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/commentsNext Steps:  |
|  |  |  |  | Achieved?  Yes Ongoing No Where are we now? Reasons/commentsNext Steps:  |
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|  |  |  |  | Achieved?  Yes Ongoing No Where are we now? Reasons/commentsNext Steps:  |

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

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