

EARLY INTERVENTION RECORD SHEET

PLEASE NOTE: PLEASE FORWARD THIS SHEET TO ANY SCHOOL OR SETTING THE CHILD MAY MOVE TO

EARLY YEARS SETTING:

NAME OF CHILD:

DATE OF BIRTH:

PARENT(S)/GUARDIAN

DATE OF INITIAL DISCUSSION WITH PARENTS:

Date(s)	Brief details of action taken/visit	Agency or member of staff, eg Parent, Special Educational Needs Co-ordinator, Educational Psychologist, Speech and Language Therapist	Signature

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