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| --- | --- |
| **Name:** |  |
| **Class:** |  |
| **Teacher:** |  |
| **DoB:** |  |
| **Assessment information:** |

|  |  |
| --- | --- |
| **Specific needs:** |  |
| Cognition and learning |  |
| Sensory and physical |  |
| Communication and interaction |  |
| Health and care |  |
| Other |  |
| **Strengths:** | **Barriers:** |
|  |  |

|  |
| --- |
| **Outcomes:** |
| **Teachers:** | **Child or parent:** |
|  |  |

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| --- |
| **Targets:** |
|  |  |

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| --- |
| **Provisions:** |
| **Provision:** | **Who:** | **When/Where:** |

|  |
| --- |
| **Review:** |
|  |