My Energy Accounting Attendance Plan

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Name: Date: School/College/Setting: Year Group:
My Views:
I like these things: ☐ Chilling out ☐ Gaming ☐ Spending time with family ☐ Spending time with friends ☐ Music ☐ Being creative ☐ Gym ☐ Swimming ☐ Being active ☐ Sports ☐ Watching TV/videos ☐ School/College/Setting Environment ☐ People ☐ Staff ☐ These topics ……. Other:
These things give me energy: ☐ Time by myself ☐ Time with friends ☐ Time spent following my interests ☐ Chilling out ☐ Being outside ☐ Being inside ☐ Watching TV/videos ☐ Time with family ☐ Stimming ☐ Being active ☐ Listening to music ☐ Gaming ☐ Quiet space ☐ Time with someone I trust Other:

I don't like these things:

☐ Loud noises
☐ Busy environments
☐ Too many people in one space
☐ Spontaneous changes
☐ Unpredictability
☐ Running out of energy
☐ Social environments

Other:

These things take away my energy:

☐ Social environment
☐ Socialising
☐ Masking/shielding
☐ Homework
☐ Breaktimes
☐ Lunchtimes
☐ Sanctions
☐ Detentions
☐ These lessons…….
☐ Not being able to stim
☐ Mental health challenges
☐ Environmental changes
☐ Negative comments from non-Autistic people

Other:

I find these things overwhelming:

☐ Deadlines
☐ Detentions
☐ Sanctions
☐ Breaktimes
☐ Revision
☐ Lunchtimes
☐ These topics
☐ These spaces…….
☐ Tests
☐ Socialising

Other:

Any other comments:

Parent/Carer views:
School/College/Setting views:

Long Term Goals/Wishes		
Me	Parents/Carers	School/College/Setting
Shared Long Term Emotional Wellbeing Goals/Wishes		

My Reasonable Adjustments

My key adult(s) in school/setting is:
Where I can speak to my key adult(s): When I can speak to my key adult(s): What happens if I need to speak to them, but they are not available:

Until _____my energy accounting attendance plan includes the following changes to my attendance:

I come to school on:	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐
How long for:					
My preferred lessons:					

This is my new timetable:

(Include time for recharging energy)

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
10:00					
11:00					
12:00					
13:00					
14:00					
15:00					

Any other changes:

Changes to break and lunch times:

☐ I eat my lunch at home
☐ I eat my lunch in school
☐ I eat my lunch in …… room
☐ I eat my lunch with ……
☐ I spend break times in ……..
☐ I spend break times with ……

Other:

Changes between lessons:
☐ I go to and from each lesson with a buddy
☐ I transition between lessons at quieter times
☐ I transition to lessons with everyone else
☐ I spend time between lessons recharging my energy levels

Other:

What do I do if I need to go home earlier than planned:
(exit strategy)

What if that cannot happen:
(*flow chart, social story/article, etc. to be developed if appropriate*)

Reasonable adjustments to school and classroom expectations

Changes to classroom expectations:

☐ Expectations of my uniform
☐ Access to spare equipment
☐ I use participation cards/system
☐ I do not read aloud
☐ I read aloud in these lessons …….
☐ I do not like being put on the spot
☐ I can answer questions in these lessons
……

☐ I use headphones
☐ I work in pairs
☐ I have a buddy
☐ I work in groups
☐ I work on my own
☐ I do not work in groups

Other:

What I can do if a mistake is made:

(For example teacher, other young person)

☐ Speak to ……
☐ Go to …….
☐ Use my stimming tools
☐ Listen to music

Other:

Changes to homework:

☐ I do ……. homework

☐ I need support with homework from …….

☐ I will do my homework in school/college/setting

☐ I will do my homework at home

☐ I do not do homework

Other:

Adaptations to physical environment include:

Identify any changes to physical environment and access to sensory resources/strategies:

☐ Access to low arousal safe space

☐ Sensory resources

☐ Break card

☐ Toilet pass

☐ Going to lessons early

☐ Going to lessons late

☐ Alternative space for lunchtime

☐ Alternative space for breaktime

☐ Sitting in the same seat

☐ Access to ear defenders/loop ear buds

☐ Stimming tools

Other:

What adaptations I need to my social environment:

☐ Help making friends

☐ Socialising

☐ Opportunities to share interests

☐ Opportunities to spend time with my friends

Other:

Places in the school/college/setting I can go where I feel safe and supported:

People in the school/college/setting that make me feel safe and supported:

Commitment to plan		
People who have access to the plan are:		
This plan will be reviewed regularly so that it's helpful Review date:		
My signature:	Key staff signature(s):	Parent(s)/Carer(s) signature(s):
Date:		

Review of Energy Accounting Attendance Plan Date
Young Person comments
Parent/Carer comments
School/College/Setting comments

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Additional Resources

Tracking/Impact						
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Emotional Wellbeing general comments from Parents/Carers/Professionals						
Attendance						

My Reasonable Adjustments Card

