**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**
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| 1. **Academic achievement**
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| 1. **Memory**
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| 1. **Attention**
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| 1. **Executive Function, including Impulse control and hyperactivity**
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| 1. **Affect regulation**
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| 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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