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| --- | --- | --- | --- |
| Child’s name |  | Year Group |  |
| Setting name |  |
| SENCO |  | EHCP Top-up level |  |
| Primary Needs (eg. MLD, ASD, SEMH etc) |  |

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| --- | --- | --- | --- |
| **Week Beginning** | **Additional/Personalised Provision** (details to include; by who/role, media used, eg. online, phone call, methods of assessment and feedback | **Group size** | **Duration/****Frequency** |
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