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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 |