggling with where she sits. Her new chair has made a massive difference at school as she can sit better and so isn't spending all her energy trying to sit properly so she can focus on her work. She particularly finds Maths lessons in the afternoon difficult as she is so tired. She needs some help with her handwriting.

Ellie needs help to do her physio each day to make sure that she can move and not be so tired.

What we would like to change or be different in the future

I would like her to have someone with her all the time at school as she needs the help.

I would like Ellie to be able to stay more places without me or her Dad there.

I want her handwriting and learning to get better. I want her to understand everything she's being asked to do. I would like Ellie to be able to remember stuff.



How best to communicate with *Ellie*

Ellie is very talkative so you can talk directly with her. She does sometimes need help to understand what is happening and needs to be reminded.

Our hopes and dreams for the future – our aspirations for *Ellie*

You may wish to consider areas such as education, employment and independence

We want Ellie to be happy.

We want her to keep getting better at school and moving more. We want her to do ok when she goes to secondary school in a couple of years.

We want her to be able to stay somewhere without us and not be anxious

We want her to do things that she enjoys in life and not be tired out.



Section B – The child or young person’s special educational needs (SEN)

This section should describe the child / young person’s Educational **Strengths** and **Needs**. It should include details of what the child/young person enjoys. It should detail any impact on learning. It should provide information from the education setting with support from advisory services.

This section completed/updated on: 27/04/2015

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|--|
| Cognition & Learning including attitude and progress within learning and how they respond to learning |
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| What <i>Ellie</i> is good at (Strengths) |
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|---|
| Ellie loves school and has a really positive attitude most of the time. She is good at developing her learning. Ellie shows ability to develop learning at a good rate appropriate for her age. Ellie is capable of making progress in learning in line with her peers and learning well. |
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| What <i>Ellie</i> needs help with (Needs) |
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| Ellie struggles in school most when she’s tired. This means that she can become moody and frustrated. She needs help to manage this. Her learning is primarily impacted by her physical and medical needs. She has no direct learning needs beyond this. Ellie’s progress is impeded when she is exhausted or experiencing seizures. She can lack focus when she is experiencing fatigue |
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| Speech, Language & Communication including how the child communicates and interacts with others |
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|---|
| What <i>Ellie</i> is good at (Strengths) |
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|---|
| Ellie communicates clearly with all those around her and enjoys making her views heard. |
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| What <i>Ellie</i> needs help with (Needs) |
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| Ellie struggles to be away from her mother and as such has limited numbers of friends and interactions outside of school |
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|--|
| Social, Emotional & Mental Health including responses to others and behaviour |
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| |
|---|
| What <i>Ellie</i> is good at (Strengths) |
|---|



Ellie is generally very happy and does well.

What *Ellie* needs help with (Needs)

Ellie struggles to be away from her mother, particularly when she is suffering from fatigue. This can impact on her behaviours and mood when in school. These can be managed but she needs to ensure that she rests.

She does need help to develop further friendships and can sometimes feel isolated.

Hearing, Vision & Physical

What *Ellie* is good at (Strengths)

Ellie's hearing is normal.

Ellie is more receptive and alert during morning sessions as her fatigue is more pronounced in the afternoons and towards the end of the week.

Ellie is independently mobile but feels tired after around 20 yards of walking and may need to use her wheelchair for longer distances or rest during PE lessons.

Ellie uses specialist seating and a floor sitter to provide postural support.

Ellie can dress and undress independently but depending on fatigue struggles with fastenings.

What *Ellie* needs help with (Needs)

Ellie requires glasses for close work.

Ellie's educational needs are associated with her physical and medical needs. She struggles to access the curriculum due to her physical difficulties and fatigue.

Ellie has increased muscle tone causing stiffness and weakness in her right arm and leg. She wears a splint to her right leg and foot and to her right hand. She will barely use her right hand when tired.

She has poor balance and easily trips and falls.

Ellie finds it hard to maintain balance when using the toilet but can use her toilet frame to provide more stability.

Ellie has epilepsy seizures within school. She can miss out on information delivered if she is experiencing a seizure.

Developing Independence including preparation for adult life



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| What <i>Ellie</i> is good at (Strengths) |
| Ellie has the academic ability to learn to prepare for adult life. She is becoming a more independent learner apart from when she requires support due to fatigue. |
| What <i>Ellie</i> needs help with (Needs) |
| Ellie continues to need support to manage her disabilities and identify how they impact her and affect her, making her different from others. |

| | | | |
|--|---------|------------------------|---------|
| School attendance – Attendance records should be attached in section K | | | |
| Current academic year | 2014/15 | Previous academic year | 2013/14 |
| % Attendance | 89% | % Attendance | 91% |

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| Academic attainment |
| Please insert a table detailing attainment at relevant stages. This should be cumulative and added to on an annual basis. |
| Please detail and additional information you feel is relevant in regards to attainment |
| |

| | | |
|--|-------------------|-----------------|
| School / Education Setting background | | |
| Please detail all previous education provision | | |
| Provider | Start date | End date |
| Little people nursery | | |
| Wakefield Primary School | | |
| | | |
| | | |

Advice and information

Advice from agencies in regards to the provision and support needed to address learning needs should be listed and attached in **Section K** and reviewed regularly.



Waves of intervention

Identified education provision at Wave 1, 2 and 3 should be included at **Appendix 1** and should be reviewed regularly for accuracy in line with identified outcomes, targets and provision.



Section C – The child or young person’s health needs

This section should describe the child / young person’s Health Needs related to their SEN and the impact on learning. It should also detail any other Health needs not related to SEN.

This section completed/updated on: 27/04/2015

Does the Child have any Identified Health needs? Yes No

If no please leave the remainder of this section blank

| |
|--|
| <p>Details of specific medical diagnosis including details of when diagnosed</p> <p>Medical evidence should be provided to support this</p> |
| <ol style="list-style-type: none"> 1. Cerebral Palsy 2. Epilepsy |
| <p>Health Needs related to SEN</p> <p>Please number</p> |
| <ol style="list-style-type: none"> 1. Ellie has a diagnosis of Cerebral Palsy affecting the right side of her body 2. Ellie has a diagnosis of delayed onset epilepsy. She experiences seizures several times a day lasting between 20 seconds and 20 minutes where she will appear to stare blankly and seem in a world of her own. |
| <p>What is / will be put in place to meet these needs?</p> |
| <ol style="list-style-type: none"> 1. She has several botox therapies and serial casting monitored by Leeds General Infirmary 2. She currently takes Lamotrigine twice daily but this does not fully control her seizures. Any seizures of 5 minutes or more require an ambulance. A health care plan is in place in school |
| <p>What impact has this had to date and what impact is expected? Are the health needs being managed well?</p> |
| <ol style="list-style-type: none"> 1. Ellie is more able to manage her body 2. It is hoped that over time Ellie’s seizures will be better managed and reduced through identified medication and support. |

Other Health Needs not related to SEN and how they are being managed



| | |
|---|----|
| No other medical needs | |
| Is a Health Care Plan in place? If Yes then this should be attached | No |

Advice and information

Advice from agencies in regards to the provision and support needed to address health needs should be listed and attached in **Section K** and reviewed regularly.



Section D – The child or young person’s Social Care needs

This section should describe the child / young person’s Social Care Needs that relate to their SEN and the impact on learning. It should also detail any other Social Care needs not related to SEN.

This section completed/updated on: 27/04/2015

Does the Child have any Identified Social Care needs? Yes No

If no please leave the remainder of this section blank

| |
|--|
| <p>Social Care Strengths and positives</p> <p>These should be evidence based</p> <p>Ellie has a supportive family in her parents and grandparents and her extended community, such as her neighbour. She is well liked and a positive and happy girl.</p> <p>Social Care Needs related to SEN</p> <p>Please number</p> <ol style="list-style-type: none"> 1. Ellie doesn’t like spending time away from her mum and can become nervous without having her around which her mum worries about. She needs more support to become independent and more opportunities for social time with friends outside of school 2. Ellie needs support to understand her disability as she is starting to recognise the difference between herself and her peers and has been asking her class teacher questions about this <p>What is / will be put in place to meet these needs?</p> <ol style="list-style-type: none"> 1. Short breaks with Home Based breaks service is being explored. Discussions with Ellie still need to take place to see how she feels about this. Previous discussion has taken place in school with Ellie about spending more time with others but she was scared of this. 2. Discussions to be help with KIDS about what support is available to do work with Ellie around understanding her disability. Class teacher to also do a piece of work with Ellie’s class around differences, incorporating disabilities <p>What impact has this had to date and what impact is expected? Are the social care needs being managed well?</p> |
|--|



1. Ellie's independence would be built on which would be good for her self esteem and confidence
2. Ellie should become more included with her peers. She will also feel more confident and comfortable discussing her needs which will increase her independence and again build her confidence.

Other Social Care Needs not related to SEN

Please note that family consent must be sought to include these

There are no concerns around the family

Is a Child Protection Plan, Child in Need Plan or CAF in place?

If yes please detail and attach at Section K.

No

Is a Care and Support Plan in place?

If Yes then this should added at Section K

No

Advice and information

Advice from agencies in regards to the provision and support needed to address social care needs should be listed and attached in **Section K** and reviewed regularly.



Section E – The outcomes sought for the child or the young person

What will the child or young person be able to do differently in the future and what difference will it make in their life.

This section completed/updated on: 27/04/2015

The **Aspirations** that *Ellie* and their family have should be copied below from Section A. These should shape the outcomes in the plan

Ellie:

I want to be a dancer or a Doctor

I want to be able to do stuff on my own but I'm a bit scared of this

I want to be better on the computer

Parents:

We want Ellie to be happy.

We want her to keep getting better at school and moving more. We want her to do ok when she goes to secondary school in a couple of years.

We want her to be able to stay somewhere without us and not be anxious

We want her to do things that she enjoys in life and not be tired out.

The following outcomes table should be copied for each outcome that is set

| | | | |
|---|---|--|--------------------------|
| Outcome: Number: 1 | Ellie will be able to stay awake and alert to actively participate in all lessons in the school day in order for her to maintain her academic learning alongside her peers. | | Completion date: End KS3 |
| Area of need this relates to Tick as applicable | Education <input checked="" type="checkbox"/> | Cognition & Learning <input checked="" type="checkbox"/> | |
| | Health <input checked="" type="checkbox"/> | Speech, Language & Communication <input type="checkbox"/> | |
| | Care <input type="checkbox"/> | Hearing, Vision & Physical <input checked="" type="checkbox"/> | |
| | | Social & Emotional <input checked="" type="checkbox"/> | |
| | | Developing Independence <input checked="" type="checkbox"/> | |
| Who is responsible for | Class teacher will manage Ellie's learning with support | | |



| | |
|---|--|
| supporting and monitoring this outcome | and advice from the school SENCO. The LSA will work with the class teacher to implement strategies and develop a pattern of appropriate rest and breaks. |
| Progress made to date Added following reviews | |

| | | |
|--|---|---|
| Outcome: Number: 2 | Ellie will be able to develop her independence by completing activities outside of school without her parents. This will help to reduce her anxieties and develop her confidence. | Completion date: End KS2 |
| Area of need this relates to Tick as applicable | Education <input checked="" type="checkbox"/> Health <input type="checkbox"/> Care <input checked="" type="checkbox"/> | Cognition & Learning <input type="checkbox"/> Speech, Language & Communication <input checked="" type="checkbox"/> Hearing, Vision & Physical <input type="checkbox"/> Social & Emotional <input checked="" type="checkbox"/> Developing Independence <input checked="" type="checkbox"/> |
| Who is responsible for supporting and monitoring this outcome | The family with support from KIDS | |
| Progress made to date Added following reviews | | |

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|---|---|
| How will these be monitored and reviewed? | Progress will be monitored through an IEP and through the Annual Review |
|---|---|

*Steps towards achieving targets should be broken down further and included in **Appendix 3** through agreed methods*



Section K – Advice and Information

Reports provided to contribute to the plan. These should provide up to date assessments on the child. They should be considered as part of any planning and review of provision and needs and in considering outcomes. As reports are updated they should be added to /amended on this list. All reports should be attached to the plan for reference

This section completed/updated on: 27/04/2015

| Document Title | Provided by | Date provided |
|----------------------------|-------------|---------------|
| Eduction Psychology Report | Mr E Pea | 01/03/2015 |
| Therapy Report | Mrs F Sio | 21/01/2015 |
| IEP | Miss T Cher | 05/02/2015 |
| | | |
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|--|------------|
| My Support Plan issued | 27/04/2015 |
| My Support Plan dates of formal revision | |
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Agreement of the My Support Plan

This section completed/updated on:

| The following people have contributed and agreed to this plan | | | |
|--|-------------|------------------|-------------|
| Name | Role | Signature | Date |
| | | | |
| | | | |
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Family / Young Person Agreements and Permissions

- I agree this plan and accept its contents as accurate and appropriate.
- I understand and agree the information contained in the plan and subsequent plans can be passed to other agencies as appropriate including those from education, health and care settings.
- I understand that the information shared will only be used for the purpose of my support.
- I understand that sharing information in this way will be in line with and subject to data protection legislation.
- I consent to this information being shared electronically between agencies.
- I understand that if I do not give permission this may create difficulties in providing the support that may be needed.
- I agree to the request for an Education Health and Care Assessment this plan will be used for (Delete if not applicable)

| Name | Signature | Date |
|-------------|------------------|-------------|
| | | |
| | | |
| | | |



Appendix 1 – Waves of intervention

Specific provision put in place within Education to support the needs of the child / young person should be detailed in the Waves of Intervention.

This section completed/updated on:

| | Delegated Funding | Use of Top-up funding |
|---|--------------------------|------------------------------|
| Wave 1 Quality first teaching | | |
| Wave 2 Small group intervention | | |
| Wave 3 Individual targeted provision | | |



Appendix 2 – My Support Plan Review Record for *Ellie*

| | | | |
|--|----------------------------|-------------------------------------|-------------------------------|
| Review Meeting Date | | Previous Review meeting date | |
| Is the meeting reviewing other areas of work? (eg. PEP, CAF) | | | |
| If Yes, please provide details | | | |
| | | | |
| Chair of meeting | | Role / organisation | |
| Review Attendance Details (Must include child and family members) | | | |
| Name | Role / Organisation | Attended (Yes/No) | Contribution to review |
| | | | |
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| Minutes of meeting | |
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| Review of progress against Outcomes | |
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| Please detail each outcome and the progress made towards it | |
| Outcome | Detailed progress towards outcome |
| | |
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| | |

| Review of 'Steps Towards' (short term targets) the Outcomes | |
|--|--|
| Any amended plans such as IEPs or 1 page profiles should be attached | |
| 'Steps towards' targets | Detailed progress towards targets |
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| Are there amendments to be made to the My Support plan? | |
| The plan should be amended before it is re-issued | |



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|---|--|
| Is this plan to progress to a Statutory EHC Assessment | |
| If so you should detail why you are requesting an EHC Plan at this time below and details of agencies involved to support this application: | |
| | |

Waves of intervention

Specific provision put in place within Education to support the needs of the child / young person should be detailed in the Waves of Intervention. These should be reviewed as part of the meeting and added at **appendix 1** and sent to SENART as part of any request for EHC Assessment

Agreed Actions following Review

You should record any actions that people supporting the child / young person and their family need to undertake following the meeting. It should be used as a starting point to assess progress in future meetings

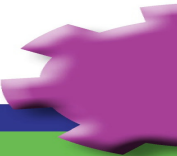
| Who? | What will they do? | By when? | How will this improve things? |
|-------------|---------------------------|-----------------|--------------------------------------|
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Appendix 3 – Steps towards achieving outcomes / Short Term Target documents

Please detail the **steps towards** completing the **Outcomes** in Section E and update progress as these are reviewed. This could use the following template or attach copies of short term plans that detail these such as IEP’s or One Page Profiles. They must relate to the planned outcomes.

| Outcome number | Steps towards completing outcome / targets | Date to be completed by | Progress made |
|-----------------------|---|--------------------------------|----------------------|
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Appendix 4 – Review – Child and Family Contribution

The following can be used to gather the family and young person views prior to the review. This should be discussed with the family alongside any updated views in regards to section A2. This should then be discussed as part of any review, however education providers may choose to use alternative formats for person centred approaches to obtaining the child and their families views. The same areas should, however, be addressed.

Where appropriate children and families should be supported to discuss and complete their contribution. This should form a central part of the Review Meeting.

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| What have been the highlights in the past year? |
| |
| Were the outcomes agreed in the last plan met? Did they make a difference? |
| |
| Were the actions agreed in the last plan completed? Did they work? |
| |
| What support is working well? |
| |
| What needs to change? |
| |



| | | | |
|---|--|------|--|
| What would you like your child to do, achieve or get better at? | | | |
| | | | |
| What difference would this make? | | | |
| | | | |
| Any other comments? | | | |
| | | | |
| Contributed by | | Date | |

