**Targeted Plan**

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| **General Information** | | | | | | | | |
| **Child’s name** |  | | | **Child’s date of birth** | | |  | |
| **Name of Early Years Provider** |  | | | | | | | |
| **Cycle of Assess Plan Do Review (APDR)** | |  | **Date Targeted Plan co-produced** | |  | **Date Targeted Plan reviewed**  (Recommended within a 12-week period) | |  |

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| **Level of SEN** | **SEN Support** | **Undergoing EHC needs assessment (SEN Support)** | | **EHC Plan (EHCP finalised)** | | |
| **Child’s strengths (Can include Characteristics of Effective Learning)** | | | **Child’s broad area(s) of need (Please tick relevant boxes)** | | | |
|  | | | Communication and interaction |  | Cognition and learning |  |
| Social, emotional, and mental health |  | Physical and/or sensory |  |
| **Primary needs / Current difficulties (condition, diagnosis etc.)** | | | |
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| **Child’s/Parent’s views / aspirations:** | | | | | | |
| **Key points from meeting:** | | | | | | |

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| **Assess** | | | | | | | | |
| **Setting based assessments Birth to 5 Matters (September 2021)** Age Ranges (AR) Add Range number and months e.g. AR 2 12-18mths | | | | | | | | |
| **Personal, Social and Emotional Development** | | | **Communication and Language** | | | **Physical Development** | | |
| Making relationships | AR: | E  D  S | Listening and attention | AR: | E  D  S | Moving and handling | AR: | E  D  S |
| Sense of self | AR: | E  D  S | Understanding | AR: | E  D  S | Health and self-care | AR: | E  D  S |
| Understanding emotions | AR: | E  D  S | Speaking | AR: | E  D  S |  | | |
| **Assessment** (additional setting based and/or outside agency assessment information) | | | | | | | | |
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| **Desired outcome(s)** | | | | |
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| **Plan** | | **Do** | | **Review** |
| **Goals / Targets – Steps towards the outcome** | **Source of Goal / Target** | **Interventions / Strategies / Resources** | **Frequency** | **Progress towards Outcome / Goals / Targets: Exceeded / Fully Met / Partially Met / Not Met and comment(s)** |
|  |  |  |  |  |
| **Summary of child’s progress:** (In this Targeted Plan period) | | | | |
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| **This Targeted Plan was co-produced by:** (Best practice would be to obtain signature of Parent/Carer) |
| *Name and role(s)* |