Early Years Assess, Plan, Do, Review (APDR)  
 My Plan Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My name is:  My date of birth is:  I am years months old.  Age in months:  My first day at nursery was:  My key person is: | | My intervention started on:  This plan was written on:  It will be reviewed on:  My category of need:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | C&I |  | C&L |  | SE&MH |  | S&P |  |   My level of support (delete as appropriate):  APDR My Support Plan Assessment EHCP | | My strengths/ interests:  Professionals involved:  Stage of development:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | PSE- MR  SC/SA  MFB |  | C&L-L/A  U  SP |  | PH-MH  H/ SC |  |   Attendance during APDR period :–  Possible: Actual: | |
| My Targets | How will I know if I have achieved my target? | What activities and resources will I need to meet my targets? | Who will help me? | How did I get on? | What is next? |
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|  |  |  |  |  |  |
| What my parents/carers think of my plan and how they will help me  Signed: Date: | | | | | |
| What I have achieved in my setting:  Signed: Date:  Position: | | | | | |
| Additional comments: | | | | | |
| Review Comments:  Date: | | | | | |

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| Further actions following review:  Making progress return to Early Intervention cycle  Remain on APDR Intervention  Move onto My Support Plan  Make a request for an assessment for an EHCP | |
| Signature:  Parent/carer:  Date: | Signature:  SENCO:  Date: |