**Early Years SEND Support Provision Plan**



|  |  |  |  |
| --- | --- | --- | --- |
| **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.* | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | | | | | |

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