|  |  |  |
| --- | --- | --- |
| Child’s Name: | Date of Birth: | Date Plan Started: |
| What’s important to me | My preferred name  photo/picture  (if wanted) | What people like and admire about me |
| Likes/dislikes  I like...  I dislike... | How best to support me | People (and pets) who are important to me |

Baseline Assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transition/Self-Care/Preparation for Adulthood | | | Any diagnoses  Choose an item.  Choose an item.  Choose an item.  *(type in any other diagnoses)* | |
| Strengths | Needs | |
| Cognition and Learning | | | Communication and Interaction | |
| Strengths | | Needs | Strengths | Needs |
| Social, Emotional and Mental Health | | | Physical and Sensory Needs | |
| Strengths | | Needs | Strengths | Needs |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cycles of Support Cycle Choose an item. From: Date To: Date | | | | | | |
| Area of Need (specialist advice, and current attainment if appropriate) | SMART target | How will this be achieved? | | | | Outcome |
| *Example:*  *(C&L) Writing*  *Y3D (two years below ARE)*  *EP states X needs TA support in text-rich lessons and precision teaching daily.* | *Example:*  *X will be able to use accurate punctuation in her writing, including direct speech, with less than 4 errors per A4 page.* | *TA support in all English lessons* | *Daily* | *1 hour* | *Pair* | *Example:*  *Achieved*  *X engaged well with TA support – she is using a checklist on her table to check her work before seeking help. Teacher notes she is using speech marks accurately.* |
| *Precision Teaching* | *Daily* | *10 minutes* | *Individual* |
| Need - choose an item.  If ‘other’, please fill in  Current attainment  Specialist Advice | SMART target | Name of intervention | Frequency | Length | Ratio | Choose an item.  Feedback on target |
| Name of intervention | Frequency | Length | Ratio | Choose an item.  Feedback on target |
| Need - choose an item.  If ‘other’, please fill in  Current attainment  Specialist Advice | SMART target | Name of intervention | Frequency | Length | Ratio | Choose an item.  Feedback on target |
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| TAC meeting Date: Click or tap here to enter text. Attendees: Click or tap here to enter text. | | | | | | |
| Progress | | | | | | |
| Areas for development (including any new specialist advice) | | | | | | |
| Cycles of Support Cycle Choose an item. From: Date To: Date | | | | | | |
| Area of Concern (specialist advice, and current attainment if appropriate) | SMART target | How will this be achieved? | | | | Outcome |
| Concern - choose an item.  If ‘other’, please fill in  Current attainment  Specialist Advice | SMART target | Name of intervention | Frequency | Length | Ratio | Choose an item.  Feedback on target |
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| Progress | | | | | | |
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| TAC meeting Date: Click or tap here to enter text. Attendees: Click or tap here to enter text. | | | | | | |
| Progress | | | | | | |
| Areas for development (including any new specialist advice) | | | | | | |