**Action Plan for Inclusion**

This plan should outline what needs to happen within the setting to enable the child to be included, have access to high quality learning experiences, and make progress.

|  |  |
| --- | --- |
| Child’s Name | Enter |
| Child’s date of birth | Enter |
| Child’s areas of need(tick all that apply) | [ ]  Communication and Interaction[ ]  Social, Emotional and Mental Health[ ]  Cognition and Learning[ ]  Physical[ ]  Sensory[ ]  Medical |
| Is the child/family/setting already in receipt of any additional funding?(tick all that apply) | [ ]  Inclusion Funding[ ]  EYPP - Early Years Pupil Premium[ ]  Deprivation Supplement[ ]  DAF - Disability Access Fund[ ]  DLA – Disability Living allowance[ ]  Other (please state): Enter |
| Setting name | Enter |
| Key Person | Enter |
| SENCO | Enter |
| School start date | Choose date |
| Date of planning meeting | Choose date |
| Attendees of planning meeting | Enter |
| Date for review of plan | Choose date (plans should be reviewed at least termly) |

|  |  |
| --- | --- |
| What is working well? | Enter |
| What are we still worried about? | Enter |
| What do we need to do next? | Enter |

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| --- | --- | --- | --- | --- | --- | --- |
| Child’s need which require adaptations to support inclusion and progress within the setting | Strategy to address the barrier(if recommended by an external professional, please state which) | Actions for the settingWhat do the practitioners in the setting need to do to remove or reduce the impact of the barrier | Responsible Person Who will take responsibility for this action? | Frequency When and how often will this happen? | Impact and planned outcomesHow will you know if the strategy has been effective? | Review of impact and progress |
| Enter | Enter | Enter | Enter | Enter | Enter | Enter |
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**Review Meeting**

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| --- | --- |
| How well have the actions been carried out within the setting? | Enter |
| What has the impact been for the child? | Enter |
| What are the ongoing areas of support? | Enter |

|  |  |
| --- | --- |
| Actions for new plan (if needed) or ongoing support:(you may wish to list the actions here or start a new action plan) | Enter |