**Child’s Name: DOB: Date: Review Date:**

**Key Person:**

**Learning Plan Number:**

|  |  |
| --- | --- |
| **What I like and my strengths** | **What I find difficult** |
|  |  |

**To support your child’s development, we would like to work on the following targets:**

|  |  |  |
| --- | --- | --- |
| **Target** | **Strategy and Support** | **Review: Progress Towards Target** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Professionals involved:** |
| **Parents’ comments:** |

**Parent Name & Signature:**

**Key Person Name & Signature:**

**Setting SENCo Name & Signature:**