

Early Years Personalised Plan for:

Date of Personalised Plan:	Click or tap to enter a date.	Personalised Plan number:	Choose an item.
-----------------------------------	-------------------------------	----------------------------------	-----------------

Child's Full Name:		Date of Birth:	Click or tap to enter a date.
Start date at setting:	Click or tap to enter a date.	Child's age (In months):	
Number of hours attending:		Gender:	Choose an item.
Setting Name:		Ethnicity:	
SENCo Name:		Child's expected start date to school year R:	
Key Person Name:			
Parent/Carers Name(s):			

Does the child attend another Early Years setting/provider (please give details)?			
Is the family in receipt of a Continuing Healthcare Plan for the child?	Choose an item.	Is the child receiving Portage support?	Choose an item.
Name of Portage Practitioner:		Date of Portage transition meeting if applicable:	Click or tap to enter a date.

Main Area of Need - Only select one box			
Communication & Interaction	<input type="checkbox"/>	Cognition & Learning	<input type="checkbox"/>
Social, Emotional & Mental Health	<input type="checkbox"/>	Physical Development	<input type="checkbox"/>
HI, VI, MSI - please specify	HI <input type="checkbox"/> VI <input type="checkbox"/> MSI <input type="checkbox"/>		

Additional Needs:	
EAL (language spoken):	Prematurity (born at) number of weeks:
Health Needs (please specify):	
Sensory Needs (please specify):	
Relevant information:	

In receipt of EYPP?	Choose an item.	In receipt of DAF?	Choose an item.
Please outline how DAF and/or EYPP has been utilised to support the needs of the child:			

If the child has received SENIF Practitioner support were they allocated at an EYS LIFT meeting or as a result of SENIF being agreed?		Choose an item.
SENIF in place?	Choose an item.	Date SENIF agreed:
Please detail how SENIF / SENIF Practitioner support has been utilised and what has the impact of this been on the child/setting:		Click or tap to enter a date.

Date of transfer from Targeted to Personalised Plan:	Click or tap to enter a date.
List all previous Personalised Plan Review date(s):	

Child's Views:

Things that I like and am happy doing:

Things that I find difficult:

How my key person and all setting practitioners support me within my setting and the impact of this:*(Please refer to the Best Practice Guidance 2021 and the associated audit tools)*

Learning Environment - what has been adapted?

Provision - what has been planned?

Communication - how do I relate to others?

Things that I like to do at home:

My parents/carers and setting are also supporting me with (e.g., drinking from a cup, toileting):

Progress Review: (Please see Guidance Notes below)

Although for some children you may only be making assessments in the prime areas of learning, please ensure that all specific areas of learning continue to be reflected in the children's planning.

Guidance:

This is an outline of the child's strengths and progress in the Early Years Foundation Stage (EYFS). Using your professional judgement, knowledge of the child and assessment information from the Milestone Assessment Criteria, you can identify if the child is 'on track' for their expected level of development and journey towards the Early Learning Goals in each area of learning.

To make an assessment, looking at each Milestone Assessment sheet, you should look at the 12-month milestone the child is currently in, for example if a child is 18 months old the key person would go **back** to the nearest milestone checkpoint to the child's current chronological age. If the child is not meeting that milestone the key person would continue back to the most appropriate checkpoint.

Complete the grid by writing Y (yes the child is meeting the milestones) at the appropriate point. Only one Y should be recorded in each of the columns/rows at each given assessment. The areas where the child is not meeting those milestones will indicate where additional support is required. Because of the crucial nature of the Prime Areas of Learning, we only require information about children's progress in the Prime Areas. Of course, children's interests and strengths in any of the specific areas should be part of the overall discussion.

Please indicate the child's current level of development. (see Guidance above).

Child's current age in months:

Milestones of Development	ELG							
	48 months							
	36 months							
	24 months							
	12 months							
	0-6 months							
	Areas of learning / ELGs	Listening, Attention and Understanding	Speaking	Self-Regulation	Managing Self	Building Relationships	Gross Motor Skills	Fine Motor Skills
		Communication and Language		Personal, Social and Emotional Development		Physical Development		

If you do not use the Milestone Assessment Toolkit please attach additional evidence of the child's progress in relation to the prime areas of development.

Please attach any additional progress information or use the space below for any relevant comments regarding the child's progress or attainment:

Outcome 1:	This Long-term Outcome to achieve by the end of my time at pre-school (Intent).	
Targets:	Short-term Targets help me move a little step closer to achieving the Outcome.	
	Targets must be Specific, Measurable, Achievable, Realistic and Time bound.	
Strategies	This is how my keyperson, setting practitioners and my parents/carers will help me to achieve my target. Refer to the strategies and advice from STLS and/or other agencies (Implementation).	
Review:	Leave this section blank until the Review Date (Impact).	
Review Date: (No more than 6-8 weeks from the date of this plan)	Click or tap to enter a date.	
Refer to the completed Weekly Monitoring Sheets when completing this section.		
I have made progress towards my target in the following way:		
My parents/carers comments:		
How much progress have I made independently and consistently?		Only select one box: <input type="checkbox"/> No Progress <input type="checkbox"/> Some Progress <input type="checkbox"/> Significant Progress <input type="checkbox"/> Accelerated Progress
If no or some progress is made, how can the target be adjusted so I can achieve this in 6-8 weeks? If significant or accelerated progress is made, how can the target be adjusted to support me to make tiny steps towards the Outcome?		
New targets: <i>Targets must be Specific, Measurable, Achievable, Realistic and Time bound</i>		

Outcome 2:	This Long-term Outcome to achieve by the end of my time at pre-school (Intent).	
Targets:	Short-term Targets help me move a little step closer to achieving the Outcome.	
	Targets must be Specific, Measurable, Achievable, Realistic and Time bound.	
Strategies	This is how my keyperson, setting practitioners and my parents/carers will help me to achieve my target. Refer to the strategies and advice from STLS and/or other agencies (Implementation).	
Review:	Leave this section blank until the Review Date (Impact).	
Review Date: (No more than 6-8 weeks from the date of this plan)	Click or tap to enter a date.	
Refer to the completed Weekly Monitoring Sheets when completing this section.		
I have made progress towards my target in the following way:		
My parents/carers comments:		
How much progress have I made independently and consistently?	Only select one box: <input type="checkbox"/> No Progress <input type="checkbox"/> Some Progress <input type="checkbox"/> Significant Progress <input type="checkbox"/> Accelerated Progress	
If no or some progress is made, how can the target be adjusted so I can achieve this in 6-8 weeks? If significant or accelerated progress is made, how can the target be adjusted to support me to make tiny steps towards the Outcome?		
New targets: <i>Targets must be Specific, Measurable, Achievable, Realistic and Time bound</i>		

Outcome 3:	This Long-term Outcome to achieve by the end of my time at pre-school (Intent).

Targets:	Short-term Targets help me move a little step closer to achieving the Outcome.
	Targets must be Specific, Measurable, Achievable, Realistic and Time bound.

Strategies	This is how my keyperson, setting practitioners and my parents/carers will help me to achieve my target. Refer to the strategies and advice from STLS and/or other agencies (Implementation).

Review:	Leave this section blank until the Review Date (Impact).	
Review Date: (No more than 6-8 weeks from the date of this plan)	Click or tap to enter a date.	
Refer to the completed Weekly Monitoring Sheets when completing this section.		
I have made progress towards my target in the following way:		
My parents/carers comments:		
How much progress have I made independently and consistently?	Only select one box: <input type="checkbox"/> No Progress <input type="checkbox"/> Some Progress <input type="checkbox"/> Significant Progress <input type="checkbox"/> Accelerated Progress	
If no or some progress is made, how can the target be adjusted so I can achieve this in 6-8 weeks? If significant or accelerated progress is made, how can the target be adjusted to support me to make tiny steps towards the Outcome?		
New targets: <i>Targets must be Specific, Measurable, Achievable, Realistic and Time bound</i>		

Next Steps / Actions: To create a new Personalised Plan

On the new Personalised Plan:

- Add the date of the new plan (today's date).
- Add the new plan number.
- Add today's review date to 'List **all** Previous Personalised Plan Review dates'
- Update information on pages one and two.
- Update the attainment grid.
- Add targets to the new plan.
- Set next review date in 6-8 weeks.
- Include any actions from this review.

See Early Years Personalised Plan Guidance notes on KELSI for further support.

Notes from meeting:

Personalised Plan Agreement:

Date: Click or tap to enter a date.

We agree with the targets and strategies set out in this plan.

Parent / Carers Name:

Parent / Carers Signature:

SENCO or Keypersons Name:

SENCO or Keypersons Signature:

For Transition Use Only:

Please **only complete and print** this section when the child is transitioning to a new room, setting or school.

Transition:	Please outline the support that the child may need when starting at the new provision, school, or joint placement:
--------------------	--

SENIF:	Please outline, if the setting has received SENIF support and if so, how this has improved the outcomes for the child:
---------------	--

Names of Professionals known to the child:	Contact details:

Transition Agreement:

Setting SENCo / Managers Name:		Date:
Setting SENCo / Managers Signature:		Click or tap to enter a date.
Parent/Carers Name:		Date:
Parental Signature - Agreement to share with the receiving School/Setting:		Click or tap to enter a date.