My Early Years Support Plan

­­­Name:­

Date of Birth:

Start Date:

LOGO

CHILD’S

PHOTO

**One Page Profile**

What I find difficult:

Things I like:

**My name is:**

**My birthday is:**

Self-help skills:

What helps me:

How I communicate:

**Summary of Meeting Discussion**

|  |
| --- |
|  |
| **What will happen next (in the following four weeks)……** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Parent**  | **SENCO** |
| **Key person** | **Date** |

|  |
| --- |
| **Date/Time of next meeting**  |

**My Support Plan**

**Plan No:**

**Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Observed Emerging Skills****What can the child currently do Who?** | **Outcome/Aim**What we aim to achieveDoes what? | **Intervention**What will support the child to achieve the outcome?Under what conditions | **Who will be involved**SENCO?Parent?Keyperson? | **How often?****How long?** | **Success Criteria**How will we know we have been successful?To what degree of success | **Review** | **Date Achieved** |
|  |  |  |  |  |  | **Emerging □** |  |
| **With support □** |  |
| **Independently □** |  |
|  |  |  |  |  |  | **Emerging □** |  |
| **With support □** |  |
| **Independently □** |  |
|  |  |  |  |  |  | **Emerging □** |  |
| **With support □** |  |
| **Independently □** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed** |  | **Parent**  |  | **SENCO** |
| **Key person** |  |  |

**My Support Plan Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Progress made/comments** | **Target 1** | **Target 2** | **Target 3** |
| **Outcome of review** |
| **No further action □****Continue at SEND support □** |
| **Refer to outside agencies** (e.g. SLT, Area SENCO, CDC) **□** |
| **Request Top Up Funding**  **□** |
| **Apply for Education Health Care Needs Assessment □** |
| **Parent/s comments** |  |
| **Practitioner/SENCO comments** |  |
| **Signed** |  | **Parent**  |  | **SENCO** |
| **Key person** |  |  |