**Strategic Inclusion Plan (SIP)**

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| **Barrier Category:** | | | | |
| **Barrier:** | | | | |
| **Strategy:** | | | | |
| **Date** | **Action** | **How and When *(will you implement this action)***  ***(Refer to Guidance document e.g. additional support / specific strategies)*** | **Resources** | **Progress Notes**  ***(Date each progress note)*** |
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| **New Action *(when new Action is identified, complete the information, and move to 1st row of table under the headings)*** | | | | |
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| **New Action *(when new Action is identified, complete the information, and move to 1st row of table under the headings)*** | | | | |
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| **New Action *(when new Action is identified, complete the information, and move to 1st row of table under the headings)*** | | | | |
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