**Child’s name:**

**Class:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specific Needs:** | **Description of Child’s Need:** | **Outcome:** | **Target:** | **Strategies and Provision:** |
| Cognition and Learning |  |  |  |  |
| Sensory and Physical |  |  |  |  |
| Communication and Interaction |  |  |  |  |
| Social emotional and mental health |  |  |  |  |
| Health and Care |  |  |  |  |
| **Review:** |
| **Name:** |  | **Strengths:** | **Barriers:** |
| **Class:** |  |
| **Teacher:** |  |
| **DoB:** |  |
| **Assessment Results:** |