

## Additional Needs **Plan- School**

Child's name:

Child's class:

Child's date of birth:

Date:

Current Attainment : ( please highlight )

<b>Reading</b>	Below	Working towards	Expected
<b>Writing</b>	Below	Working towards	Expected
<b>Maths</b>	Below	Working towards	Expected

Current areas of strength in school:

Current areas of need(s) in school/barriers to learning: (please tick relevant sections and give a brief outline)

Communication and interaction	Cognition and learning	Social, mental and emotional health	Sensory and/or physical development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support already in place ( list interventions and strategies that support child's needs)

Plan of action

How will this be achieved?

Review of target.

Target 1

Amended:  
Date achieved:

Target set by pupil or parent

Amended:  
Date achieved:

New target when above target has been achieved.

Completed by \_\_\_\_\_ ( class teacher ) ( SENDCo ) \_\_\_\_\_ (Parent/carer)  
 \_\_\_\_\_ (Child ) Review date: