**My Early Years SEN Support Plan**

My photo

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| **Name:** | **Date of Birth:** | **Home language(s):** |
| **Setting(s):** | **Days / hours attending:** | **Parent / carer names:** |
| **Funded 2 year old placement?** **Yes / No** | **Early Years Pupil Premium?** **Yes / No** | **Child Looked After?** **Yes / No** |
| **SEN Support****EHC needs assessment** **EHCP** | **Details about additional funding:** | **Date plan started:****Date to be reviewed:****Date EHA reviewed:** **Parent / carer signature:** |

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| **Assess** |
| **Things I enjoy and can do at home and in the setting:****Changes to things I enjoy and can do (date):** | **My identified needs at home and in the setting:****Changes to my identified needs (date):** |

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| **Outcomes – what I hope to be able to do in the next 12 months:** | **Advice has been followed from:** |

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| **Plan** | **Do** | **Review** |
| **SMART Target:** **What I would like to do next** | **Who can help me and how?** | **Progress I have made** |
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| **Other things you can do to help me:** |
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