## 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 and paste photo |
| Child’s Name: | Click or tap here to enter child name |
| Child’s DOB: | Click or tap to enter a child DOB |
| Child’s Address: | Click or tap here to enter address |
| 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) | [ ]  9 month old EYFE for Working Families[ ]  2 year old EYFE for Working Families[ ]  2 year old LA Issued EYFE[ ]  3 & 4 year old EYFE[ ]  Inclusion Funding | [ ]  EYPP[ ]  Deprivation Supplement[ ]  DLA – Disability Living Allowance[ ]  DAF – Disability Access Fund |
| [ ]  Other: Click or tap here to enter other funding |
| Is the child known to any other professionals or services?(Please list) | Click or tap here to enter details |
| Does the child have an Education, Health and Care Plan (EHCP) in place, or in the process of being considered? | [ ]  Finalised EHCP in place [ ]  EHCP in progress [ ]  NoDo you know which local authority the EHCP is with?[ ]  No [ ]  Yes Click or tap here to enter name of local authority |
| Provider name: | Click or tap here to enter provider name |
| Key Person: | Click or tap here to enter name of Key Person |
| SENCO: | Click or tap here to enter name of SENCO |
| Start date at setting: | Click or tap to enter a date. |
| 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 (EYCA) consulted: | Click or tap here to enter name of EYCA |

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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 progressPlease 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 progressPlease be as detailed as possible. | Next Steps |
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