

**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. |