

Individual Access Plan

Academic Year: _____

<u>Child's Name:</u>	<u>Class:</u>	<u>Teacher:</u>	<u>Year group:</u>
<u>Type of needs:</u>			

<u>Parents' Names:</u>	
<u>Type of needs:</u>	

Action	Who will this action benefit? (child/parent)	How does this enable access?	Timescale (costs, daily storage and transport)	Achieved (date)	Review comments

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Signed: _____ (parent)	Signed: _____ (teacher)	Signed: _____ (SMT)
Print Name: _____ (parent)	Print Name: _____ (teacher)	Print Name: _____ (SMT)
Date: _____	Date: _____	Date: _____