A pink and purple logo

AI-generated content may be incorrect.

A close-up of a logo

AI-generated content may be incorrect.**Early Years SEND Support Provision Plan**

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

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| **ASSESS** | **PLAN** | **DO** | | | **REVIEW** |
| **What can the child do now?**  **What is the desired long term outcome (next steps)?** | **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** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **A PA NA**  **Comments:**  Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **A PA NA**  **Comments:**  Click or tap here to enter text. |
|  |  |  |  |  | **A PA NA**  **Comments:**  Click or tap here to enter text. |
| **Parental Contribution/views:**Click or tap here to enter text. | | | | | |
| **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):**Click or tap here to enter text.  **EYIP / EHCNA Request** | | | | | |

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| **Manager/SENCO signature:**Click or tap here to enter text. | **Date:**Click or tap here to enter text. |
| **Parent/Carer signature:**Click or tap here to enter text. | **Date:**Click or tap here to enter text. |