

|  |  |
| --- | --- |
| 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:** |
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