



**Castle Hill Infant School – Individual Education Targets:**

**Name of Pupil:** \_\_\_\_\_ **Class** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Year Group:** R / 1 / 2

**Level of Support:** Additional Needs / Single Category

**Term:** Autumn / Spring / Summer

**Areas of need:** Communication and Interaction / Cognition and Learning / Social, Emotional and Mental Health Difficulties / Sensory and-or Physical

|              | ----             | ----             | ----             | <b>Signatures</b> |
|--------------|------------------|------------------|------------------|-------------------|
|              | <b>Next Step</b> | <b>Next Step</b> | <b>Next Step</b> |                   |
|              |                  |                  |                  | Parent:           |
| Date started |                  |                  |                  | Class teacher:    |
| Achieved?    |                  |                  |                  | SENCO:            |
|              |                  |                  |                  | Parent:           |
| Date started |                  |                  |                  | Class teacher:    |
| Achieved?    |                  |                  |                  | SENCO:            |

|              | ----<br>Next Step | ----<br>Next Step | ----<br>Next Step | Signatures     |
|--------------|-------------------|-------------------|-------------------|----------------|
|              |                   |                   |                   | Parent:        |
| Date started |                   |                   |                   | Class teacher: |
| Achieved?    |                   |                   |                   | SENCO:         |
|              |                   |                   |                   | Parent:        |
| Date started |                   |                   |                   | Class teacher: |
| Achieved?    |                   |                   |                   | SENCO:         |