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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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