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**Assess Plan Do Review Cycle**

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| --- | --- | --- | --- | --- | --- |
| **Name of child** |  | **Date of birth** |  | **Class** |  |
| **Area(s) of need** **(please tick)**  | **Cognition and Learning** |  | **Communication and****Interaction** |  | **SEMH (Social and****Emotional)** |  | **Physical and Sensory** |  | **Other** |  |

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| **Reviews** | **Date** | **Year Group** | **Term** |
| **Review 1** |  |  |  |
| **Review 2** |  |  |  |
| **Review 3** |  |  |  |
| **Review 4** |  |  |  |
| **Review 5** |  |  |  |
| **Review 6** |  |  |  |

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| **Assess** | **Plan/Do** | **Review** |
| **Area of Need:** | **What are the SMART, short term targets?****What will the CYP have achieved and by when?** | **How will the CYP achieve their targets? What specific interventions will be delivered and how will the notional delegated SEND budget be used?** | **Details of external professionals involved** | **Date of termly review** | **What has been achieved/ not achieved**  | **What is working/ not working** | **Revised Plan needed: Y/N** |
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