**Child/Young Person’s Name: DOB: Year group:**

**Term and year:**

**GRADUATED APPROACH (APDR):**

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESS:** Child/Young Person’s identified needs? | **PLAN:** Agreed support/interventions and expected outcomes. | **DO:** Support / intervention / adjustments in place? | **REVIEW:** Effectiveness and impact of the intervention / support? Outcomes met? |
|  |  |  |  |