****

 **Targeted/Support Plan for:**

**Date of Birth: Date of Plan: Date of Plan Review:**

**The following people contributed to and agreed this plan:**

**Assess**

|  |
| --- |
| **Parent/Carer Aspiration - Our long-term ambition or hope** “What we want for the future is |

**Voice of the child** (What is important from their perspective?)

|  |  |
| --- | --- |
| **-**  | **-**  |
| **-**  | **-**  |
| **-**  | **-**  |

**What is working well?** (What can we celebrate?)

-

-

-

**What are we worried about?** (Any difficulties or new concerns arising?)

-

-

-

**Decision Making / What needs to happen next?** (Agreed priorities, actions, next steps)

-

-

-

**Name: Plan Start Date: Date of Review:**

|  |  |  |
| --- | --- | --- |
| **Plan**  | **Do (who, how and when)**  | **Review** |
| SMART Target / Short term steps towards outcomes | Teaching approaches / Adjustments / Interventions  | Outcome / Impact  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Target Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **Targets**  | **Outcomes Week 1 ( / / )** | **Outcomes Week 2 ( / / )** | **Outcomes Week 3 ( / / )** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Target Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **Targets**  | **Outcomes Week 4 ( / / )** | **Outcomes Week 5 ( / / )** | **Outcomes Week 6 ( / / )** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Target Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **Targets**  | **Outcomes Week 7 ( / / )** | **Outcomes Week 8 ( / / )** | **Outcomes Week 9 ( / / )** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Target Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **Targets**  | **Outcomes Week 10 ( / / )** | **Outcomes Week 11 ( / / )** | **Outcomes Week 12 ( / / )** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |