|  |  |
| --- | --- |
| Early Years Personalised Plan for: | **Child’s name** |
| The aim of a Personalised Plan is to build on a child’s skills and be used alongside the Universal and Targeted approaches within the setting, which link to the Best Practice Guidance in the Early Years |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Personalised Plan:** | Click or tap to enter a date. | **Personalised Plan number:** | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Name**:** |  | Date of Birth: | Click or tap to enter a date. |
| Start date at setting:  | Click or tap to enter a date. | Child’s age (In months): |  |
| Number of hours attending: |  | Gender: | Choose an item. |
| Setting Name: |  | Ethnicity: |  |
| SENCo Name**:** |  | Child’s expected start date to school year R: |  |
| Key Person Name: |  |
| Parent/Carers Name(s): |  |

|  |  |
| --- | --- |
| Does the child attend another Early Years setting/provider (please give details)? | Include childminder details, if appropriate |
| Is the family in receipt of a Continuing Healthcare Plan for the child? | Choose an item. | Is the child receiving Portage support? | Choose an item. |
| Name of Portage Practitioner: |  | Date of Portage transition meeting if applicable: | Click or tap to enter a date. |

|  |
| --- |
| **Main Area of Need** - **Only** select one box |
| Communication & Interaction |[ ]  Cognition & Learning |[ ]
| Social, Emotional & Mental Health |[ ]  Physical Development |[ ]
| HI, VI, MSI - please specify | HI [ ]  VI [ ]  MSI [ ]   |

|  |
| --- |
| **Additional Needs:** |
| EAL (language spoken): |  | Prematurity (born at) number of weeks: |  |
| Health Needs (please specify): |  |
| Sensory Needs (please specify): |  |
| Relevant information: | Other relevant information not covered above |

|  |  |  |  |
| --- | --- | --- | --- |
| In receipt of EYPP? | Choose an item. | In receipt of DAF? | Choose an item. |
| Please outline how DAF and/or EYPP has been utilised to support the needs of the child: | Please give a brief description of how the EYPP/DAF funding has been used in order to support the child |

|  |  |
| --- | --- |
| If the child has received SENIF Practitioner support were they allocated at an EYs LIFT meeting or as a result of SENIF being agreed? | Choose an item. |
| SENIF in place? | Choose an item. | Date SENIF agreed: | Click or tap to enter a date. |
| Please detail how SENIF / SENIF Practitioner support has been utilised and what has the impact of this been on the child/setting: | Please give a brief description of how SENIF has been used / how SENIF Practitioner has supported the child and the setting. |

|  |  |
| --- | --- |
| Date of transfer from Targeted to Personalised Plan: | Click or tap to enter a date. |
| List **all** previous Personalised Plan Review date(s): | Update with each new Personalised Plan |

|  |
| --- |
| **Child’s Views:** |
| Things that I like and am happy doing: |
| Describe the activities that the child is happy doing in the setting, and whether on their own or with others. |
| Things that I find difficult: |
| Describe the times / activities / routines of the day within the setting that can be difficult for the child. |

|  |
| --- |
| **How my key person and all setting practitioners support me within my setting and the impact of this:***(Please refer to the Best Practice Guidance 2021 and the associated audit tools)* |
| Learning Environment - what has been adapted? |
| Please refer to your entries in the Best Practice Guidance in the Early Years audit tool 2021 |
| Provision - what has been planned? |
| Please refer to your entries in the Best Practice Guidance in the Early Years audit tool 2021 |
| Communication - how do I relate to others? |
| Please refer to your entries in the Best Practice Guidance in the Early Years audit tool 2021 |

|  |
| --- |
| Things that I like to do at home: |
| Discuss with parents/carers and complete this section highlighting what the child enjoys at home |
| My parents/carers and setting are also supporting me with (e.g., drinking from a cup, toileting): |
|  |

|  |
| --- |
| **Progress Review:** (Please see Guidance Notes below) |

|  |
| --- |
| Although for some children you may only be making assessments in the prime areas of learning, please ensure that all specific areas of learning continue to be reflected in the children’s planning. |

|  |
| --- |
| **Guidance:**This is an outline of the child’s strengths and progress in the Early Years Foundation Stage (EYFS).Using your professional judgement, knowledge of the child and assessment information from the Milestone Assessment Criteria, you can identify if the child is ‘on track’ for their expected level of development and journey towards the Early Learning Goals in each area of learning. To make an assessment, looking at each Milestone Assessment sheet, you should look at the 12-month milestone the child is currently in, for example if a child is 18 months old the key person would go **back** to the nearest milestone checkpoint to the child’s current chronological age. If the child is not meeting that milestone the key person would continue back to the most appropriate checkpoint.Complete the grid by writing Y (yes the child is meeting the milestones) at the appropriate point. Only one Y should be recorded in each of the columns/rows at each given assessment. The areas where the child is not meeting those milestones will indicate where additional support is required. Because of the crucial nature of the Prime Areas of Learning, we only require information about children’s progress in the Prime Areas. Of course, children’s interests and strengths in any of the specific areas should be part of the overall discussion.If you are applying the Graduated Approach when planning for this child please indicate this in the grid below. |

**Please indicate the child’s current level of development.** (see Guidance above).

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s current age in months:** | Update with each new Personalised Plan | **Date of assessment:** |  |

|  |  |  |
| --- | --- | --- |
| **Milestones of Development** | **ELG** | When outlining the child’s current attainment please consider whether they are able to apply skills CONSISTENTLY AND INDEPENDENTLY WITHOUT ADULT SUPPORT  |
| 48 months |
| 36 months |
| 24 months |  | This grid relates to the Milestone Assessment Toolkit and should be updated with each new Personalised Plan to ensure it always reflects the child’s current attainment.Milestone Assessment Toolkit training is available from The Education People |  |
| 12 months |  |  |
| 0-6 months |  |  |
| Areas of learning / ELGs | **Listening, Attention and** **Understanding****Listening, Attention and** **Understanding** | **Speaking** | **Self-Regulation** | **Managing Self** | **Building Relationships** | **Gross Motor Skills** | **Fine Motor Skills** |
| Communication and Language | Personal, Social and Emotional Development | Physical Development |
| **If you do not use the Milestone Assessment Toolkit, please attach additional evidence of the child’s progress in relation to the prime areas of development.** |

|  |
| --- |
| Please attach any additional progress information or use the space below for any relevant comments regarding the child’s progress or attainment: |
|  |

|  |  |
| --- | --- |
| **Outcome 1:** | This **Long-term Outcome** to achieve by the end of my time at pre-school (Intent). |
| Use the reports provided by the Specialist Teacher, Speech and Language Therapist, Occupational Therapist, or other professionals to determine the outcome. This is something that is to be achieved over a long period of time – ‘By the end of \_\_\_\_\_\_ I will be able to \_\_\_\_\_\_\_\_ so that I can \_\_\_\_\_\_’ (you may only have one outcome) |

|  |  |
| --- | --- |
| **Targets:**  | **Short-term Targets** help me move a little step closer to achieving the Outcome. |
| Targets must be Specific, Measurable, Achievable, Realistic and Time bound (SMART). |
| See targets as very, very small steps towards achieving the long-term outcome shown above. Be specific in terms of the target and the activity, e.g. \_\_\_\_\_\_\_\_\_ (child’s name) will ……… • **What you are wanting the child to take part in/achieve** – refer to your Specialist Teacher or other professional reports where targets are identified • **Where it is to take place** – at the table, on the mat, in the book corner, at the snack table • **Who is to be involved** – key person, specific staff members, familiar adults, one other child, two children. • **Any prompts to be used** – verbal instructions, demonstrations to be given before activity, visual, verbal or physical prompts to be used. • **How often the activity will be carried out** – once per session, twice per morning, every time they have snack. • **How long the child is expected to take part** – 30 seconds, one minute, three minutes, five minutes. • **Frequency of successful completion of activity** – two exchanges on a turn taking activity, three in every five attempts, 50% of the time. These details make a target SMART - specific, measurable, achievable and realistic. The review makes it time bound. A Personalised Plan monitoring form is available from KELSI to chart the child’s progress towards the target on a daily or weekly basis. |

|  |  |
| --- | --- |
| **Strategies**  | This is how my **keyperson, setting practitioners and my parents/carers** will help me to achieve my target. Refer to the strategies and advice from STLS and/or other agencies (Implementation). |
| What strategies have they suggested and what have you used?Based on the activities and target agreed with parents contained within the Personalised Plan, reflect on what could be carried out at home in order to support progression towards these targets. |

|  |  |
| --- | --- |
| **Review:**  | Leave this section blank until the Review Date (Impact).  |
| **Review Date:** (No more than 6-8 weeks from the date of this plan) | Click or tap to enter a date. |
| Refer to the completed Weekly Monitoring Sheets when completing this section. |
| I have made progress towards my target in the following way:  |
| Has the target been fully met, partially met, or not met at all? The monitoring form will reflect this. If not fully met, reflect on why this might be. Is it that something was not fully in place or the activity not sufficiently engaging?Consider how the suggested strategies have supported the child to meet their target and the difference this has made to the child’s learning. |
| My parents/carers comments:  |
| Please encourage parents to complete this box, or the setting to add parents’ views. Some suggested points to consider: What do you feel has been a success and what are you hoping for next for your child? What are your hopes for the next steps? What do you feel has worked well? |
| How much progress have I made independently and consistently?  | **Only select one box:**[ ]  No Progress[ ]  Some Progress[ ]  Significant Progress[ ]  Accelerated Progress |
| If **no** or **some** progress is made, how can the target be adjusted so I can achieve this in 6-8 weeks?If **significant** or **accelerated progress** is made, how can the target be adjusted to support me to make tiny steps towards the Outcome? |
| **New targets:** *Targets must be Specific, Measurable, Achievable, Realistic and Time bound* |
| Depending on the progress made, it may be appropriate to make the target smaller in order to be achievable, increase aspects of it to make it more challenging or change it completely to continue progression towards the Long-Term Outcome. |

|  |  |
| --- | --- |
| **Outcome 2:** | This **Long-term Outcome** to achieve by the end of my time at pre-school (Intent). |
|  |

|  |  |
| --- | --- |
| **Targets:**  | **Short-term Targets** help me move a little step closer to achieving the Outcome. |
| Targets must be Specific, Measurable, Achievable, Realistic and Time bound. |
|  |

|  |  |
| --- | --- |
| **Strategies**  | This is how my **keyperson, setting practitioners and my parents/carers** will help me to achieve my target. Refer to the strategies and advice from STLS and/or other agencies (Implementation). |
|  |

|  |  |
| --- | --- |
| **Review:**  | Leave this section blank until the Review Date (Impact).  |
| **Review Date:** (No more than 6-8 weeks from the date of this plan) | **Click or tap to enter a date.** |
| Refer to the completed Weekly Monitoring Sheets when completing this section. |
| I have made progress towards my target in the following way:  |
|  |
| My parents/carers comments:  |
|  |
| How much progress have I made independently and consistently?  | **Only select one box:**[ ]  No Progress[ ]  Some Progress[ ]  Significant Progress[ ]  Accelerated Progress |
| If **no** or **some** progress is made, how can the target be adjusted so I can achieve this in 6-8 weeks?If **significant** or **accelerated progress** is made, how can the target be adjusted to support me to make tiny steps towards the Outcome? |
| **New targets:** *Targets must be Specific, Measurable, Achievable, Realistic and Time bound* |
|  |

|  |  |
| --- | --- |
| **Outcome 3:** | This **Long-term Outcome** to achieve by the end of my time at pre-school (Intent). |
|  |

|  |  |
| --- | --- |
| **Targets:**  | **Short-term Targets** help me move a little step closer to achieving the Outcome. |
| Targets must be Specific, Measurable, Achievable, Realistic and Time bound. |
|  |

|  |  |
| --- | --- |
| **Strategies**  | This is how my **keyperson, setting practitioners and my parents/carers** will help me to achieve my target. Refer to the strategies and advice from STLS and/or other agencies (Implementation). |
|  |

|  |  |
| --- | --- |
| **Review:**  | Leave this section blank until the Review Date (Impact).  |
| **Review Date:** (No more than 6-8 weeks from the date of this plan) | **Click or tap to enter a date.** |
| Refer to the completed Weekly Monitoring Sheets when completing this section. |
| I have made progress towards my target in the following way:  |
|  |
| My parents/carers comments:  |
|  |
| How much progress have I made independently and consistently?  | **Only select one box:**[ ]  No Progress[ ]  Some Progress[ ]  Significant Progress[ ]  Accelerated Progress |
| If **no** or **some** progress is made, how can the target be adjusted so I can achieve this in 6-8 weeks?If **significant** or **accelerated progress** is made, how can the target be adjusted to support me to make tiny steps towards the Outcome? |
| **New targets:** *Targets must be Specific, Measurable, Achievable, Realistic and Time bound* |
|  |

|  |
| --- |
| **Next Steps / Actions:** To create a new Personalised Plan |
| **On the new Personalised Plan:** * Add the date of the new plan (today’s date).
* Add the new plan number.
* Add today’s review date to ‘List **all** Previous Personalised Plan Review dates’
* Update information on pages one and two.
* Update the attainment grid.
* Add targets to the new plan.
* Set next review date in 6-8 weeks.
* Include any actions from this review.

See Early Years Personalised Plan Guidance notes on KELSI for further support. |

|  |
| --- |
| **Notes from meeting:**  |
|  |

|  |  |
| --- | --- |
| **Personalised Plan Agreement:** | **Date:** Click or tap to enter a date. |
| *We agree with the targets and strategies set out in this plan.* |
| **Parent / Carers Name:** | **Parent / Carers Signature:** |
|  |  |
| **SENCO or Keypersons Name:**  | **SENCO or Keypersons Signature:** |
|  |  |

Please only complete and print this section when the child is transitioning to a new room, setting or school

|  |
| --- |
| **For Transition Use Only:** |
| Please **only complete and print** this section when the child is transitioning to a new room, setting or school. |
| **Transition:** | Please outline the support that the child may need when starting at the new provision, school, or joint placement: |
|  Please use the Personalised Plan as the transition document for this child. If there is more than one Personalised Plan, please include all of them when the child is moving on to school. |
| **SENIF:** | Please outline, if the setting has received SENIF support and if so, how this has improved the outcomes for the child: |
| Please detail how SENIF / SENIF Practitioner support has helped the child. |

|  |  |
| --- | --- |
| **Names of Professionals known to the child:** | **Contact details:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Transition Agreement:** |
| **Setting SENCo / Managers Name:** |  | **Date:** |
| **Setting SENCo / Managers Signature:** |  | Click or tap to enter a date. |
| **Parent/Carers Name:** |  | **Date:** |
| **Parental Signature - Agreement to share with the receiving School/Setting:** |  | Click or tap to enter a date. |

Remember to include your completed Best Practice Guidance for the Early Years audit document

as part of the transition documentation