**A GRADUATED APPROACH RECORD SHEET FOR CHILDREN WITH SEND.**

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| --- | --- |
| Child’s Name: |  |
| Date of Birth: |  |
| Setting: |  |
| Key Person: |  |
| Parent/Carer name/s |  |
| Reasons for concerns: |
|  |

Initial discussion with parent:

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Senco signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

* Please highlight current services supporting the child:

|  |  |  |
| --- | --- | --- |
| Speech and Language Therapy | Portage Intervention | Health Visitor |
| Early Childhood Services | Early Years SEND Team | Sensory Support Services *(Vision Support/Hearing Support)* |
| Physiotherapy  | Occupational Therapy | Community Paediatrician |
| Audiology | Ophthalmology | Dietician |
| Autism and Social Communication Team *(ASC)* | Any other services |

|  |
| --- |
| **Assess, Plan, Do, Review Cycle** |
| Plan/Cycle Number | Date from | Review date |
|  |  |  |
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|  |  |  |
| **Level of Intervention** | **Date requested/agreed** |
| EY Support Plan |  |
| Individual Health Care Plan (IHCP) |  |
| Inclusive Practice Funding (IPF) |  |
| Education, Health and Care Plan (EHCP) |  |
| **Disability Funding** | **Date requested/agreed** |
| Disability Living Allowance (DLA) |  |
| Disability Access Fund (DAF) |  |