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| **Personal Education Plan (PEP)**  **Early Years Setting & Reception** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION SETTING TO COMPLETE ALL SECTIONS**  Please ensure all information is completed in full. Failure to do so will result in delays in finalising the document and any Pupil Premium Plus applications. For boxes which say ‘choose an item’ please click in the box and a drop-down menu should appear. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This is my term Autumn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Child:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name | | | | | | | | | | **Wiggins** | | | | | | | | | Given Names | | | | | | | | | | **Sammy** | | |
| Actual DOB | | | | | | | | | | **31st July 2021** | | | | | | | | | Likes to be known as | | | | | | | | | | **As above** | | |
| Ethnicity | | | | | | | | | | **White-British** | | | | | | | | | Gender | | | | | | | | | | **Male** | | |
| Age | | | | | | | | | | **2 years 2 months** | | | | | | | | | Primary Language | | | | | | | | | | **English** | | |
| UPN | | | | | | | | | | **N/A** | | | | | | | | | | | | | | | | | | | | | |
| School Year | | | | | | | | | | **Nursery 1** | | | | | | | | | | | | | | | | | | | | | |
| This PEP Meeting Date | | | | | | | | | | **09/10/2023** | | | | | | | | | | | | | | | | | | | | | |
| Date set for next PEP Meeting | | | | | | | | | | **25/01/2024** | | | | | | | | | | | | | | | | | | | | | |
| Is this my initial PEP OR the first PEP since the move to a new education setting or school OR are there any changes in my carer details since my last PEP? | | | | | | | | | | **Yes** | | | | | | | | | | | | | | | | | | | | | |
| Are there any planned transitions this academic year? | | | | | | | | | | **No** | | | | | | | | | | | | | | | | | | | | | |
| If yes, please provide name of nursery/pre-school/school | | | | | | | | | | **N/A** | | | | | | | | | | | | | | | | | | | | | |
| Is this PEP meeting a joint EHCP/ Early Years Inclusion Funding review? | | | | | | | | | | **No** | | | | | | | | | | | | | | | | | | | | | |
| **My Personal Education Plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My Pre-school/Nursery/School is: | | | | | | | | | | **See Saw Day Nursery** | | | | | | | | | | | | | | | | | | | | | |
| My Designated Teacher/Person is: | | | | | | | | | | **Olivia Higgins** | | | | | | | | | | | | | | | | | | | | | |
| Their Telephone number and Email: | | | | | | | | | | **07771 998657**  **seesawdaynursery@gmail.com** | | | | | | | | | | | | | | | | | | | | | |
| My Headteacher/Nursery Manager is:  (Please note we must have these contact details for any Early Years Pupil Premium payment or Pupil Premium Plus requests to be approved) | | | | | | | | | | **Olivia Higgins – Nursery Manager** | | | | | | | | | | | | | | | | | | | | | |
| Their email address is: | | | | | | | | | | [**seesawdaynursery@gmail.com**](mailto:seesawdaynursery@gmail.com) | | | | | | | | | | | | | | | | | | | | | |
| My Key Person is: (‘Which adult do I spend time with at school/nursery?’ e.g. My class teacher, a learning mentor etc.) | | | | | | | | | | **Sally Smith**  **Keyworker and Room Leader** | | | | | | | | | | | | | | | | | | | | | |
| Their email address is: | | | | | | | | | | **seesawdaynursery@gmail.com** | | | | | | | | | | | | | | | | | | | | | |
| My Social Worker is: | | | | | | | | | | **Henry Brewster** | | | | | | | | | | | | | | | | | | | | | |
| Their Telephone Number is: | | | | | | | | | | **01244 973453** | | | | | | | | | | | | | | | | | | | | | |
| **PEP Meeting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| People who were involved with completing this form: *(please add more rows below if needed)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Their Role | | | | | | | | | | | | | How to contact them | | | | | | | | | | | | | |
| **Sammy Wiggins** | | | | | **You** | | | | | | | | | | | | | **Through Henry, your social worker** | | | | | | | | | | | | | |
| **Olivia Higgins** | | | | | **The Manager of your Nursery** | | | | | | | | | | | | | **seesawdaynursery@gmail.com** | | | | | | | | | | | | | |
| **Sally Smith** | | | | | **Your Room Leader at Nursery** | | | | | | | | | | | | | **07771 998657** | | | | | | | | | | | | | |
| **Lisa Samson** | | | | | **Your Mum** | | | | | | | | | | | | | **Through Henry, your social worker** | | | | | | | | | | | | | |
| **Henry Brewster** | | | | | **Your Social Worker** | | | | | | | | | | | | | **Henry.brewster@cheshirewestandchester.gov.uk** | | | | | | | | | | | | | |
| **Jess Hinds** | | | | | **Your Health Visitor** | | | | | | | | | | | | | **Jess.hinds@nhs.net** | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **How am I doing now?**  eg, How am I feeling? What do I enjoy and dislike? How do I let you know I am happy? How do I let you know if I am worried or if I need help with something? What am I interested in right now and next? What would help me? What might be preventing me? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Child or Young person’s view:*** *(for very young children, children who need help to communicate, or those who do not wish to contribute, an adult can help with this)*  **Sammy, you are too young yet to let us know how you feel so the information added below is based on observations by and interactions with your Key Person:**  I am a very happy, smiley little boy who enjoys being around others. I am getting used to my nursery and am settling in well. I am happy and content and am currently developing a bond with my new key worker, Sally. I am enjoying exploring my new environment and getting to know my new routine. I am helped to do this by the staff and watching what other children do.  Although I am not using many words on my own yet in Nursery, I am repeating lots of words that you say to me when I have my 1 to 1 key worker time. I am not too sure about the toilets yet and Sally will help me to get used to fitting this into my daily routine as I wash my hands and have my nappy changed.  Sally will continue to see how I progress and will use now and next cards with me if she feels that these will help me through my day.  What have I achieved last term on my Activity Passport? (Nursery 2 to Y6):  N/A I will start my Activity Passport the year before I start in Reception Class at school.  What will I work on this term on my Activity Passport? (Nursery 2 to Y6):  N/A I will start my Activity Passport the year before I start in Reception Class at school. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What does my weekly routine look like:**  (e.g. attend nursery on particular days, go to the park/swim, etc.) | | | | | Sammy, your mum shared that you have a good routine at home and you sleep well, usually from around 8pm until 7am the next morning. You attend nursery on a Monday for a full day and on a Tuesday morning. You spend one afternoon a week with your Grandma and Grandad who live near-by and, on the other days, you have time to play and get out and about with Mummy. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Educational Needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do I have any identified developmental needs?** No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Educational Needs/Disability Status  None | | | | | | | | | | | | | | | | | Primary Area of need:  Choose an item.  Secondary Area of Need, if applicable:  Choose an item. | | | | | | | | | | | | | | |
| **Do I have a formal diagnosis?** | | | | | | | | | | | | | | | | | **Please state my diagnosis/diagnoses:** | | | | | | | | | | | | | | |
| *(eg Foetal Alcohol Syndrome, Irlens, ADHD, Dyselxia, Dyscalulia and/or other)*  No | | | | | | | | | | | | | | | | | N/A | | | | | | | | | | | | | | |
| **SEND Strategies and Support:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please supply a summary of the strategies and support in place for me, excluding those funded by Early Years Pupil Premium or Pupil Premium Plus:** *Where appropriate, please attach a copy of the Provision Map to accompany the PEP.*  N/A  **If I have an EHCP please comment on my progress made:** N/A  **EHCP/Top-up review/ Early Years Inclusion Support Funding review date, where applicable**: Click here to enter a date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attendance and Progress** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attendance: Please complete appropriate section | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Early Years setting | Current entitlement accessed: | | | How are the hours taken: | | | | Please add any additional hours attending on top of existing entitlement: | | | | | | | | | | | Days and session times attending: | | | | | | | | | | Are there concerns over my attendance? | | |
| 2 Year Old Funding | | | All year round | | | | N/A | | | | | | | | | | | Monday for a full day and a Tuesday morning | | | | | | | | | | No | | |
| Details of concerns |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reception | Overall Percentage | | | Percentage of absences authorised: | | | | | Percentage of absences unauthorised: | | | | Are there concerns over my attendance? | | | | | | Details of Concerns | | | | Number of fixed term suspensions to date this academic year | | | | | | Number of internal suspensions to date this academic year | | |
|  | | |  | | | | |  | | | | Choose an item. | | | | | |  | | | |  | | | | | |  | | |
| **Is the child/young person in full time education?** | | | | | | | | | | | | | | | | **If yes, are they engaging with this?** | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | |
| If they are not engaging with the full offer, please complete the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduced Timetable (only complete for children on a reduced timetable who are statutory school age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the child/young person on a reduced timetable?**  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of hours accessed: | | | | |  | | | | | | | | | | | Reason for reduction: | | | | | | | | |  | | | | | | |
| Plan to increase provision/ timetable: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start date of reduced timetable: | | | | | Click here to enter a date. | | | | | | | | | | | Date to be reviewed (6 weeks on): | | | | | | | | | Click here to enter a date. | | | | | | |
| **Has the person with parental responsibility given consent for a Reduced Timetable?**  Choose an item. | | | | | | | | | | | | | | | | **For CWaC schools, has the Reduced Timetable form been sent directly to the Education Team within CWaC?**  Choose an item.  [school.relationshipteam@cheshirewestandchester.gov.uk](mailto:school.relationshipteam@cheshirewestandchester.gov.uk) | | | | | | | | | | | | | | | |
| *Please make sure a copy of the most up to date Reduced Timetable form is attached to this PEP* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative Provision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the child/young person accessing alternative provision?** No *If the answer is yes, please add the following:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/s of Alternative Provision/s: | | | | | N/A | | | | | | | | | | | Is this provision Ofsted / Estyn Registered? | | | | | | | | |  | | | | | | |
| Alternative Provision start date: | | | | | Click here to enter a date. | | | | | | | | | | | Alternative Provision end date: | | | | | | | | | Click here to enter a date. | | | | | | |
| What does my week look like? | | | | |  | | | **Monday** | | | | | | **Tuesday** | | | | | | **Wednesday** | | | | **Thursday** | | | | | | **Friday** | |
| **am** | | |  | | | | | |  | | | | | |  | | | |  | | | | | |  | |
| **pm** | | |  | | | | | |  | | | | | |  | | | |  | | | | | |  | |
| Expected Outcomes: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Progress towards outcomes: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Review date: | | | | | Click here to enter a date. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and contact details of person in school who is responsible for quality assurance:  ***This must be the Designated Teacher for CLA in the school where the pupil is on roll*** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Progress:**  Based on your professional judgement and observation, please indicate whether children are learning within their age range.  **NB**: To be filled in as appropriate, if you are not yet recording observations for the **Specific Areas** please select N/A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prime Areas** | | | **Previous assessments:**  At my last PEP was I learning within my age range and according to the Observation Check Points in Development Matters? | | | | | | | | **Current assessments:**  Am I learning within my age range and according to the Observation Check Points in Development Matters? | | | | | | | Am I making progress from my starting point? | | | | Is additional support in place where a child is not learning within their age range? | | | | | | Are there any referrals to other agencies? e.g. SALT, Paediatrician, Physiotherapist? | | | |
| Personal, Social and Emotional Development – Self-Regulation | | | N/A | | | | | | | | Yes | | | | | | | Yes | | | | N/A | | | | | | N/A | | | |
| Personal, Social and Emotional Development – Managing Self | | | N/A | | | | | | | | Yes | | | | | | | Yes | | | | N/A | | | | | | N/A | | | |
| Personal, Social and Emotional Development – Building Relationships | | | N/A | | | | | | | | Yes | | | | | | | Yes | | | | N/A | | | | | | N/A | | | |
| Communication and Language – Listening, Attention & Understanding | | | N/A | | | | | | | | Yes | | | | | | | Yes | | | | N/A | | | | | | N/A | | | |
| Communication and Language - Speaking | | | N/A | | | | | | | | No | | | | | | | Yes | | | | Yes | | | | | | Yes | | | |
| Physical Development – Gross Motor | | | N/A | | | | | | | | Yes | | | | | | | Yes | | | | N/A | | | | | | N/A | | | |
| Physical Development – Fine Motor | | | N/A | | | | | | | | Yes | | | | | | | Yes | | | | N/A | | | | | | N/A | | | |
| **Specific Areas** | | | **Previous assessments:**  At my last PEP was I learning within my age range and according to the Observation Check Points in Development Matters? | | | | | | | | **Current assessments:**  Am I learning within my age range and according to the Observation Check Points in Development Matters? | | | | | | | Am I making Expected Progress from my starting point? | | | | Is additional support in place,  where a child is not learning within their age range? | | | | | | Are there any referrals to other agencies? e.g. SALT, Paediatrician, Physiotherapist? | | | |
| Literacy - Comprehension | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Literacy – Word Reading | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Literacy - Writing | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Mathematics - Number | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Mathematics – Numerical Patterns | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Understanding the World – Past and Present | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Understanding the World – Culture & Communities | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Understanding the World – The Natural World | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Expressive Art and Design – Creating & Materials | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| Expressive Art and Design – Being Imaginative and Expressive | | | N/A | | | | | | | | N/A | | | | | | | N/A | | | | N/A | | | | | | N/A | | | |
| NB: The questions below must be filled in for those young people who are in Reception and above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall am I learning within my age range?** No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall am I making progress from my starting point:** Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there concerns over my school place?** No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the Activity Passport been discussed?** N/A as I am too young | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How do YOU think I am doing now?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health Visitor/Early Years Setting/School:**  **What are the observation checkpoints telling you about my progress?**  *(Please provide a short summary of my strengths and if I’m not learning within my age range or making small steps in my progress, what is in place to help me?)*  **Update from your Nursery:**  Sammy you are a very happy little boy and you have settled into Nursery well since starting with us on 4th September 2023; you are meeting your developmental milestones in most areas. Your speech is an area we will continue to work on, and you have had a referral to the Speech and Language Team completed by your Health Visitor. Your Mum has shared that she has an appointment on October 13th, and she will ask the Speech and Language Team to share information with the adults in your nursery so that everyone can help you in the same way.  In the few weeks that you have been going to Nursery you have explored lots of different places in the room, but the Construction Area and cars are your favourites. You also like the outdoor area, and you are having a good go at trying to put your coat and wellies on by yourself. We have shared this with your mum, and she will help you with this at home too. Sammy, you have enjoyed mealtimes in Nursery, and you sit at the table to eat with your friends. You are happy to try all the meals that we have had so far and have a good appetite.  **Update from Lisa, your Mum:**  Sammy, you are really coming on and have settled into Nursery well. You have been quite tired when you get in after doing a full day at Nursery, but this should get better as you get more used to it. The Speech and Language referral has been made by Jess but as your mum I do feel that your speech has improved quite a lot in the last couple of months. You are putting two and three words together and you can now follow instructions with two bits of information to remember.  **Update from Jess Hinds, your Health Visitor:**  Sammy your Review Health Assessment was completed on 2nd September and you are meeting all your developmental milestones apart from in your Speech and Language. You have had a referral to the Speech and Language Team to look into this further so that we can help you. Your Nursery is helping to support your speech in the meantime, whilst we are waiting for the appointment. We feel that you are in a good routine at home and have a lovely bond with your mum and members of your wider family. Your height and weight are all good and you are up to date with your immunisations that keep you healthy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Meeting summary and actions:**  **To include: any additional information provided, what needs to be done next and any actions required.**  e.g: Updates from parents and carers, any identified interventions required or referrals needed to support the child/young person. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sammy, your key worker Sally talked about you and shared how well you are doing at Nursery. She read through the information on this form, and everyone was very pleased to hear how well you are doing.  Your Mum told us all about how well you are doing at home and said that she is very proud of you.  Henry agreed that he is very pleased with how well you are developing and also making progress at Nursery.  You have a Speech and Language appointment on 13th October and your Mum will talk to them and ask for copies of your action plan and activities so that Nursery and mum can work on these together with you.  Action –  Lisa to ask the Speech and Language Team to send a copy of their recommendations through to nursery so that they can add this into their planning for you, Sammy.  Your next PEP meeting will be in the Spring term and will be held on 25th January at 1.45pm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Early Years Pupil Premium:**  (Please note this is for children who are eligible for 3 and 4-year-old funding in a nursery setting or nursery class in a school the term after their third birthday. EYPP will be paid to the setting on a termly basis, totalling £302.10 per year.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How is my EYPP going to be used to support my wellbeing and learning?**  (This may include small group interventions, one to one support, resources, etc.)  As you are two years old, you do not have this funding at the moment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Evaluation of Previous Targets:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous ‘SMART’ target  *(If first PEP put N/A)* | | | | | | | Has this been met?  *(If first PEP put N/A)* | | | | | | | | **If Yes**, please explain the impact this has had on progress.  **If no**, please explain why. | | | | | | | | | | | | Was Pupil Premium Plus (PP+) accessed?  **For Reception only**  *(If first PEP put N/A)* | | | | | |
| **Personal, Social & Emotional Development**  Sammy, as you are due to start nursery soon you will begin to settle into nursery and build bonds with your key person and staff in the room.  You will become familiar with the routines and will explore the different toys and places to play. | | | | | | | Yes | | | | | | | | Sammy you are settling at nursery well and you are beginning to get used to the routines. Sammy, you are exploring the different areas in nursery and beginning to play alongside other children. You are discovering the places you like to play best. | | | | | | | | | | | | N/A | | | | | |
| **Communication & Language**  Sammy, you will learn lots of new single words and will put two and three words together in your play.  You will learn to speak to make your needs known.  You will get to hear lots of new songs and rhymes in nursery too. | | | | | | | No | | | | | | | | Sammy your speech is improving, and you are repeating simple phrases and things that are said to you.  Your Mum shared that you are saying lots more at home and are beginning to put two and three words together.  This will continue to be a focus moving forward. | | | | | | | | | | | | N/A | | | | | |
| **Physical Development**  Sammy, you will get to have lots of new physical activities and experiences in nursery and explore the outdoor area. | | | | | | | Yes | | | | | | | | You have shown that you are enjoying exploring the inside and outside environments at Nursery. You especially like the construction area and playing with the cars. You enjoy being outside and you are able to put on your own coat and wellies, with some support, when you need to. | | | | | | | | | | | | N/A | | | | | |
| **Next Steps**  Please link targets set to EHCP if applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This term’s SMART targets** - please add at least 3, including a PSED target for Wellbeing  (Specific, Measurable, Achievable, Realistic, Time limited.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area of Learning & Development: | | Current SMART target details:  *(These must relate to subjects in first column)* | | | | Details, how will this be achieved?  *(Name of intervention, 1:1 or small group, group size, T/HLTA/TA, when, how often…)* | | | | | | Expected outcome  for this  intervention | | | | | | Is PP+ requested this time?  **(For Reception only)** | | | Cost per hour  *(Please only enter figures)*  **(For Reception only)** | | | | | Hours per week  *(Enter part hours in decimal e.g. 15 mins = 0.25)*  **(For Reception only)** | | | | | Cost per term  *(Please only enter figures)*  **(Reception only)** |
| Personal, Social and Emotional Development – Self-Regulation | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Personal, Social and Emotional Development – Managing Self | | Sammy, we would like you to continue to settle and grow in confidence so that you feel comfortable to chat to your key person, other children and members of staff in the room. | | | | You will have planned time when you will play alongside your key person.  You will have small group time and be encouraged by adults to chat to those around you. | | | | | | Sammy, you will be able to use words and phrases that you know when talking to your key person and peers, so that we can begin to assess and understand your needs for your speech development and you can build upon your relationships. | | | | | | N/A | | |  | | | | |  | | | | |  |
| Personal, Social and Emotional Development – Building Relationships | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Communication and Language – Listening, attention & Understanding | | Sammy, you will build up a small group of favourite nursery rhymes.  You will know these well enough to sing along with other children. | | | | You will take part in small group times and also have key person time with Sally.  She will encourage you to listen and join in. | | | | | | Sammy you will know your favourite nursery rhyme and be able to join in with the chorus and parts that you know. | | | | | | N/A | | |  | | | | |  | | | | |  |
| Communication and Language - Speaking | | Sammy, you will be able to use more words in your speech.  You will begin to put two and three words together into simple sentences. | | | | We will send home a Word Bank for your mum.  An adult will show you how you can say what you want to say during Time to Talk activities in Nursery.  You have a Speech and language referral. You will practice your activities with Mummy and when you are at Nursery. | | | | | | Sammy, you will be able to use more single words to label everyday things.  You will be able to put two and three words together.  You will be working towards the targets on your speech and language referral. | | | | | | N/A | | |  | | | | |  | | | | |  |
| Physical Development – Gross Motor | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Physical Development – Fine Motor | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Literacy – Comprehension | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Literacy – Word Reading | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Literacy - Writing | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Mathematics – Number | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |
| Mathematics – Numerical Patterns | |  | | | |  | | | | | |  | | | | | | Choose an item. | | |  | | | | |  | | | | |  |