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| **Early Years Group Intervention Plan – A2** |

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| **Name of Setting:** |  | **Contact person and email address for outcome letter:** |  |
| **Date this plan started:** |  | **Date this plan to be reviewed:** |  |

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| **Child’s Name** | **D.O.B** | **Child’s Name** | **D.O.B** |
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| **Agreement of Support Plan** | | | |
| **Please sign to indicate you have parental permission for the children to access this group intervention.** | | | |
| **Practitioner/Teacher/ SENCO signature:** |  | **Date:** |  |

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| **Main areas of concern and focus of intervention for the group:** | **MAIN SEND need: (SELECT ONE)** | | **Specific skills/learning to be targeted by the intervention.** |
|  | **Cognition & Learning** |  |  |
| **Communication & Interaction** |  |
| **Social, Emotional & Mental Health** |  |
| **Physical & Sensory Needs** |  |

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| **Short term outcomes over period of intervention:** | **What are you going to do?**  (Provision & resources) | | **When will this intervention happen?**  (Frequency, duration, group size) | **Who will deliver the intervention?**  (Staffing requirements) | | | **Has outcome been achieved?**  Yes/No - explain how: | |
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| **Summary of discussion:** (To include pupil and parent/carer voice) | | | | | **Recommendations of review meeting:** | | | **YES/NO** | |
| **What progress has been made by the group?** | | | | | **NEW Intervention Plan to be written with new outcomes set.** | | |  | |
| **Current Intervention Plan to be repeated** | | |  | |
| **Individual SEND Support Plans to be implemented** | | |  | |
| **Are there any things that need changing to the intervention?** | | | | | **Any other actions?** | | |  | |
| **Practitioner/Teacher/SENCO Signature:** | |  | | | **Review Date:** |  | | | |