

Early Years Support Plan

Date Started:

A - Details of Child

Last Name:

First Name:

Date of Birth: [Click here to enter text.](#)

Home Language:

Gender: [Choose an item.](#)

Ethnicity: [Choose an item.](#)

B - Parent(s) / Carer(s)

Name(s):

Relationship to Child:

Home Address:

Mobile Number:

Home Telephone No:

Email:

C - Early Years Setting / Portage Involvement		
Name:		
Address:		
Portage Involvement:		
Key Contact:		
Telephone Numbers:		
Start Date:		
End Date:		
Details of EYRS Funding Applications		
Date of Application:	Date of Funding Received:	Amount

D - Details of General Practitioner (GP)	
GP / Surgery Name:	
Address:	
Telephone Number:	

Role	Name	Telephone Number	Address / Email
Health Practitioner			

Paediatrician			
Therapist - SALT			
Therapist - OT			
Therapist - Physio			
Social Worker			
Early Years SENCo			
Educational Psychologist			
Other			

F - Child's Profile

This section will require a meeting involving parent(s)/carer(s) and child and can be facilitated by an identified person known to the parent(s)/carer(s)

What I am good at and proud of

-
-
-

What people like and admire about me

-
-
-

Parent(s)/carer(s)' views and goals for their child

Essential information

-
-
-

What do you think your child's special educational needs are?

-
-
-

My wishes and goals for their future

-
-
-

Medical history including any current medication

-
-
-

G - Strengths and Special Educational Needs

Communication and Interaction

Identified strengths

-
-
-

Identified needs

-
-
-

Cognition and Learning

Identified strengths

-
-
-

Identified needs

-
-
-

Social, Emotional and Mental Health
<p>Identified strengths</p> <ul style="list-style-type: none"> • • • <p>Identified needs</p> <ul style="list-style-type: none"> • • •
Sensory, Motor and Physical (including independence)
<p>Identified strengths</p> <ul style="list-style-type: none"> • • • <p>Identified needs</p> <ul style="list-style-type: none"> • • •

H – Birth – 5 Matters

Birth – 5 matters support children's' progress towards all of the statutory EYFS Early Learning goals.¹

Areas of Development	Please indicate the range (R=1-6) that the child is at and whether they are emerging (E), developing (D) or secure (S) stage of development.		
Range 1 – 0 – 12 months Range 4 – 22 – 36 months	Range 2 – 8 – 20 months Range 5 – 30 – 50 months	Range 3 – 16 – 26 months Range 6 – 40 – 60 months	
* Highlight/delete as appropriate			
	Baseline Date:	6 weekly review Date:	6 weekly review Date:
Chronological Age at time of Assessment	CA:	CA:	CA:
<i>Personal, Social and Emotional Development</i>			
• Making relationships	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Sense of self	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Understanding emotions	R = E/D/S*	R = E/D/S*	R = E/D/S*
<i>Physical Development</i>			
• Moving and handling	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Health and self-care	R = E/D/S*	R = E/D/S*	R = E/D/S*
<i>Communication and Language</i>			
• Listening and attention	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Understanding	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Speaking	R = E/D/S*	R = E/D/S*	R = E/D/S*

¹ Development matters might be used by EYRS settings throughout the EYFS as a guide to making best fit judgements about whether a child is showing typical development for their age, maybe at risk of delay or is ahead for their age.

H – Birth – 5 Matters (continued)			
Areas of Development	Please indicate the range (R=1-6) that the child is at and whether they are emerging (E), developing (D) or secure (S) stage of development.		
Range 1 – 0 – 12 months	Range 2 – 8 – 20 months	Range 3 – 16 – 26 months	
Range 4 – 22 – 36 months	Range 5 – 30 – 50 months	Range 6 – 40 – 60 months	
* Highlight/delete as appropriate			
Literacy			
• Reading	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Writing	R = E/D/S*	R = E/D/S*	R = E/D/S*
Mathematics			
• Number	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Shape, space and measure	R = E/D/S*	R = E/D/S*	R = E/D/S*
Understanding of the World			
• People and communities	R = E/D/S*	R = E/D/S*	R = E/D/S*
• The world	R = E/D/S*	R = E/D/S*	R = E/D/S*
• Technology	R = E/D/S*	R = E/D/S*	R = E/D/S*
Expressive arts and design			
• Creating with materials, being imaginative and expressive	R = E/D/S*	R = E/D/S*	R = E/D/S*

I - Assessments and Progress Information

As outcomes are subject to review for ease below two templates are included in this form. If further templates are required please copy and attach to this support plan.

Date Outcomes Set:

Date of Review:

Area of Need	Agreed Outcomes	What will we do? Who will do it? <i>Include allocated resources</i>	By when?	How will we know the outcome has been achieved? <i>Can the difference made be recorded?</i>	Review
Communication and Interaction					
Cognition and Learning					
Social, Emotional and Mental Health					
Sensory, motor and physical including independence					

Date Outcomes Set:					
Date of Review:					
Area of Need	Agreed Outcomes	What will we do? Who will do it? <i>Include allocated resources</i>	By when?	How will we know the outcome has been achieved? <i>Can the difference made be recorded?</i>	Review
Communication and Interaction					
Cognition and Learning					
Social, Emotional and Mental Health					
Sensory, motor and physical including independence					

General Data Protection Regulation

In accordance with the General Data Protection Regulation (2018), the London Borough of Harrow will use the data gathered through the statutory assessment solely for the purpose of assessing the named child for an Education Health and Care Plan. The information will be shared with partner agencies in order to make appropriate provision to meet the child or identified special needs.

In some cases, the London Borough of Harrow may use the information for other purposes if it has a legal duty to do so, to provide a complete service to the, to prevent and detect fraud or if there is a risk of serious harm or a threat to life.

The London Borough of Harrow may also use and disclose information, that does not identify individuals, for research and strategic development purposes.

J – Signed Agreement of Support Plan

Educational Setting / Portage	Parent(s)/Carer(s)
Signed:	Signed:
Name:	Name:
Date:	Date:

Date of Next Meeting: