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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  |  |
|  |  |  |  |  |