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| --- | --- |
| Name |  |
| Setting |  |
| Plan number |  |
| Plan start date |  |
| Plan review date |  |

**Early Years Foundation Stage**

My Views My Family’s Views

|  |  |
| --- | --- |
| This section was written on my behalf by the people who know me best.  I am happy when:  I don’t like it when: | Our priority for our child is:    This is what is working well for them at the moment:  This is what would improve things for them:  It is important for you to know these things about our family: |

My Team

**People in my family**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Parental responsibility? | Contributed to My Plan? | Contributed to review? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Professionals supporting me and my family**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role | Agency | Contributed to My Plan? | Contributed to review? |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **My Health Needs** | | | |
| **Diagnosis/ Disability/ Health Need** | **Diagnosed by** | **Is medication taken for disability/diagnosis?** | **Is it taken at setting?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other health issues/ referrals made** |  | | |
| **My Social Care Needs** | | | |
| **Social Care Processes in operation:** |  | | |
| **Local authority responsible:** |  | | |
| **Other plans:** |  | | |

My Progress

Please use the table below to provide information about the child’s level of attainment. We recommend referring to the ‘Birth to 5 Matters’ non statutory guidance and, in partnership with parents, making an informed professional decision about which range best describes the child’s attainment in each area.

|  |  |  |
| --- | --- | --- |
| Area of Learning | Attainment at the beginning of this  My Support Plan  (chronological age XX months = range X) | Attainment when this My Support Plan was reviewed  (chronological age XX months = range X) |
| Personal, Social and Emotional Development | **Making relationships - range**  **Sense of self - range**  **Understanding emotions - range** | **Making relationships - range**  **Sense of self - range**  **Understanding emotions - range** |
| Communication and Language | **Listening and attention - range**  **Understanding - range**  **Speaking - range** | **Listening and attention - range**  **Understanding - range**  **Speaking - range** |
| Physical Development | **Moving and handling - range**  **Health and self-care - range** | **Moving and handling - range**  **Health and self-care - range** |

My Strengths and Needs

|  |
| --- |
| Personal, Social and Emotional Development |
|  |
| Communication and Language |
|  |
| Physical and Sensory Development |
|  |
| Cognition and Learning |
|  |

My Outcomes and Provision

| **To be completed during the plan writing meeting** | | **To be completed during the plan review meeting** |
| --- | --- | --- |
| **Outcomes Sought** | **Educational provision** | **Review Notes** |
|  |  | **The provision was fully/partially/not implemented.**  **The outcome was fully/partially/not achieved.**  **Comments:** |
|  |  | **The provision was fully/partially/not implemented.**  **The outcome was fully/partially/not achieved.**  **Comments:** |
|  |  | **The provision was fully/partially/not implemented.**  **The outcome was fully/partially/not achieved.**  **Comments:** |
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