**Early Intervention**

**Identification of Need**

|  |  |
| --- | --- |
| **Start Date:** | **Cycle Number:** |
| **Child’s Name:****DOB : Age in Months:****Start date at Setting:****Key Worker:** | **Stage of Dev in Prime Areas of EYFS:** |

|  |  |
| --- | --- |
| **Strategies tried from previous cycle:** | **Impact:** |

**Assess (Identify area of need)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication and interaction** |  | **Cognition and learning**  |  |
| **SEMH** |  | **Sensory and/or physical needs** |  |

**Plan (Actions that will take place inc. time frame)**

**Do (How it is going to be done and how will it be implemented)**

**Review of Strategies, Outcomes and Next Steps**

**Present at Review:**

**Parent’s Signature: Date:**

**SENCO/Key worker Signature:**