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| 1**0: Attendees:** |  | **1: Name:**Name | **Attendance:**Name | **PP/FSM/LAC/SGO/CP CIN** **Date:** dd/mm/yy **N/K/E**  **Area of Need:**  |
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| **2: All About Me:**What do we like and admire about the CYP? What is the pupil good at? What are the pupil’s interests?  |
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| **3: What do I need?**Describe presenting difficulties and consider any forthcoming transitions.  |
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| **4: My Views:**Pupil Views |
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| **5: What’s Working Well?**Home:School:Other: |  | **6: What Could Work Better?**Home:School:Other: Health/diet/dentist/eye test/hearing |
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| **7: Who Can Help?**ELSA, TA, Specialist Teacher, EP, OT, CAMHS? What help might the family need? |
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| **8: What I want to Achieve:** (include whether outcomes are achieved at Review)**1** Outcome**2** Outcome**3** Outcome |
|  |
| **9: Agreed Actions**123 | **Who?** | **When?** |
| **Next Review Meeting:** minimum termly |