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| **Name of child:** | **Date of Birth:** | **SEN Support plan start date:** |
| **Setting:****Other settings attending:** | **Days/hours attending:** | **Parent/Carer names:** |
| **Funded 2 yr old?** Y/N | **EYPP?** Y/N | **Child in Care:** Y/N |
| **SEN Status:**SEN SupportEHCP needs assessmentEHCP in place | **Additional SEN funding:**Inclusion FundingHigh Needs FundingDisability Access Fund | **Diagnosis of or under formal health assessment for:** |
| **Home language:** | **Signature of parent/carer:** | **Signature of Senco/Keyperson:** |

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**Advice has been received from the following Professionals: Other plans in place:**

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| **Name** | **Profession** |
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| **SEND identified area** | **Description of current level of skills** | **Area for development (long term outcome)** |
| **Communication & Interaction** |  |  |
| **Cognition & Learning** |  |  |
| **Social, Emotional & Mental health** |  |  |
| **Physical and/or sensory** |  |  |

**Inclusion Strategies, interventions and resources to support the child in the home and the setting as appropriate:**

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| **Intervention** | **Reason for intervention** |
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**Focused short term planning:**

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| **ASSESS*****What can the child do now?*** | **PLAN*****What does the child need to do next? (SMART target)*** | **DO*****Who will help the child and how?*** | **REVIEW*****Progress the child has made – see progress sheet*** |
|  |  |  | **Emerging** | **Developing** | **Achieved** | **Parent /KP initials** |
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| **ASSESS*****What can the child do now?*** | **PLAN*****What does the child need to do next? (SMART target)*** | **DO*****Who will help the child and how?*** | **REVIEW*****Progress the child has made – see progress sheet*** |
|  |  |  | **Emerging** | **Developing** | **Achieved** | **Parent /KP initials** |
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