**Early Years Support Review**

To be completed when children have been allocated Early Years Support and require the support to be reviewed for the following term.

You **must** also attach an up-to-date copy of the child’s Early Years Support Tool, WELLCOMM data (If you use other tools such as B-squared please send a copy of this) and the most recent SEN Support Plan.

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| **Section 1** |
| Banding support currently in place: |
| Name of Setting: Date: |
| Name of Child: Date of Birth: |
| Name of Practitioner completing the review: |
| Sessions currently attended: |
| **Section 2 Professional Updates** |
| **Do you have any further updates from professionals involved? Please tick a box Yes ☐ or No ☐**  *If yes, please detail this below:* |

**Update from professionals involved.**

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| --- | --- | --- |
| Professionals Name | Name of Service | Describe the current involvement & impact |
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| **Section 3 Training attended.** |

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| **Training Attended** | **Impact seen** |
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| **Have you attended the free training offered? Please tick a box Yes ☐ or No ☐**  *If yes, explain how you have used what you have learnt to support the children at a universal and focused level of the Graduated Approach* |

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| **Section 4. Overview of current provision in place** |

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| **What support / Intervention is in place?** | **How Often** | **When does this take place** | **Adult / Child ratio** | **What impact has this support had on the child and what progress has been made** |
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| **What further support are you requesting and how do you think this will support both yourselves and the child over the next term?** |

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| --- | --- |
| Setting Representative:  Signature: | Date: |

**Please complete the checklist below and return this with supporting documents to** [ELCCInclusion@wigan.gov.uk](mailto:ELCCInclusion@wigan.gov.uk)

|  |  |
| --- | --- |
| Early Years Support Tool attached.  (If you use other tools such as B-squared please send a copy of this) |  |
| WELLCOMM data attached. |  |
| Latest SEN Support Plan attached. |  |