

INDIVIDUAL LEARNING AND PROVISION PLAN with PROMPTS FOR COMPLETION

| ILPP Number: |
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| |

Context: Targeted support/Specialist support/EHCP

| US | | | | | | |
|-------------|--|--|----------------------------|--|--|--|
| S FOCUS | A Unique Child | Resources/access to differentiated provision | Review and Further actions | | | |
| CHILD | What strengths doeshave and what needs? STRENGTHS / MOTIVATIONS / INTERESTS FAMILY CONTEXT AREAS OF NEED | | | | | |
| SETTING | Positive relationships (staff/peers/parents) | | | | | |
| ADULTS AND | WHO – who is helping, when & where?i.e. Key personRoom practitioners / SENCoPeers / Parents | HOW – how are they helping? | | | | |
| S | Enabling environments (routines/emotional/physical) | | | | | |
| CHILD FOCUS | Routines Emotional Physical | HOW – how will specific resources & routines within the environment support the child's learning, development & inclusion? | | | | |
| | Learning and Development (focus/targets) | | | | | |



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| WHAT – Write SMART targets here | HOW – how will the child be helped to | \rceil | |
|---------------------------------------|---------------------------------------|----------|---|
| | achieve targets? | | |
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| | | | ONGOING NOTES & AMENDMENTS THROUGHOUT PERIOD OF ILPP. EVALUATIONS FOR REVIEW DATE. |
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| | | | |
| People involved in drawing up the pla | an: | 1 / | Start date: |

OFFICIAL

Parents' / carers' signature:

Review date: