**Targeted Plan**

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| **General Information** |
| **Child’s name** |  | **Child’s date of birth** |  |
| **Name of Early Years Provider** |  |
| **Cycle of Assess Plan Do Review (APDR)** |  | **Date Targeted Plan co-produced**  |  | **Date Targeted Plan reviewed** (Recommended within a 12-week period) |  |

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| **Level of SEN** | [ ]  **SEN Support** | [ ]  **Undergoing EHC needs assessment (SEN Support)** | [ ]  **EHC Plan (EHCP finalised)** |
| **Child’s strengths (Can include Characteristics of Effective Learning)** | **Child’s broad area(s) of need (Please tick relevant boxes)** |
|  | Communication and interaction | [ ]  | Cognition and learning | [ ]  |
| Social, emotional, and mental health | [ ]  | Physical and/or sensory | [ ]  |
| **Primary needs / Current difficulties (condition, diagnosis etc.)** |
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| **Child’s/Parent’s views / aspirations:**  |
| **Key points from meeting:**  |

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| **Assess** |
| **Setting based assessments Birth to 5 Matters (September 2021)** Age Ranges (AR) Add Range number and months e.g. AR 2 12-18mths |
| **Personal, Social and Emotional Development** | **Communication and Language** | **Physical Development** |
| Making relationships | AR:  | [ ]  E [ ]  D [ ]  S | Listening and attention | AR:  | [ ]  E [ ]  D [ ]  S | Moving and handling | AR: | [ ]  E [ ]  D [ ]  S |
| Sense of self | AR:  | [ ]  E [ ]  D [ ]  S | Understanding | AR: | [ ]  E [ ]  D [ ]  S | Health and self-care | AR: | [ ]  E [ ]  D [ ]  S |
| Understanding emotions | AR: | [ ]  E [ ]  D [ ]  S | Speaking | AR: | [ ]  E [ ]  D [ ]  S |  |
| **Assessment** (additional setting based and/or outside agency assessment information) |
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| **Desired outcome(s)** |
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| **Plan** | **Do**  | **Review** |
| **Goals / Targets – Steps towards the outcome**  | **Source of Goal / Target** | **Interventions / Strategies / Resources**  | **Frequency** | **Progress towards Outcome / Goals / Targets: Exceeded / Fully Met / Partially Met / Not Met and comment(s)** |
|  |  |  |  |  |
| **Summary of child’s progress:** (In this Targeted Plan period) |
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| **This Targeted Plan was co-produced by:** (Best practice would be to obtain signature of Parent/Carer) |
| *Name and role(s)*  |