|  |  |  |
| --- | --- | --- |
| Child’s Name: | Year: | Date Completed: |

**What you need to know about me (health (including any diagnosis), communication, diet, behaviours, parent/carer and my aspirations)**

Click or tap here to enter text.

**What is important to me? What am I good at?**

Click or tap here to enter text.

**How to support me (include scripting)**

Click or tap here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Primary area of need** | Choose an item. | | | | | |
| **Any additional plans in place? (eg Medical needs, TAF)** |  | | | | | |
| **Need**  *What do you see?*  *What do you understand by it?*  **Summary of presenting need.** | **Outcomes sought for the term 1, 2 and 3**  **(see EHCP if using for review purposes)** | **What specific interventions, bespoke strategies (which are different from and in addition to QFT) as well as equipment and resources will be in place?** | **What is the frequency and duration of the intervention?** | **Who will deliver this provision (level of expertise and training) and what is the ratio? e.g. 1:2, 1:4, 1:12** | **Cost £ per week** | **What assessment tools will be used to measure and quantify progress** |
| **Cognition & Learning**Click or tap here to enter text. |  |  |  |  |  |  |
| **Long term targets/outcomes (inc. Pfa)** | |  | | | | |
| **SEMH**Click or tap here to enter text. |  |  |  |  |  |  |
| **Long term targets/outcomes (inc. Pfa)** | |  | | | | |
| **Communication & Interaction**Click or tap here to enter text. |  |  |  |  |  |  |
| **Long term targets/outcomes (inc. Pfa)** | |  | | | | |
| **Sensory & Physical**Click or tap here to enter text. |  |  |  |  |  |  |
| **Long term targets/outcomes (inc. Pfa)** | |  | | | | |
|  |  | **Total (frequency and costs of interventions)** |  |  |  |  |

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| **Review cycle** | **Date** | **List of those who attended the meeting (should include parent/carer, pupil, SENDCO and any relevant agencies)** | **Advice received from external agencies (include any support visits, date strategies included on the I-APDR?)** | **What is working well/progress towards outcomes** | **Not working well and next steps** |
| **First I-APDR meeting** |  |  |  |  |  |
| **Mid Review** |  |  |  |  |  |
| **End Review** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Term** | **Parent/Carer views** | **Child/Young person’s Voice** | **Teacher and other agencies** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**Use the following Regulation plan if a young person needs it and/or it links to supporting their primary need.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recognised Triggers**  **What do you notice? What emotional need is being expressed?** | | **Strategies and interventions to maximise emotional regulation and connection to the child or young person** | | **If needed, Positive Handling Plan - (least intrusive methods of guidance and positive handling e.g. Take my hand)** | |
|  | |  | |  | |
| **How a child or young person may present at each stage (personalise to the individual)** | | | | | |
| **Level 1**  **Anxiety and/or Trigger**  Diversion, support, reassurance, connection, co-regulation  **What happens for the child or young person?** | **Level 2**  **Defensive/Escalation**  Diversion, support, reassurance alongside setting clear limits, boundaries and choices  **What is the child or young person communicating?** | **Level 3**  **Crisis**  Diversion, support, reassurance, reduce language, shift environment  **What does the child or young person need from the adults to feel safe?** | **Level 4**  **Recovery**  **Diversion, support and reassurance** | **Level 5**  **Depression**  **Observation, support and monitoring – recovery and repair** | **Level 6**  **Restoration**  **Review, reflect, repair, reconnect** |
|  |  |  |  |  |  |
| **Appropriate strategies to de-escalate and create co-regulation and connection** | | | **Strategies to Support and enable regulation** | | |
|  |  |  |  |  |  |