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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: | |