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