

<b>Name:</b>		<b>Class:</b>	
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<b>What matters to me</b>	My Family Life
	My Achievements and interests
	Me as a learner

<b>Strengths:</b>	<b>Barriers to learning:</b>

**Support strategies:**

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**Targets: A Long term goal for-**

Literacy	Numeracy	Health & Wellbeing