**Name of Early Years Provider:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **Date of Birth** |  |
|  | **Start Date** | 01/09/21 | **Review Date 1** |  | **Review Date 2** |  |
| **Contributors to the plan** | **Professional’s Name**  |  |  |
|  | **Attended** | **Report Sent** | **Attended** | **Report Sent** | **Attended** | **Report Sent** |
| **Provider representative** |  |  |  |  |  |  |
| **Parents** |  |  |  |  |  |  |
| **EP** |  |  |  |  |  |  |
| **SALT** |  |  |  |  |  |  |
| **Physio** |  |  |  |  |  |  |
| **OT** |  |  |  |  |  |  |
| **Paediatrician** |  |  |  |  |  |  |
| **Health Visitor** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **Background Information**  |
| **Funding** **School** |
| **Additional / Change of Information Review 1**  |
| **Additional / Change of Information Review 2**  |

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| **Communication and Interaction** |
|  | **Sharing of Information about the child’s needs – family, health, and education professionals** | **Agreed strategies and description of provision required to include the child in the setting.** | **Action Required** | **Long Term Outcome for****Targeted intervention.** **(Next Steps)** |
| **Family** |  |  |  |  |
| **Professionals** |  |
| **Setting** |  |
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| **Review 1** | **Date** |
| **New information** | **Response to Provision**(reasons for success or lack of success of provision) | **Action required.**(Description of provisionActivity, staff ratio, frequency & time, Grouping, teaching methods) | **New outcomes** |
|  |  |  |  |
|  |  |  |  |
| **Review 2** | **Date** |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
|  |  |  |  |
|  |
| **Cognition, Play and Learning** |
|  | **Sharing of Information about the child’s needs –family, health, and education professionals** | **Agreed strategies and provision required to include the child in the setting** | **Action Required** | **Long Term Outcome for****Targeted intervention.** |
| **Family** |  |  |  |  |
| **Professionals** |  |
| **Setting** |  |
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| **Review 1** | **Date** |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
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| **Review 2** | **Date** |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
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|  |
| **Sensory and/or Physical** |
|  | **Sharing of Information about the child’s needs –family, health, and education professionals** | **Agreed strategies and provision required to include the child in the setting** | **Action Required** | **Long Term Outcome for****Targeted intervention.** |
| **Family** |  |  |  |  |
| **Professionals** |  |
| **Setting** |  |
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| **Review 1** | **Date** |  |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
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| **Review 2** | **Date** |  |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
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|  |
| **Social, Emotional and Mental Health** |
|  | **Sharing of Information about the child’s needs –family, health, and education professionals** | **Agreed strategies and provision required to include the child in the setting** | **Action Required** | **Long Term Outcome for****Targeted intervention.** |
| **Family** |  |  |  |  |
| **Professionals** |  |
| **Setting** |  |
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| **Review 1** | **Date** |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
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|  |  |  |  |
| **Review 2** | **Date** |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
|  |  |  |  |
| **Medical / Health** |
|  | **Sharing of Information about the child’s needs –family, health, and education professionals** | **Agreed strategies and provision required to include the child in the setting** | **Action Required** | **Long Term Outcome for****Targeted intervention.** |
| **Family** |  |  |  |  |
| **Professionals** |  |
| **Setting** |  |

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| **Review 1** | **Date** |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
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|  |  |  |  |
| **Review 2** | **Date** |
| **New information** | **Progress made since last meeting** | **Action required** | **New outcomes** |
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| **Parental Agreement****I agree for** **this information to be shared with professionals included in the plan and for actions agreed to be carried out to support my child.** |

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| **Initial meeting** | **Date** |  |
|  | Name (Print) | Signature |
| Scribe |  |  |
| Parents |  |  |
|  |  |  |
| **Review 1** | **Date** |  |
|  | Name (Print) | Signature |
| Scribe |  |  |
| Parents |  |  |
|  |  |  |
| **Review2** | **Date** |  |
|  | Name (Print) | Signature |
| Scribe |  |  |
| Parents |  |  |