

## **MY PLAN**



**My Plan Guidance Notes** 

Child/Young Person's Name: Jack T	Date of Birth: 18 <sup>th</sup> May 2017	Parent/Carer/Young Person's Signature:		Date of Signature:
Parent/Carer's Name: Lindsey T(Mother) Steve T (Father)	Parent/Carer consent to attach electronic copy of this plan to child/young person's details held by Gloucestershire County Council: YES/NO		Parent/Carer/Young person consent to share this My Plan: YES/NO	People contributing to My Plan:
My Needs	My Outcomes	Actions	Resources	Review
I need to match letter sounds to letter shapes.	I will be able to correctly identify letter sounds when shown a letter shape.	Daily Phonics Intervention in class	Read, Write Inc Intervention programme	Choose an item.
I need to recognise high frequency words when reading.	I will be able to recognise high frequency words, which will help my reading to become more fluent.	Daily reading alongside an adult.	Books.	Choose an item.
I need to recognise phonological patterns within words.	I will be able to decode new words more easily when reading.	Practise sound deletion within words.		Choose an item.
I need to manage distractions.	I will be able to concentrate for longer periods of time in lessons.	Use a fiddle toy to aid concentration within whole class learning.	Fiddle toys as appropriate.	Choose an item.

Reason for MY PLAN: Please include brief <u>information</u> about the child/young person's strengths & difficulties and the impact on their life.

Jack has had difficulty with concentration and phonic retention throughout Reception. He has been referred to SALT and to an EP.

What has already been tried in order to support child/young person.

Began Dancing Bears programme in Reception.

Has a MY PROFILE (or similar) been completed for all children/young people named in this plan? YES/NO



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Name of Lead Practitioner: Claire Baker

Date of Completion:

Date of Review:

12<sup>th</sup> September 2022

December 2022