**Sample FASD management plan**

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| **PATIENT NAME: DOB: / / Date of assessment: / /**  **Diagnoses (FASD and other):** | | | | |
| **Patient/caregiver goals:** | | | | |
| **Area Of Assessment** (as appropriate) | **Problem / issue** | **Recommendations** | **Responsibility** | **Timeframe** |
| 1. **Brain structure / neurology** |  |  |  |  |
| 1. **Motor skills** |  |  |  |  |
| 1. **Cognition** |  |  |  |  |
| 1. **Language** |  |  |  |  |
| 1. **Academic achievement** |  |  |  |  |
| 1. **Memory** |  |  |  |  |
| 1. **Attention** |  |  |  |  |
| 1. **Executive Function, including Impulse control and hyperactivity** |  |  |  |  |
| 1. **Affect regulation** |  |  |  |  |
| 1. **Adaptive behaviour, social skills, or social communication** |  |  |  |  |

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| **Other problem / issue:**  eg medical, safety, sleep | **Recommendations** | **Responsibility** | **Timeframe** |
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| **Caregiver/family support:**   Support group contact details (eg FASD Scotland, NOFAS-UK)   *Contact a family* details: [www.cafamily.org.uk](http://www.cafamily.org.uk) Helpline: 0808 808 3555 | | | |
| **Problem/issue/ goal**: | **Recommendations** | **Responsibility** | **Timeframe** |
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