|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Childs Name: | D.O.B | | EHCP  Y / 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** |