

# Early Years Group Intervention Plan – A2

<b>Name of Setting:</b>		<b>Contact person and email address for outcome letter:</b>	
<b>Date this plan started:</b>		<b>Date this plan to be reviewed:</b>	
<b>Child's Name</b>	<b>D.O.B</b>	<b>Child's Name</b>	<b>D.O.B</b>
<b>Agreement of Support Plan</b>			
<b>Please sign to indicate you have parental permission for the children to access this group intervention.</b>			
<b>Practitioner/Teacher/ SENCO signature:</b>		<b>Date:</b>	

<b>Main areas of concern and focus of intervention for the group:</b>	<b>MAIN SEND need: (SELECT ONE)</b>	<b>Specific skills/learning to be targeted by the intervention.</b>
	<b>Cognition &amp; Learning</b> <input type="checkbox"/>	
	<b>Communication &amp; Interaction</b> <input type="checkbox"/>	
	<b>Social, Emotional &amp; Mental Health</b> <input type="checkbox"/>	
	<b>Physical &amp; Sensory Needs</b> <input type="checkbox"/>	

Short term outcomes over period of intervention:	What are you going to do? (Provision & resources)	When will this intervention happen? (Frequency, duration, group size)	Who will deliver the intervention? (Staffing requirements)	Has outcome been achieved? Yes/No - explain how:
<b>Summary of discussion: (To include pupil and parent/carer voice)</b>			<b>Recommendations of review meeting: YES/NO</b>	
<b>What progress has been made by the group?</b>			<b>NEW Intervention Plan to be written with new outcomes set.</b>	
			<b>Current Intervention Plan to be repeated</b>	
			<b>Individual SEND Support Plans to be implemented</b>	
<b>Are there any things that need changing to the intervention?</b>			<b>Any other actions?</b>	
<b>Practitioner/Teacher/SENCO Signature:</b>				<b>Review Date:</b>

