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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  | | | | |
| **Address:** |  | **Name of Parent(s) / Carer(s):** |  | | | | |
| **Contact Phone Numbers:** |  | **Email address:** |  | | | | |
| **Pre-school Setting(s):** |  | **Pre-school sessions attending:** | **M** | **T** | **W** | **Th** | **F** |
| **am** | **am** | **am** | **am** | **am** |
| **pm** | **pm** | **pm** | **pm** | **pm** |
| **Hours:** |  |  |  |  |  |
| **Family’s first Language:** |  | **Safeguarding status:** |  | | | | |

|  |
| --- |
| Relevant Background information: |
| **Parents views/ concerns/ hopes and wishes** |
|  |

|  |  |
| --- | --- |
| 2 Year Old Funding | Yes No |
| 3 Year Old Funding 15/30 hours | Yes No |
| Code K entered on Sentinel to indicate SEN support | Yes No  If in receipt of 2YO or 3YO funding |
| Early Years Pupil Premium | Yes No |

|  |  |
| --- | --- |
| Disability Living Allowance (if appropriate) | Yes No |
| Disability Access Fund (if appropriate) | Yes No |

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| **Names of parents/ carers who have been involved in writing this plan** | |
| **Name of:** |  |
| **Parent(s)/carers** |  |
|  |  |
|  |  |
| **Date:** |  |

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| **Professionals and services involved with the family** | | |
| **Agency/Service** | **Report attached (please tick) or date referral made** | **Professional contacts & tel nos** |
| **Education** | | |
| Other Pre-school/early years setting |  |  |
| Sensory Support |  |  |
| **Health** | | |
| Speech & Language (SALT) |  |  |
| Children’s Community Nursing Team |  |  |
| C.C.D.S. (Complex Communication Diagnostic Service) |  |  |
| Consultant - Specialist |  |  |
| C.A.M.H.S. (Child Adolescent Mental Health Service) |  |  |
| G.P./Doctor |  |  |
| Dietician |  |  |
| Health Visitor |  |  |
| Paediatrician - Community |  |  |
| Paediatrician - Hospital |  |  |
| Physiotherapist |  |  |
| Occupational Therapist |  |  |
|  |  |  |
| **Care** | | |
| CWD Team (children with disabilities Team ) |  |  |
| Social Worker (Other) |  |  |
| **Others** | | |
| Voluntary Services and others e.g. Mencap |  |  |

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| --- | --- |
| **Chronology**  **A history of key dates and who is involved** | |
| **Date** | **Details** (e.g. names and roles of other professionals involved, new referrals, appointments, start of intervention programme) |
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**A summary of the child’s strengths and needs**

This should include:

* What the child likes, dislikes and what motivates them
* What’s happening now and what’s working well
* Things that may help child including strategies you and the family have used

|  |
| --- |
| **Communication and interaction** |
| **Strengths** |
| **Needs** |
| **Provision** |

|  |
| --- |
| **Play and early learning (cognition)** |
| **Strengths** |
| **Needs** |
| **Provision** |

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| --- |
| **Social, emotional and mental health** |
| **Strengths** |
| **Needs** |
| **Provision** |

|  |
| --- |
| **Sensory and physical** |
| **Strengths** |
| **Needs** |
| **Provision** |

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| --- | --- | --- | --- | --- |
| **Main areas of need:** | Communication & interaction | Cognition & learning | Social, emotional & mental health | Sensory &/or physical |

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| --- | --- | --- |
| **Meeting notes**  **Attended:**  **Date:**  **What happens next?**  e.g. actions from family/ pre-school staff e.g. making further referrals or liaison with other agencies already involved | | |
| **Who**  **(please name)** | **What** | **By when** |
| **Family** |  |  |
| **Education** |  |  |
| **Health** |  |  |
| **Any other Agencies ( CAMHS, Mencap, Etc.. )** |  |  |

**Longer term Aims (Outcomes) and Short term targets term 1**

Complete one of these pages for each area of identified need. Most children are likely to need 3 targets prioritised for them.

|  |  |
| --- | --- |
| **Area of Need**  **(please tick)** | |
| Communication and interaction | Social, emotional & mental health |
| Play and early learning (cognition) | Sensory and/or physical |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome 1 /long term aim** |  | |  | |
| **Baseline skill 1 / what can child do now** | **Date:** | |  | |
| **Target 1 for term 1 (what do you want the child to achieve)** | | | | |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** | | | | |
| **How will the impact of this be recorded and monitored** | | | | |
| **Review date and outcome** | | | | |
|  | | | | |
| **Outcome 2 / long term aim** |  | |  | |
| **Baseline skill 2 / what can child do now** | **Date:** | |  | |
| **Target 2 for term 1 (what do you want the child to achieve)** | | | | |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** | | | | |
| **How will the impact of this be recorded and monitored** | | | | |
| **Review date and outcome** | | | | |
|  | | | | |
| **Outcome 3 / long term aim** | |  | |  |
| **Baseline skill 3 / what can child do now** | | **Date:** | |  |
| **Target 3 for term 1 (what do you want the child to achieve)** | | | | |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** | | | | |
| **How will the impact of this be recorded and monitored** | | | | |
| **Review date and outcome** | | | | |

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| **Notes from review meeting**  **Attended:**  **Date:** | | |
| **What happens next?**  e.g. actions from family / pre-school staff / EY SEN Advisory Team (if known) / Health professionals/ Care professionals Etc… | | |
| **Who**  **(please name)** | **What** | **By when** |
|  |  |  |
|  |  |  |
|  |  |  |

**Longer term Aims (Outcomes) and Short term targets term 2**

Complete one of these pages for each area of identified need. Most children are likely to need 3 targets prioritised for them.

|  |  |
| --- | --- |
| **Area of Need**  **(please tick)** | |
| Communication and interaction | Social, emotional & mental health |
| Play and early learning (cognition) | Sensory and/or physical |

|  |
| --- |
| **Target 1 for term 2 (what do you want the child to achieve) based on review** |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** |
| **How will the impact of this be recorded and monitored** |
| **Review date and outcome** |
|  |
| **Target 2 for term 2 (what do you want the child to achieve) based on review** |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** |
| **How will the impact of this be recorded and monitored** |
| **Review date and outcome** |
|  |
| **Target 3 for term 2 (what do you want the child to achieve) based on review** |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** |
| **How will the impact of this be recorded and monitored** |
| **Review date and outcome** |

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| **Notes from review meeting**  **Attended:**  **Date:** | | |
| **What happens next?**  e.g. actions from family / pre-school staff / EY SEN Advisory Team (if known) / Health professionals/ Care professionals / Etc | | |
| **Who**  **(please name)** | **What** | **By when** |
|  |  |  |
|  |  |  |
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**Short term targets term 3**

Complete one of these pages for each area of identified need. Most children are likely to need 3 targets prioritised for them.

|  |  |
| --- | --- |
| **Area of Need**  **(please tick)** | |
| Communication and interaction | Social, emotional & mental health |
| Play and early learning (cognition) | Sensory and/or physical |

|  |
| --- |
| **Target 1 for term 3 (what do you want the child to achieve) based on review** |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** |
| **How will the impact of this be recorded and monitored** |
| **Review date and outcome** |
|  |
| **Target 2 for term 3 (what do you want the child to achieve) based on review** |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** |
| **How will the impact of this be recorded and monitored** |
| **Review date and outcome** |
|  |
| **Target 3 for term 3 (what do you want the child to achieve) based on review** |
| **Describe the intervention, how frequently it will happen, resources and people involved (Provision required) include how adults will support this to happen** |
| **How will the impact of this be recorded and monitored** |
| **Review date and outcome** |

|  |  |  |
| --- | --- | --- |
| **Notes from review meeting**  **Attended:**  **Date:** | | |
| **What happens next?**  e.g. actions from family / pre-school staff / EY SEN Advisory Team (if known) / Health professionals/ Care professionals / Etc… | | |
| **Who**  **(please name)** | **What** | **By when** |
|  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Baseline assessment and Progress Tracker** | | | | | | | |
| EYFS Prime Areas | Beginning =B  Working within =W  Secure =S | Date:  Completed by: | | Date:  Completed by: | | Date:  Completed by: | |
| Age in months: | B  W  S | Age in months: | B  W  S | Age in months: | B  W  S |
| Personal, Social and Emotional Development | Making relationships |  |  |  |  |  |  |
| Self-confidence and self-awareness |  |  |  |  |  |  |
| Managing feelings and behaviour |  |  |  |  |  |  |
| Communication and Language | Listening and attention |  |  |  |  |  |  |
| Understanding |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |
| Physical Development | Moving and handling |  |  |  |  |  |  |
| Health and self-care |  |  |  |  |  |  |

Format for Progress Tracker attach own version as appropriate