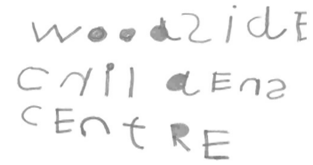
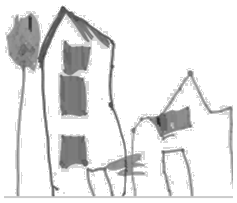
My Early Years Support Plan

­­­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 achieve  Does 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** | |  |  |