

# My Return To Education Plan



My return date is:

My graduated plan includes these days/classes:

My key support people/contacts are (include Support Workers, friends, nurse etc):

When I feel tired or unwell I can:

The agreed resources and support I need to attend my classes are: *(example: comfortable seating, extra tuition, permission to wear a hat, reader/writer for exams)*

Other important information:

This plan will be reviewed on:

## Notes

# About Me - My Health Summary

The type of cancer and treatment I had was:

Some of the challenges that I currently face are:

- |   |   |
|---|---|
| <input type="radio"/> Fatigue/extreme tiredness                                       | <input type="radio"/> Hearing loss  |
| <input type="radio"/> Pain  | <input type="radio"/> Visual challenges   |
| <input type="radio"/> Hair loss, scars or visible signs of cancer treatment           | <input type="radio"/> Brain fog such as issues with concentration and memory  |
| <input type="radio"/> Cognitive challenges, for example trouble finding words quickly | <input type="radio"/> Mobility challenges, e.g. using a wheel chair or crutches, or finding it hard to walk long distances: |
| <input type="radio"/> Other:  |   |

Things that would help with my transition to education:

- |  |  |
|--|--|
| <input type="radio"/> Have a friend support me e.g carry my bag                            | <input type="radio"/> Skip Physical Education                                  |
| <input type="radio"/> Leave class early to get to my next class                            | <input type="radio"/> Take a rest break during the day                         |
| <input type="radio"/> Return part-time   | <input type="radio"/> Sit in a different chair                                 |
| <input type="radio"/> Extra tuition and learning support                                   | <input type="radio"/> Move around or stretch when I need to                    |
| <input type="radio"/> Be able to take medication when I need to                            | <input type="radio"/> Use special equipment to help me write or learn          |
| <input type="radio"/> Access to a quiet space to sit or rest                               | <input type="radio"/> Seek extensions or help with exams                       |
| <input type="radio"/> Have a pass for toilet breaks  | <input type="radio"/> Have a point of contact at school                        |
| <input type="radio"/> Sit up the front so it's easier for me to concentrate/ see the board | <input type="radio"/> Go to see the nurse or go to sick bay whenever I need to |
| <input type="radio"/> Other:   |  |

Things I'm worried about are:

## Important Medical information

My doctor's name and contact details are:

My current medications are:

Allergies and how to manage them :