**Early Years SEND Support Provision Plan**



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| **Child’s Name:** | **DoB:** | **Setting:** | **Plan Number: Plan Start Date: Plan Review Date:**  |
| **Key Person/Supported By:**  | **Area of Concern (please indicate):** *Communication & Interaction, Cognition & Learning, Social, Emotional and Mental Health, Sensory and/or Physical Needs.* |

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| **ASSESS** | **PLAN** | **DO** | **REVIEW** |
| **What does the child find difficult?****What is the desired long term outcome?** | **Objective/ What is the desired short term outcome? SMARTA Targets**  | **What actions/ Interventions are required?****What resources/strategies are required?****What is the type of provision? (e.g. 1:1/ small group)** | **Has the desired short term outcome been achieved?****Achieved (A)** **Partially achieved (PA)** **Not achieved (NA)**  |
| **Actions/interventions/ Provision and strategies**  | **Delivered by** | **Frequency & Duration of support**  |
| **1.** |  |  |  |  | **A□ PA□ NA□****Comments:** |
| **2.** |  |  |  |  | **A□ PA□ NA□****Comments:** |
| **3.** |  |  |  |  | **A□ PA□ NA□****Comments:** |
| **Parental Contribution/views:** |
| **ACTIONS/ NEXT STEPS:****Cease EY SEND Support/monitor child’s learning and development****Maintain at EY SEND Support/ New plan required****Referral to outside agency (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****EHCNA Request**  |

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| **Manager/SENCO signature:** | **Date:** |
| **Parent/Carer signature:** | **Date:** |