

Overview document to show evidence of the Graduated response



(This document will be collated over time following the APDR cycle)

Name	D.O.B	
Setting	Name of parent/carer	
Date of initial plan	Placement/days attending	

No to little progress/ impact to date

S Some progress made - ongoing

A Achieved target / embedded strategy

Area of	Recommendation/	Advice from	Who	progress / impact	Review	Review	Review
need	SMART target	professional		N, S, A	Date	Date	Date
Communication and interaction							
SEMH							
Cognition and learning							
Physical and sensory							

Area of need	Recommendation/ SMART target	Advice from professional	Actions/Strategies	Who	progress / impact N, S, A	Review Date	Review Date	Review Date
Self-care and Independence								

Agencies involved

Agency	Date(s)	Comments