

Additional Support Plan

Name:	DoB:	Setting:	Start date:	Plan number:	6-8 week review date:
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Strengths and interests:	Professionals involved:
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Area for development	Current achievement (baseline)	Expected outcome	Activities/Resources/Strategies (i.e. provision)	Outcome

Parent/carer comments:	Voice of the child:
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Parent/carer signature..... Date: Staff signature Date:.....