**NAME: AGE: SETTING: ILPP number:**

**Context: Targeted support /specialist support/EHCP**

|  |  |  |
| --- | --- | --- |
| **A Unique Child** | **Resources/access to differentiated provision** | **Review and Further actions** |
| What strengths does…have and what needs? |  |  |
| **Positive relationships**(staff/peers/parents) |  |  |
|  |  |  |
| **Enabling environments** (routines/emotional/physical) |  |  |
|  |  |  |
| **Learning and Development**(focus/targets) |  |  |
|  |  |  |

People involved in drawing up the plan: Start date:

Parents’ / carers’ signature: Review date: