|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Childs Name:  | D.O.B  | EHCPY / N | Date of plan | IEP No. |
| Child’s strengths and Interests: | Areas for development (Long Term Targets) |
| Short Term Targets | Strategies, Resources and Activities (What, how, when, who)  | Progress Summary (How far has the child got in achieving the targets) |
|  |  |  |

**Ideas to try at home:**

 **I agree that this plan and accompanying reports can be shared with visiting professionals and any receiving placements**.

Date of review Signature of parent /carer practitioner/SENCo

|  |  |
| --- | --- |
| Review outcome: | **SEE IEP REVIEW LOG**  |