GRADUATED APPROACH PLAN

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| Name of Child:  | Date of Birth: Current Age in Months:  | Key Person | GAP Number:  | Plan Date: Review Date: |

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| ASSESS | PLAN |
| Strengths, needs, interests.  | Desired long term outcomes: |
| Info from parents and external agencies.Has child has a 2 year check?  | Agreed short term outcomes: |
| Current Focus: What do you want to change? | Support implemented (SIMS Codes): |
| DO | REVIEW |
| Observations on planned outcomes/record of progress: | Progress against short term outcomes: |
| What’s worked well? What have the challenges been? |
| Specialist input: | Effectiveness of support at home and at Nursery: |
| Home: | Additional information (attendance/illness): |
| What next? |