**Wellbeing Management Plan**

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| Name: Year: |

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|  | **Strength** | **Goal** |
| 1. Connect |  |  |
| 2.Keep Learning |  |  |
| 3.Give |  |  |
| 4.Be Active |  |  |
| 5.Take Notice |  |  |
|  | **Plan** | |
| 6.How will I recognise when I  need support? |  | |
| 7. What are my individual Refreshers and Drainers |  | |
| 8. Where will I seek support? |  | |