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| Support Plan for: |  | Date of Birth: |  |

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| Ethnicity |  | Sex at birth |  | Child’s expected start date to Primary School Year R |  |

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| **Support Plan Agreement (this must be completed before implementing the Support Plan)** | | | | | |
| Parent/Carer Name: |  | Parent/Carer Signature: |  | Date: | Click or tap to enter a date. |
| Key Person/Childminder Name: |  | Key Person/Childminder Signature: |  | Date: | Click or tap to enter a date. |

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| **Start date at setting:** | Click or tap to enter a date. | **Support Plan start:** | Click or tap to enter a date. | **Support Plan ceased:** | Click or tap to enter a date. |

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| Setting Name: |  | | | Setting Address: | |  | |
| Key Person Name: |  | | | Childminder Name: | |  | |
| Parent/Carer Name(s): |  | | | | | | |
| Does the child attend another Early Years Provision? Please give details. | | |  | | | | |
| Portage transition meeting date, if applicable: | | Click or tap to enter a date. | | | Number of Portage visits in setting, if applicable: | | Choose an item. |

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| **Main Area of Need** -Onlyselect **one** box | | | | | | | | | |
| Communication & Interaction |  | Cognition & Learning | | |  | Social, Emotional & Mental Health | | |  |
| Physical Development |  | Hearing Impairment |  | Visual Impairment | | |  | Multi-Sensory Impairment |  |

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| **Additional Information:** | | | |
| Language(s) spoken at home: |  | Prematurity (born at) number of weeks: |  |
| Please indicate below any formal diagnosis, adverse childhood experiences (ACEs), medical difficulties or other relevant information (including any mobility difficulties) that may impact the child’s development: | | | |
|  | | | |

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| **Child’s Views** |
| **What really matters to me?** |
| **What I enjoy doing. What I can do.** |
| **How I communicate with you and how you communicate with me.** |
| **I need your support when …** |

|  |  |
| --- | --- |
| **How my key person and all practitioners support me and the impact of this** | |
| ***Please reflect on actions taken following discussion with your Early Years Quality Adviser or Childminding Adviser and the implementation of the Ordinarily Available Provision:*** | |
| **Learning Environment** – what has been changed? | **How this has helped me** |
|  |  |
| **Provision** – what has been planned to support me? | **How this has helped me** |
|  |  |

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| **Things I like to do at home (to be updated at every 6 week review):** | |
| Date: | What I like to do at home |
|  |  |
| **My parents/carers are also supporting me with** (e.g. drinking from a cup, toileting) **(to be updated at every 6 week review):** | |
| Date: | How I am being helped at home |
|  |  |

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| **My Progress Reviews** |

This is an outline of my strengths and progress in the Early Years Foundation Stage (EYFS). Using your professional judgement, your knowledge of me and assessment information, you can identify my journey towards the Early Learning Goals in each area of learning.

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| **Date of this review** | **My age in months** | **Listening, Attention and Understanding** | **Speaking** | **Self-Regulation** | **Managing Self** | **Building Relationships** | **Gross Motor Skills** | **Fine Motor Skills** |
|  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
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| **All my targets are SMART Specific, Measurable, Achievable, Realistic and Time Bound (2 or 3 targets every 6 weeks)** | | | | | | |
| **Date** |  | **My Target is …** | |  | | |
| **How you can support me** (what can be put in place to help me achieve my target) | | | | | **Date of review with parents/carers** (I have made progress in the following way) | |
| *Add in this box the strategies you will use to support the above target:* | | | | | **Only select one box:**  I can’t manage this yet  I am still trying to achieve this  I can do this  I can do more than this now | *Add in this box progress towards the target and possible next steps:* |
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