**Support and Achievement Play Plan (Refer to Early Years Quality Team SAPP Guidance leaflet)**

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| **Name of child:** | **DOB:** | **Current age in months:** | **Code of Practice stage:** | **Agencies involved with the child:**  [e.g. SaLT, EDIT, Paediatrician, etc.] |

**Please summarise relevant detail of strengths and difficulties. *It may be appropriate to refer to the following 6 areas:***

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| *Communication* | *Learning and Development* | *Behaviour and emotions* | *Health* | *Everyday Life* | *Family and Community* |

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| **What are the child’s areas of strength, likes and interests?**  *[With the parents, please consider strengths at home and in your setting]* | **What are the child’s area(s) of difficulty?**  *[With the parents, please consider difficulties at home and in your setting]* |
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| **What are the joint outcome(s) for the child?** *[Long Term Aspirations identified by parents in conjunction with the setting]* | |
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| **Name of child:** | | **Current age in months:** | | **Key Person:** | | **SAPP number:** | | **Date of SAPP meeting:** |
| Short-term outcomes*[SMART steps towards long-term outcome(s)* *– see page 1 for outcome number]* | | **How will you know the target has been achieved?** | | Action/Support strategies*[How/Where/Who?]* | | | | **Review of progress towards Outcomes** |
| O/C  No. | I will be able to... | You will know when I have achieved my short term outcome if you see me... | | You can help me at home by... | You can help me here by... | | | You will know I have made progress because.... |
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| **Parent/child comments:** | | | **Additional information/further action required:** | | | | **SAPP completed by:** | |
| **Date of next review:** | |