**Band 1 - Early Years Support Review**

**To be completed when children have been allocated Early Years Support and require the support to be reviewed for the following term.**

**You must also attach an up-to-date copy of the child / children’s Early Years Support Tool and WELLCOMM data (If you use other tools such as B-squared please send a copy of this).**

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| **Section 1** | | | |
| **Name of Setting:** | | **Date:** | |
| **Do you have any further updates from professionals involved? Please tick a box Yes ☐ or No ☐**  *If yes, please detail this below:* | | | |
| **Name of child to be reviewed** | **Recent updates from Professionals Involved** | | **Describe the current involvement and Impact** |
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| **Have you accessed the training sessions / telephone consultations delivered by the SEND Officers? Please tick a box Yes ☐ or No ☐**  *If yes, describe what you have put in place in the setting and the impact of this.* | | | |
| **What have you put in place from the action plan provided after assessment?** | | | |
| **What further support are you requesting and how do you think this will further support both yourselves and the child / children over the next term.** | | | |
| **Have you attended the free training offered? Please tick a box Yes ☐ or No ☐**  *If yes, explain how you have used what you have learnt to support the children at a universal and focused level of the Graduated Approach* | | | |
| |  |  | | --- | --- | | **Setting Representative:**  **Signature:** | **Date:** | | | | |

**Please complete and return this and supporting documents to** [**ELCCInclusion@wigan.gov.uk**](mailto:ELCCInclusion@wigan.gov.uk)