Individual Target Plan

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of lead adult: | |  | | Class/room: |  | | Plan Number: | Date started: |  |
| Child’s Name: |  | | | DoB: |  | |  | Review Date: |  |
| Outcomes identified at review: |  | | | | | | | | |
| Target/Outcomes: | | | Actions: | Who: | | When: | Outcomes/Next steps: | | |
|  | | |  |  | |  | Achieved?  Yes Ongoing No  Where are we now? Reasons/comments    Next Steps: | | |
|  | | |  |  | |  | Achieved?  Yes Ongoing No  Where are we now? Reasons/comments  Next Steps: | | |
|  | | |  |  | |  | Achieved?  Yes Ongoing No  Where are we now? Reasons/comments  Next Steps: | | |
|  | | |  |  | |  | Achieved?  Yes Ongoing No  Where are we now? Reasons/comments  Next Steps: | | |
|  | | |  |  | |  | Achieved?  Yes Ongoing No  Where are we now? Reasons/comments  Next Steps: | | |

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| --- | --- |
| Date of Review: |  |
| Who is present: |  |

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| --- | --- |
| What is working? | Not working? |
|  |  |
| Questions? | Actions: |
|  |  |
| Any further comments? | |