**EARLY INTERVENTION RECORD SHEET**

***PLEASE NOTE: PLEASE FORWARD THIS SHEET TO ANY SCHOOL OR SETTING THE CHILD MAY MOVE TO***

EARLY YEARS SETTING: NAME OF CHILD: DATE OF BIRTH:

PARENT(S)/GUARDIAN:

DATE OF INITIAL DISCUSSION WITH PARENTS:

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| **Date(s)** | **Brief details of action taken/visit** | **Agency or member of staff, eg Parent, Special Educational Needs Co-ordinator, Educational Psychologist, Speech and Language Therapist** | **Signature** |
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