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| **Collaborative Action Plan** | | | | | |
| **Ākonga:** | **DOB:** | **Ethnicity:** | | **Hapū/iwi:** | **Enrolling School:** |
| **Enrolling School:** | **Year level:** | **Collaborators:** | | | |
| **Whānau contact details:** | **Emergency contact details:** |
| **Ākonga goals and aspirations:** | | | **Whānau goals and aspirations:** | | |
| **Options to consider:** | | | | | |

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| **Goals** | **Strategies/Steps** | **Who is supporting?** | **Timeframe** | **Review date** |
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