

# Appendix 2**My Early Years Person Centred Plan (PCP)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Date of birth**  | **Home language**  | **Ethnicity**  |
| **Setting (s)**  | **Days/ hours attending**  | **Early Help Involvement**Yes ☐ No ☐**Name of Family Support Worker:** |
| **Funding (15/30 hours)** | **Early Years pupil premium** Yes/No |
| **Level of support** *(please circle)*SEN Support EHCP | **Additional funding?** | **Social Care Involvement**Yes ☐ No ☐ **Child Looked After** Yes ☐ No ☐ **Name of Social Worker:** |
| **Date plan started:** | **Review date:**  |

|  |
| --- |
| **Assess** |
| **Child views and comments***Remember all this comes from child’s point of view* |
| **Things I enjoy and can do at home and in the setting**  | **My identified needs at home and in the setting** |
| **Parent Carer views and comments** |
| **Things my child enjoys and can do**  | **My child’s identified needs**  |
| **Setting comments**Use observations and any trackers the setting uses to support this, including DM key check points.Consider use of DfE recommended Dingley’s Promise Assessment tools [Help for early years providers : Using the assessment tools](https://help-for-early-years-providers.education.gov.uk/support-for-practitioners/send-assessment/how-to-use-the-assessment-tools) | **Things to consider** |
| **Things the child enjoys and can do**  | **The child’s identified needs**  | * Communication and language development, describe any current concerns? How do they try to gain you attention? How would they make requests or make their needs known?
* If they see something new or of interest when outside what would they do?
* What kind of play do they enjoy?
* Describe their relationships with a special person or friend at nursery?
* What toys/ activities do they enjoy?
* How do they manage separating from their parents and greet staff/peers as they arrive and leave?
 |

|  |
| --- |
| **How you can use your settings inclusive practice to support me. Think about the whole setting environment and room practice.** |
|  |
| **Outcomes – What I hope to achieve in the next 12 months.**(When, What, So, make it realistic)*(Please add as many outcomes as required)* | **Outcome 1:** | **Advice has been followed from:** |
| **Outcome 2:** |
| **Outcomes 3:** |
| **Plan** | **Do**Who can help me and how? | **Review**Date and who was presentProgress I have made |
| **Outcome number** | **Smart target** – What I would like to do next (think short term very small steps)* Who?
* Does what?
* Under what conditions
* To what degree of success

*(Please add as many Smart targets as required)* | Details of provision/Intervention to meet outcomes | Grouping(ratio) | Session |
| Duration | Frequency |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |