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| |  | | --- | |  |   **Date: AUTUMN TERM 2017**  **INDIVIDUAL PROVISION PLAN**  *This plan outlines targets to help support your child’s needs. They will be reviewed termly.*  **Child’s name:** …………………………………………..  **Class teacher:** ………………………… Class: ………………….. Year: ……  Parent/Carer:  I have read and agreed with this IPP: …………………………………………… Date: ………………………… | | | | |
| **Need and type of provision:** | **Adults supporting: (school or home)** | **Date:** | **Targets: what, who, how, when**  ***(SMART: specific, measurable, achievable, realistic and timed)*** | **Outcomes/Comment on progress:**  **Review date: Spring term 2018** |
|  |  | Autumn term | 1 |  |
|  |  | Autumn term | 2 |  |
|  |  | Autumn term | 3 |  |
|  |  |  |  |  |