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| --- | --- | --- | --- |
| **Child’s Name:**  **Date:** | **Name of Setting/School:**  **Date to be reviewed:** | | **Present:** |
| **What’s Going Well:** | | **To Think About:** | |
| **Additional strategies to support the child:** | | **Do I need to think about completing:**  A Risk Assessment:  ABCC Charts:  Behaviour Training:  Language Audit: | |
| **Behaviours to reduce:** | **Triggers:** | | **Strategies:** |
|  |  | |  |
|  |  | |  |
| **How will the parent support this target?** | | | |
| *We may need to share information about your child with other professionals or services, so they can work with us to provide the support that your child needs. We will ensure that you are aware of the reasons why we are sharing the information and who we are sharing the information with. Please sign below to confirm that you give your agreement for information to be shared in this manner:*  Name of parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Name of SENCO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |