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| --- | --- | --- |
| **Name** | **Date of birth** | **Home language** |
| **Setting (s)** | **Days/ hours attending** | **Parent / carer name** |
| **24U / 3 yr old funding** | **Early Years pupil premium**  Yes/No | **Child Looked After**  Yes/No |
| **Level of support** | **Additional funding?** | **Date plan started.**  **Review date:**  *Parent signature* |

*Remember all this comes from child’s point of view*

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| **Assess** | | **Things to consider** |
| **Things I enjoy and can do at home and in the setting** | **My identified needs at home and in the setting** | * **Communication and language development, describe any current concerns?** * **How do they try to gain you attention?** * **How would they make requests or make their needs known?** * **If they see something new or of interest when outside what would they do?** * **What kind of play do they enjoy?** * **Describe their relationships with a special person or friend at nursery?** * **What toys/ activities do they enjoy?** * **How do they manage separating from their parents and greet staff/peers as they arrive and leave?** |

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| **Other things you can do to support me/whole setting or room practice** | | |
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| **Outcomes – What I hope to achieve in the next 12 months:** | | **Advice has been followed from:** |
| **Plan** | **Do** | **Review**  **Date and who was present** |
| **Smart target –**  **What I would like to do next (think short term very small steps)** | **Who can help me and how?**  **When and timetable** | **Progress I have made** |
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