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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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:

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| --- | --- | --- | --- | --- | --- |
| PSE- MRSC/SAMFB |  | C&L-L/AUSP |  | PH-MHH/ 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 meSigned: 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 PlanMake a request for an assessment for an EHCP |
| Signature:Parent/carer: Date:  | Signature:SENCO:Date: |