

Early Identification of Need: Internal Request & Plan

Use to gather information to form a plan for a CYP who is not making expected progress.
Only fill in sections relevant to CYP and context.

Name:	DOB:
Year:	Teacher:
Attendance: % (less than 95%)	Exclusions:
Home Language:	Start Date:
Previous settings? (Pre-school/ Primary etc)	

Outside Agency Involvement	Dates

Medical Needs

Attainment									
Date:									
Subject:									



Every Practitioner is a Practitioner of SEND

Summary of Strengths:

Summary of Concerns:

Provision (*reasonable adjustments, adaptations, interventions*)

What provision has been put in place and what was the outcome?

Provision	Dates	Impact



Every Practitioner is a Practitioner of SEND

Parents/Carers Views *(Attach additional sheets if necessary)*

Date		
------	--	--

CYP Views *(gathered from observation, interactions and CYP voice activities)*

--

Next Steps *(These may include further assessment or placement on SEN register.)*

The information gathered here will support the completion of an [Individual Provision Map](#), (IPM).

Action	Person Responsible	Date Due

Date for Review:

Name of practitioner:

SENCo:

