



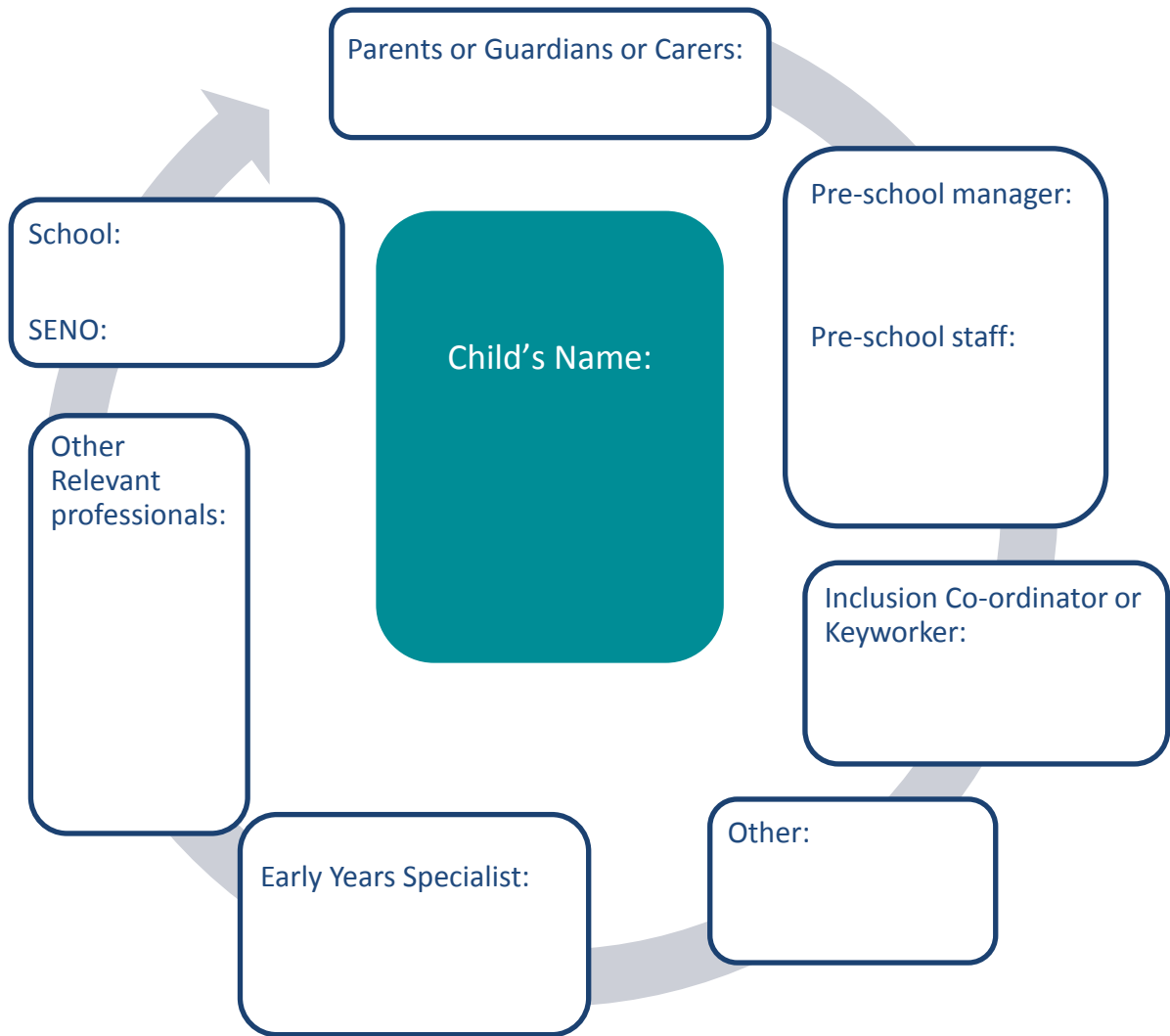
My Access and Inclusion Plan

Supporting Access to the ECCE Programme
for all children



Forbairt Cáilíocht
Luathbhlianta Náisiúnta
National Early Years
Quality Development

1. Key Relationships



2. My Strengths, Interests and Participation

Here are some of my Strengths and Abilities	
This is what interests me	
For my active and meaningful participation	These are some approaches that support me effectively:
	These approaches are less effective:

3. Goal Number

Goal Theme	<input type="checkbox"/> Access <input type="checkbox"/> Participation <input type="checkbox"/> Support			
Goal Title				
Required Actions	Start Date	End Date	Key Person Responsible	
Resources required to achieve goals and actions				
Strategies and Approaches required to achieve goals and actions				
Progress or Outcome Comment				

4. Progress Review Form

Date of Meeting	
People Present	
Emerging or ongoing needs following the implementation of the initial supports and resources	
Goals revisited or New goals set out	

Child's Individual strengths	
Child's Individual interests	
Child's preferences e.g. My favourite foods: Things I enjoy doing: Things that help me to be calm: People I will know in my new school: Things I can do in my new school:	
Parents' suggestions to support the child's transition	
Child's care needs	
Agreed transition planning goals and actions (e.g. Seno contacted, school visit arranged etc.)	1. 2. 3. 4.

Information relevant to supporting the transition process (e.g. health reports, diagnosed disability etc.)	
Equipment or Appliances to be transferred to school for child's use - AIM Level 5	
Physical adaptations or modifications required, if any	
Parental consent and signature if sharing information	<p>I/We agree to the information provided on this form being shared with the Pre-school, Primary school or Service, Pobal and NCSE as required to support my/our child's transition to (name) _____ school.</p> <p>Name: _____ Relationship to child: _____</p> <p>Signature: _____ Date: _____</p> <p>Name: _____ Relationship to child: _____</p> <p>Signature: _____ Date: _____</p>
Transition plan was updated Completed	<p>Date:</p> <p>Signed:</p> <p>Date:</p> <p>Signed:</p>