![C:\Users\hibbee01\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XQET8YO8\MC900138247[1].wmf]()

(5) The Outcome(s) my setting and parents/carers have agreed:

(4) Things that I find difficult and need help to do:

1.

2.

3.

(3) Things I like and am happy doing:

1.

2.

3.

(6) Targeted steps to help me achieve my Outcomes (SMART):

(7) I learn best when (include links to learning styles and characteristics of effective learning):

![C:\Users\hibbee01\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\FGTCK2B8\MC900135089[1].wmf]()

(9) My parents/carers will help me by:

1.

2.

3.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(8) My Key Person will help me by:

1.

2.

3.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

![C:\Users\hibbee01\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XQET8YO8\MC900139507[1].wmf]()

Parents/Carers signature:

(13) Following review, do I need a new Targeted Plan or do my parents and key person need to request personalised intervention to better support my Special Educational Needs?

(2) Main Area of Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Additional needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Individual Healthcare Plan in place: Yes/No. If Yes please attach.

 My Key Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Professionals/agencies who are supporting me: \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(10) Review Meeting date:

 Those attending:

(11) How well did it work for me this term?

PHOTO

Name of Nursery

Targeted Plan

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(12) What we are going to do next