Name:



WESTLANDS FIRST SCHOOL & NURSERY Individual Provision Map (IPM)

Name:		Class:	D.O.B	
Area of Need *Please Highlight	Cognition and Learning Social, Emotional and Mental Health Communication and Interaction Sensory and / or Physical Needs	Specific Needs E.g. diagnosis		

Current Status (highlight as appropriate)	Discussion/ Monitoring sheet	TENS	SS – School Support (K on SIMs)	EHCP	Enhanced Provision
(nighlighi as appropriate)	Monitoring sheet		[K OH 311415]	(EHC on SIMs)	Top Up Funding
Strengths What am I good at?					
Difficulties What do I find difficult?					
Support Strategies How can you help me?					
Agencies /	LST				
Professionals Involved Recent Related	PC EP				
Documents	SALT				

Name:

Class	Aut	umn	Spr	ring	Summer			
	Hours	Graduated Response	Hours	Graduated Response	Hours	Graduated Response		
Nursery								

Attendance:	Class	Autumn	Spring	Summer	Overall
Nursery			98.85%		
Reception					
Year 1					
Year 2					
Year 3					
Year 4					

Dyslexia pathway	Class	Autumn	Spring	Summer	Review
Nursery					
Reception					
Year 1					
Year 2					
Year 3					
Year 4					

Dyspraxia	Class		Autumn			Spring				Summer						Review							
Dyspraxia pathway		GM	VI	AT	0	FM	SS	SLCN	GM	VI	AT	0	FM	SS	SLCN	GM	VI	AT	0	FM	SS	SLCN	
Nursery																							
Reception																							
Year 1																							
Year 2																							
Year 3																							
Year 4																							

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Baseline (Where are they now? Why do they need this provision?) Link to need	Expected Outcomes (What do we want the child to achieve?)	Provision/ Intervention (How are we enabling the child to achieve?)	Time/ Date From-to	Frequency & person delivering	Actual Outcome including RAG (Has the child met the expected outcome?) Green = accelerated progress Amber = expected progress Red = less than expected progress

Name:			
		Information Sharing Record	
		to include IPM review date with pupil and p	arents)
Date	Reason	Key Persons	Outcome / Action