**Early Years SEND Support and Outcomes plan**

Photograph of child

Add logo of setting

**Name of child: Date of birth:**

**Name of setting: Year group/Room:**

|  |
| --- |
| **Aspirations/hopes of the child and family:** |

|  |
| --- |
| **List the skills that ...... needs to develop to work towards achieving these aspirations:** |

|  |
| --- |
| **What can .... do now?**  ***(including his/her strengths, interests and how the child learns best)*** |

|  |
| --- |
| **Does …. have an ‘**[**All About Me**](https://www.oxfordshire.gov.uk/sites/default/files/file/early-years-childcare/Allaboutme.docx)**’ : Y/N**  **If yes, when was it written?** |

|  |
| --- |
| **Who is involved/supporting the child and their family?**  ***e.g., family members, setting SENDCO, key person, other professionals*** |

**Early Years SEND Support Outcomes Plan**

Add logo of setting

**Child’s name: Date of birth: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcomesto aim for by the next review** | **Strategies and resources to support this in the setting and at home.** | **Who will do it and how often?** | **Monitoring/progress** |
| ……. will: |  |  |  |
| ……. will: |  |  |  |
| ……. will: |  |  |  |

**Were these outcomes co-produced with parents/carers? Y/N**

**Date of next review:**

**Early Years SEND Support Review**

Add logo of setting

**Child’s name: Date of birth: Date of review:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Outcomes to be reviewed** | **Review of progress** | **Emerging** | **Developing** | **Achieving** | **What is working to support progress?** | **Areas for development and/or next steps.** |
| ……. will: |  |  |  |  |  |  |
| ……. will: |  |  |  |  |  |  |
| ……. will: |  |  |  |  |  |  |

**Early Years SEND Support Review** Add logo of setting

|  |  |
| --- | --- |
| **Additional discussions, views of parent/carers, child and others involved - noted from the review meeting:** |  |
| **Impact and use of any additional funding/ resources.** |  |
| **Review original aspirations/hopes - are they still meaningful?** | Yes  Continuing with previous aspirations/ hopes  No  Consider new aspirations/ hopes |
| **Actions discussed/agreed at the review including who and when these will be completed by:** |  |
| **Does the child have an Education, Health and Care Plan? Y/N** | If yes, (the child has Education, Health and Care Plan) is the content still relevant and appropriate to meet the child’s education, health and care needs? **Yes / No or Not applicable**  **NB**. If No (the content of the EHCP is not relevant and appropriate) – This must trigger a review of the Education, Health and Care Plan. |