**targeted support Plan**  (Strategies and Activities)

|  |
| --- |
| **Child’s Name: D.O.B: Date of implementation:** |
| **Child’s Areas to develop** | **Strategies for staff to implement** | **Specific activities to involve child** | **Review after 6-8 weeks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Date of Review: Continue Strategies: Y / N Undertake an I.P.M: Y / N**  |

