**Example provision map**

Name of setting:

Name of child:

D.O.B: Age:

Date initially completed: Date of review:

Completed by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Need** - **area of learning *- Assess*** | **Anticipated outcome/SMART target - *Plan*** | **Description of Provision - include staff time/specialist resources - *Do*** | **Child’s Response to Provision – and Interventions *Review*** |
|  |   |   |   |
|  |   |   |   |
|  |   |   |  |

