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***Early Years Individual Education Plan***

**IEP Number:**

**Early Years & Childcare Service**

**Working in partnership for children and families**

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| **Name:** | | **Setting:** | |
| **Date of Birth:** | | **Start Date:** | **Review Date:** |
| Child’s strengths/interests and views: | Parent’s/Carer’s views: | Settings views: | Areas of Development: |
| Broad Objectives: |

| **Target**  **Number** | **In……weeks I will be able to:**  **SMART Targets** | **We will help by:**  **Strategies/activities/resources** | **Who, when, where?** |
| --- | --- | --- | --- |
|  |  |  |  |

Signed By Parent/Carer: …………………………………………………………. Practitioner: ………………………………………………………. Support Agency: ………………………………………………………………..