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| **Additional Support Plan** | Plan number |
| Name: | DoB: | Setting: | Start Date: | 6-8 week review date |
| Strengths and interests: | Professionals involved: |
| **Area****for development** | **Current achievement (baseline)** | **Expected outcome** | **Activities/Resources/Strategies (i.e. provision)** | **Outcome** |
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| Parent/carer comments: | Voice of the child: |
| Parent/carer signature ……………………………. Date: | Staff signature ………………………. Date: |