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| [Full Name’s] Provision Plan September 2023 | | | | | | | |
| 1. The Outcome I am working towards. | Outcome 1: | | | | | | |
| 2. What I need to help me.  (resources) |  | | | *3. Resources/training for which funding has been applied/agreed* | |  | |
| 4. Ways to help me best. (strategies) |  | | | | | | |
| 5. Extra support I need (intervention) | 6. How often I need this and who will provide it | Minutes per week | 7. What I need to achieve by the next review | | | 8. How well did it work?  (At each review the school must insert new row below each intervention row. This is where details of any agreed adjustment to provision and/or targets should be inserted) | Date |
| Recommended by: | Delivered by:  Ratio:  Duration:  Frequency |  |  | | |  |  |
| Recommended by: | Delivered by:  Ratio:  Duration:  Frequency |  |  | | |  | Date |
| Recommended by: | Delivered by:  Ratio:  Duration:  Frequency |  |  | | |  | Date |
|  |  | | | | | | |
| In-year meeting 1 | Young person/parent/carer signature: | | Provider signature: | | Comments | | Date |
| In-year meeting 2 | Young person/parent/carer signature: | | Provider signature: | | Comments | | Date |
| In-year meeting 3/Annual Review | Agreement/disagreement and signatures to be recorded on the Annual Review form | | | | | | Date |