

Plan for Supporting Positive Interactions

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| Name of Child: | Date of Birth: |
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| Name of Setting/ Childminder: | Date of Plan: |
| Name of Person Completing form: | Date for Review: |

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| Parent/ Carer Comments/ Involvement: |
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| Assess |
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| Details of interactions causing concern: |
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| Key Observations (Wider context, points for Observations and Patterns of Behaviour (SARC recording)) |
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| Strategies already tried | Outcomes | Dates |
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Plan

Daily Strategies to Support child's Positive Interactions: e.g. adult deployment, distraction, use of visuals etc.

Interactions to focus on

Strategies

Review

Signature of Staff Members:

Signature of Parent/ Carer: