

Insert photo of
child here

CHILD'S PLAN TEMPLATE

Front Page Information to add:

- Name of Child/Young Person)
- Name of Early Learning Setting /School
- Badge of Early Learning Setting /School
- Academic year
- Date updated

Child / Young Persons Plan
Restricted/Confidential Information



CHILD / YOUNG PERSONS PLAN

Section 1 – Child / Young Person’s Details

Single agency plan Multi agency plan

| | | | | | |
|--|--|----------|--|---------------|--|
| Name | | Known as | | Date of birth | |
| Early Years Setting /School | | | | Year Group | |
| Named Person | | | | | |
| Lead Professional (if applicable) | | | | | |
| Home address | | | | | |
| | | | | | |
| Preferred language or form of communication and support required to attend meetings (child and parents) (e.g. use BSL, needs interpreter, prefers contact by mobile phone, disabled access, supporter, etc.) | | | | | |
| | | | | | |

Section 2 – Key Individuals – please identify who has parental rights for the child / young person

| | |
|--|------------------------------------|
| People living at the child or young person’s address | |
| Name | Relationship to child/young person |
| | |
| | |
| Other significant family members/people | |
| Name | Relationship to child/young person |
| | |
| | |

Section 3 – Background Information

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|---|
| Background Information (including any known additional support needs) |
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| Are there any statutory measures in place? |
| |

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|---|--|
| Does the child meet the criteria for a CSP? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, add detail | |
| | |

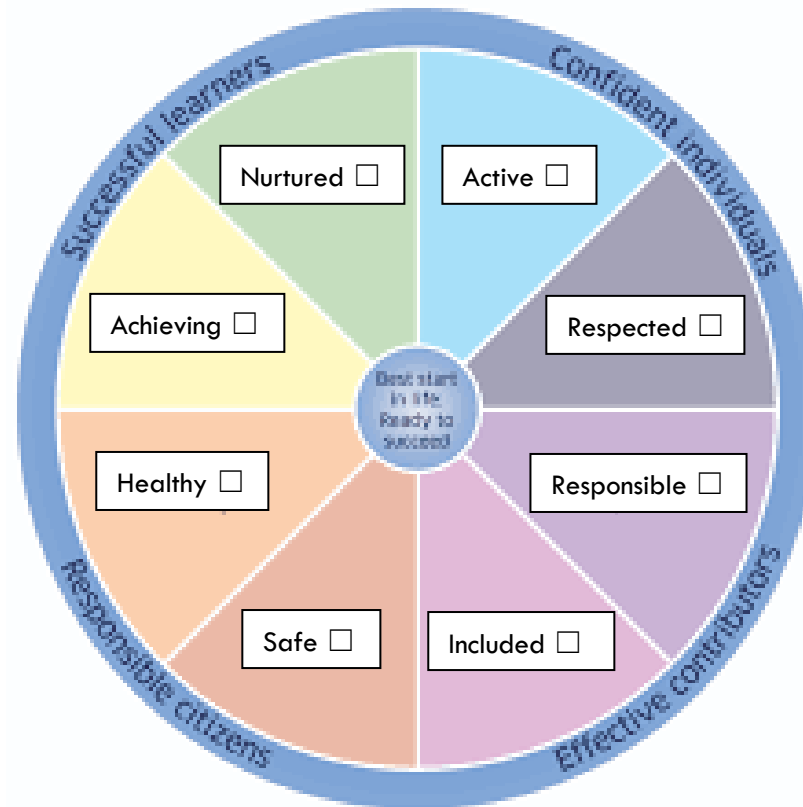
Section 4 - Views of child / young person and their parent / carer

When gathering views please remember to ask their consent to share information.

| | |
|--|--|
| What are the views of the child / young person? (This can be gathered in many ways e.g. for children unable to communicate verbally, you can use; talking mats, mosaic approach, powerpoint, video, photo) | |
| | |
| The child / young person has given consent to their information being shared. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, please specify why | |
| | |

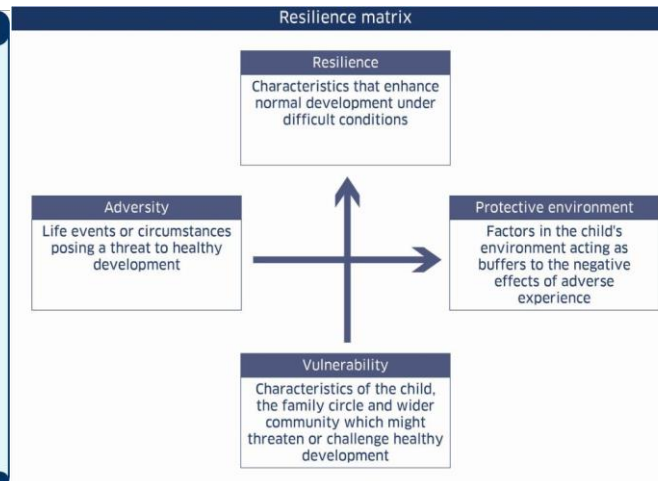
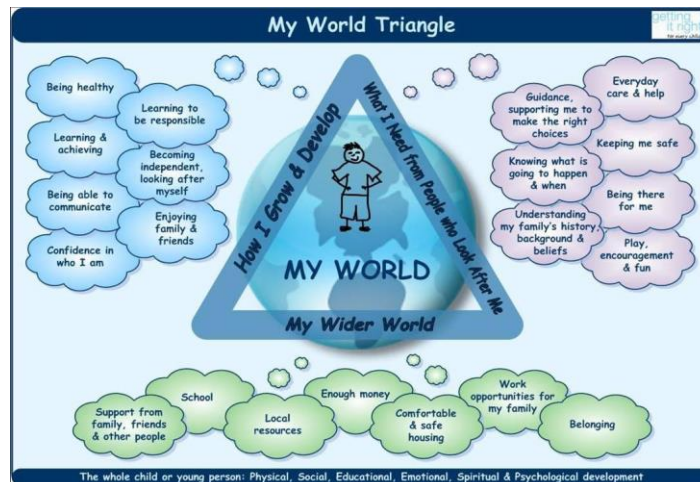
| | |
|--|--|
| What are the views of the parent? (what's going well and areas to develop) | |
| | |
| Has the parent given consent to their information being shared? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no, please specify why | |
| | |

Section 5 – Assessment of Wellbeing - tick the wellbeing indicators that you are concerned about ?



| Contributors to the Assessment of Wellbeing | | | |
|---|--|--------|-----------------|
| Name | Job title and relationship to Child/Young Person | Agency | Contact Details |
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Look at the My World Triangle and refer to the areas: How I Grow & Develop; What I Need from People who Look After Me; My Wider World. Also use the Resilience Matrix to identify protective factors and risk factors for more complex situations.



What's going well? strengths and protective factors. My world triangle – how I grow and develop? What I need from people who look after me? My wider world.

What are the relevant areas to develop and risk factors that may affect wellbeing? My world triangle – how I grow and develop? What I need from people who look after me? My wider world.

Has anything been done previously to address the areas for development?

What are current strategies and supports? To what extent are they addressing the wellbeing needs?

Summary of child/young person's needs

Summary of current strengths

What are the key wellbeing areas to develop?

What additional supports and strategies will be tried next?

Section 6 – Action Plan

| Date | What is the desired wellbeing outcome? | Agreed Actions | By whom? | By when? | Evaluation (Achieved/Continue) | RAG |
|------|--|----------------|----------|----------|--------------------------------|-----|
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| Childs Plan completed by | Job Title | Date |
|--------------------------|-----------|------|
| | | |

| Supporting documents currently in place (please tick ✓) | | | |
|---|--------------------------|-----------------------|--------------------------|
| Individual Education Plan | <input type="checkbox"/> | CIRCLE documentation | <input type="checkbox"/> |
| Co-ordinated Support Plan | <input type="checkbox"/> | SCERTS Profile / Plan | <input type="checkbox"/> |
| Healthcare Plan | <input type="checkbox"/> | Risk Assessment | <input type="checkbox"/> |