## 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. Please ensure you are as detailed as possible.

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| Photo of the child (optional) | Click or tap here to enter text. | |
| Child’s Name: | Click or tap here to enter text. | |
| Child’s DOB: | Click or tap to enter a date. | |
| Child’s Address: | Click or tap here to enter text. | |
| Child’s area(s) 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 Free Entitlement or any additional funding?  (tick all that apply) | 2 year old FE  3 & 4 year old FE  Inclusion Funding  EYPP  Deprivation Supplement | DLA – Disability Living Allowance  DAF – Disability Access Fund  Other (please state what type of funding): Click or tap here to enter text. |
| Is the child known to any other professionals or services?  (Please list) | Click or tap here to enter text. | |
| Setting name: | Click or tap here to enter text. | |
| Key Person: | Click or tap here to enter text. | |
| SENCO: | Click or tap here to enter text. | |
| Start date at setting: | Click or tap here to enter text. | |
| School start date: | Click or tap to enter a date. | |
| Meeting Attendees: | Click or tap here to enter text. | |
| Name of Early Years and Childcare Adviser consulted: | Click or tap here to enter text. | |

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| What Is Working Well? | Click or tap here to enter text. |
| What Are We Still Worried About? | Click or tap here to enter text. |
| What Do We Need to Do Next? | Click or tap here to enter text. |

Date of Action Plan: Click or tap to enter a date. Date for Review: Click or tap to enter a date. By whom: Click or tap here to enter text.

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| Support needed by the child in the setting  Please be specific | Actions for the setting   * Who, what, where when? Please be specific | Review of impact and progress  Please be as detailed as possible. | Next Steps |
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For Inclusion Funding, submit at least **one reviewed Action Plan with Next Steps** and one individual planning document. Providers must be able to evidence at least one Assess, Plan, Do, Review cycle.

Action Plan for Inclusion – Additional Sheet

Date of Action Plan: Click or tap to enter a date. Date for Review: Click or tap to enter a date.

By whom: Click or tap here to enter text. APDR Cycle Number: Click or tap here to enter text.

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| Support needed by the child in the setting  Please be specific | Actions for the setting   * Who, what, where when? Please be specific | Review of impact and progress  Please be as detailed as possible. | Next Steps |
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