

SOCIAL AND EMOTIONAL SUPPORT PLAN

CHILD NAME:

D.O.B:

AGE IN MONTHS:

Date plan starts:

Medical conditions/needs (if applicable):

Date of next review:

Key person working with the child:

**Challenging behaviour**

What does it look like?

What triggers it?

**Targets**

What are we working towards?

How do we get there?

**Strategies for positive behaviour**

How do we maintain positive behavior?

- Phrases to use
- Rewards, motivators

**Early warning signs**

How do we prevent an incident?

- What to look out for
- How to respond (reminders, alternative environment)

**Reactive strategies**

How do we diffuse the situation?

- What to do and what not to do
- Phrases to use
- Calming techniques
- Co-regulation

At what stage should another member of staff be informed? Who should this be?

**Support after an incident**

How do we help the child reflect and learn from the incident?

What is the appropriate language to use?

Is there anything that staff can learn about working with this child?

**Agreement:**

Parent name

Parent signature

Date

Staff name

Staff signature

Date

<b>SOCIAL AND EMOTIONAL SUPPORT PLAN</b>		
CHILD'S NAME:	D.O.B:	AGE IN MONTHS:

<b>Srengths</b>	<b>Achievements</b>
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<b>Likes</b>	<b>Dislikes</b>
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**Log of incidents:**

Date	Description of incident	What happened before incident?	Action taken

**Evaluation and next steps:**

How effective is this plan?

Record suggestions to be considered when this plan is reviewed.