**Name of Early Years Provider:**

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| **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 provision  Activity, staff ratio, frequency & time, Grouping, teaching methods) | | | **New outcomes** | | | | | |
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| **Review 2** | | | | | | | | | **Date** | | | | | | | | |
| **New information** | | | | | | **Progress made since last meeting** | | | **Action required** | | | **New outcomes** | | | | | |
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| **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** | | | | |
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| **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** | |  | | | | |
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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 |  |  | | |
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| **Review 1** | | | **Date** |  |
|  | Name (Print) | Signature | | |
| Scribe |  |  | | |
| Parents |  |  | | |
|  | | |  |  |
| **Review2** | | | **Date** |  |
|  | Name (Print) | Signature | | |
| Scribe |  |  | | |
| Parents |  |  | | |