

Plan for Supporting Positive Interactions

Name of Child:	Date of Birth:
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Name of Setting/ Childminder:	Date of Plan:
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Name of Person Completing form:	Date for Review:
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Parent/ Carer Comments/ Involvement:

Assess

Details of interactions causing concern:

Key Observations (Wider context, points for Observations and Patterns of Behaviour (SARC recording))

Strategies already tried	Outcomes	Dates

Plan

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

Interactions to focus on

Strategies

Interactions to focus on	Strategies

Review

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Signature of Staff Members:

Signature of Parent/ Carer: