

**OFFICIAL SENSITIVE**

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My Early Years One Plan

My Name is: Click or tap here to enter text.

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| **Section 1 - MY PERSONAL DETAILS** | | | | | | | | | | | | | | |
| **My Name(s)** | | | Click or tap here to enter text. | | | | **D.O.B:** Click or tap to enter a date. | | | | | | **Year group**:Click or tap here to enter text. | |
| **My Parents’ name(s)** | | | | | | | My Parents Contact Details | | | | | | | |
| **Parent/Carer** | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | |
| **Parent/Carer** | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | |
| **My Home address** | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | |
| **My Home Language** | | | Click or tap here to enter text. | | | | | | | | | | | |
| **Ethnicity** | | | Click or tap here to enter text. | | | Child Looked After Yes/No | | | | | Child in Need Yes/No | | | |
| **Early Years setting that I attend (Full Name and Address)**Click or tap here to enter text.  **Phone Number:**Click or tap here to enter text.  **Contact e-mail:**Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Setting SENCO:** Click or tap here to enter text.  **Key Person:** | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Date started at the setting** | Click or tap to enter a date. | | | | | | | | | | | | | |
| **Planned Attendance** | | Days | | Mon | Tues | | Wed | Thurs | | | | Fri | | Total Hours |
|  | | Hours | |  |  | |  |  | | | |  | |  |
| **FEEE hours accessed** | | Autumn Term (year): | | | Spring Term (year): | | | | Summer Term (year): | | | | | |
| **Actual Attendance (%)** | | Click or tap here to enter text. | | | **Date child will be starting school:** | | | | | Click or tap to enter a date. | | | | |
| **Have parents agreed for this plan to be shared with other professionals?** | | | | | Yes  No | | | | | | | | | |

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| **Name of professional involved with the child or family** | **Post held / service** | **Most recent involvement (date)** | **Type of involvement, frequency of support** | **Report attached (please tick)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |  |

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| **Section 2 – All about Me and my Family** | | |
| **My voice** –The following section should be completed using a person-centred approach. It is all about what is important **TO** the child. This information usually comes from informal conversations or observations; Children of all ages can give their views but appropriate support might have to be provided (relevant to child’s age and special educational need) Children may decide to use pictures, symbols, or any other way of expressing their views, they can answer some or all questions, as relevant to them (suggested questions may be amended). Note how this was compiled and by whom, and if completed on behalf of the child; only use first person if quoting a child. | | |
| **All about Me, what people like and admire about me.**  Click or tap here to enter text.  This section is intended to reflect the child’s views, wishes hopes and aspirations for the future.  Children of all ages can give their views but appropriate support might have to be provided (relevant to child’s age and special educational need). |  | **What I like to do with my family, with whom and how often?**  Click or tap here to enter text.  Who is part of my family, what I like to play with, what games/toys. Any pets? What can I do myself at home? |
| **What is important to me and for me?**  Click or tap here to enter text. | **How to support me at nursery/preschool and at home?**  Click or tap here to enter text.  What does this look like for the child in practice?. |

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| **My family’s views** | |
| **What are our long-term aspirations for our child?** | Click or tap here to enter text. |
| **What would we like for our child now and in the near future?** | Click or tap here to enter text. |
| **What is working well and what can be challenging?** (How do you support your child/young person, how best to communicate, what works best, what could improve). What does this look like at home and in the community. | Click or tap here to enter text.  **What is hard for me? What don’t I like (and why)?**  **What can I do for myself, how I communicate, how I feel, behave, and play with others,** |
| **How to support us as a family? Signposting e.g., Family hubs/Good Beginnings** | Click or tap here to enter text. |

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| **Sections 3 – Graduated Approach – ASSESS** | | | |
| All children are continuously assessed by early years practitioners and other professionals involved with a child. Please record information based on the evidence of assessments, including observations, carried out and describe the child’s strengths and needs (what they can and cannot do). It is essential to provide information about severity of need (for example occasional, regular, frequent, persistent). Consider what the child is finding hard as well as what they can do and what this looks like in practice. (**Please bear in mind that the Essex early years banding descriptors are based on evidence of need**. This is crucial to ensuring that children with the same needs, in the same type of settings, receive the same level of funding.) | | **Type of assessment** | **Date** |
| **Characteristics of Effective Teaching and Learning**  **(Cognition and Learning)** | **Playing and exploring – children investigate and experience things, and ‘have a go’** |  |  |
| Click or tap here to enter text. |  |  |
| **Active learning – children concentrate and keep on trying if they encounter difficulties, and enjoy achievements** |  |  |
| Click or tap here to enter text. |  |  |
| **Creating and thinking critically – children have and develop their own ideas, make links between ideas, and develop strategies for doing things** |  |  |
| Click or tap here to enter text. |  |  |
| **Summary of progress** | | |
| Click or tap here to enter text. |  |  |
| **Specific Areas of Learning** | | |
| **Literacy - Comprehension, Word Reading, Writing** |  |  |
| Click or tap here to enter text. |  |  |
| **Mathematics - Number and Numerical Patterns** |  |  |
| Click or tap here to enter text. |  |  |
| **Understanding the World – Past and Present, People Culture and Communities, The Natural World** |  |  |
| Click or tap here to enter text. |  |  |
| **Expressive Arts and Design- Creating with Materials and Being Imaginative and Expressive** |  |  |
|  |  |  |
| **Summary of progress** | | |
| Click or tap here to enter text. |  |  |
| **Prime Areas of Need (Broad Areas of need)** | | | |
| **Personal, Social, Emotional Development**  **(Social Emotional and Mental Health)** | **Self-Regulation/Managing Self/Building Relationships** |  |  |
| **My strengths:** |  |  |
| Click or tap here to enter text. |  |  |
| **What I need to develop:** |  |  |
| Click or tap here to enter text. |  |  |
| **Summary of progress** | | |
| Click or tap here to enter text. |  |  |
| **Communication and Language**  **(Communication and Interaction)** | **Listening, Attention and Understanding/Speaking** |  |  |
| **My strengths:** |  |  |
| Click or tap here to enter text. |  |  |
| **What I need to develop:** |  |  |
| Click or tap here to enter text. |  |  |
| **Summary of progress** | | |
| Click or tap here to enter text. |  |  |
| **Physical Development (Sensory and/or Physical Needs)** | **Gross Motor Skills/Fine Motor Skills/ Hearing/Vision/Medical needs** |  |  |
| **My strengths:** |  |  |
| Click or tap here to enter text. |  |  |
| **What I need to develop:** |  |  |
| Click or tap here to enter text. |  |  |
| **Summary of progress** | | |
| Click or tap here to enter text. |  |  |

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| **Section 4 – Graduated Approach - PLAN and DO.** | | | | | | | | | |
| Special educational provision should be matched to the child’s identified needs. Parents should be involved in planning support and, where appropriate, in reinforcing the provision or contributing to progress at home | | | | | | | | | |
| **Date** | **Agreed Outcome**  (Must be linked to assessed need, views, and wishes of the child and the family, normally achievable within 12 months) | **Short term targets**  (Must link to agreed outcomes, normally achievable within 6 months) | **Small steps**  (Specific steps to achieve short term targets. These could be highlighted once achieved to track progress) | **What will we do?**  (Include High Quality Practice, ordinarily available provision, reasonable adjustments, specialist interventions, and resources) | **How will you implement?** | | | **How often / How long and who by?** *(Frequency)* | **Review by when?** |
| **Whole group** | **Small group** | **Individual** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |  | Click or tap here to enter text. | Click or tap to enter a date. |
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| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |  | Click or tap here to enter text. | Click or tap to enter a date. |
| **What will the parents be working on at home?** | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |

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| **Section 5 – Graduated Approach - REVIEW** | | | |
| Review the plan regularly (minimum termly)   * Throughout your meeting you will review all sections of the One Plan and provide detail on what progress and achievement looked like. * Discuss child’s learning and development, update assessment of type and severity of needs (what the child can and cannot do) * Present any new information from health/changes in family circumstances. * Evidence child’s and family voice. * Update outcomes and targets add | | | |
| **Date of Review:** | Click or tap to enter a date. | **Term:** | Click or tap here to enter text. |
| **Who Attended?** | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| **Child’s Views** | | | |
| Click or tap here to enter text. | | | |
| **Parental Views** | | | |
| Click or tap here to enter text. | | | |
| **General Discussion with Parents and Professionals** | | | |
| Click or tap here to enter text. | | | |

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|  | **Update on type and severity of special educational needs and outline progress against agreed outcomes** | **Update of Outcomes, targets, and small steps (which ones need to be amended and what to)** | **Any new strategies/interventions that need to be implemented? What has been recommended instead? (Include those suggested by professionals)** | **Review by when?** |
|
| **Characteristics of Effective Teaching and Learning**  **(Cognition and Learning)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **Personal, Social, Emotional Development**  **(Social Emotional and Mental Health)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **Communication and Language**  **(Communication and Interaction)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **Physical Development (Sensory and/or Physical Needs)** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **Action plan** | | | | |
| This section may include a list of actions for practitioners, parents, external professionals. Action may be related directly to the needs of the child or other members of the family. | | | | |
| **Action** | | | **By whom** | **By when** |
| Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap to enter a date. |

**Date plan agreed:** ……………………………………………. **Date plan to be reviewed next:** …………………………………………….

Please note a copy of this form must be given to the parent/carer and/or young person together with all supporting reports and assessments.

**Signed:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents/Carers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Setting SENCO/Manager

**General reminders and points to consider.**

* One Plan document is a very useful tool to capture person centred planning. It serves a number of different purposes
* It is an essential record of the Graduated Approach (Assess, Plan, Do, Review)
* In cases, when a referral for additional funding has to be made, it provides essential evidence of the type and severity of assessed special educational need
* It helps with the transition of information about the child and the family to the next educational setting (either between early years settings or at the time of transition to school). This means that if a child comes to you from another setting and/or already has external professionals involved, then information for this document should continue without unnecessary delays.
* We would like to encourage you to adopt this format and sustain consistency between settings, but you can use other documents to gather and present your information and to evidence the One Planning Process. If you decide to use other formats, please make sure that they include all evidence as stated in the SEND Code of Practice 0-25 years (2015) and included in this template above.
* You can personalise the plan for the child by adding pictures/photos of what they like and what they have been doing in nursery/home.
* Work in partnership with parents – keep the discussions flowing and don’t wait until the meeting to complete all the sections. Update as part of practice and share with parents before the meeting so they can add information as well.
* If you are new to the role of SENCO, and if you know who your Inclusion Partner is then please feel free to contact them. If you are not aware of who your Inclusion Partner is then you will be able to find out here - <https://schools.essex.gov.uk/pupils/SEND/Pages/default.aspx>