



Derby City Council

My Life, My Journey

Improvement Ladder

Children aged 0-5 with SEND

Name

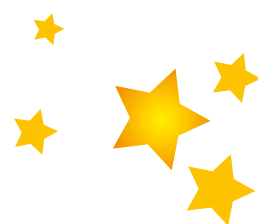
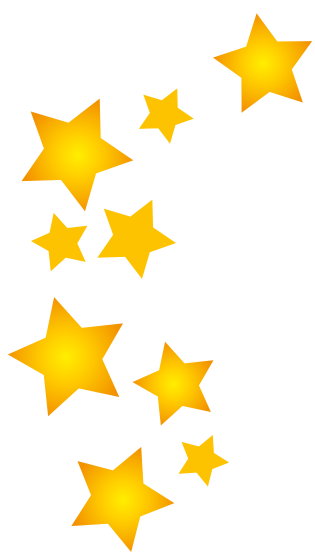
Age

Today's Date

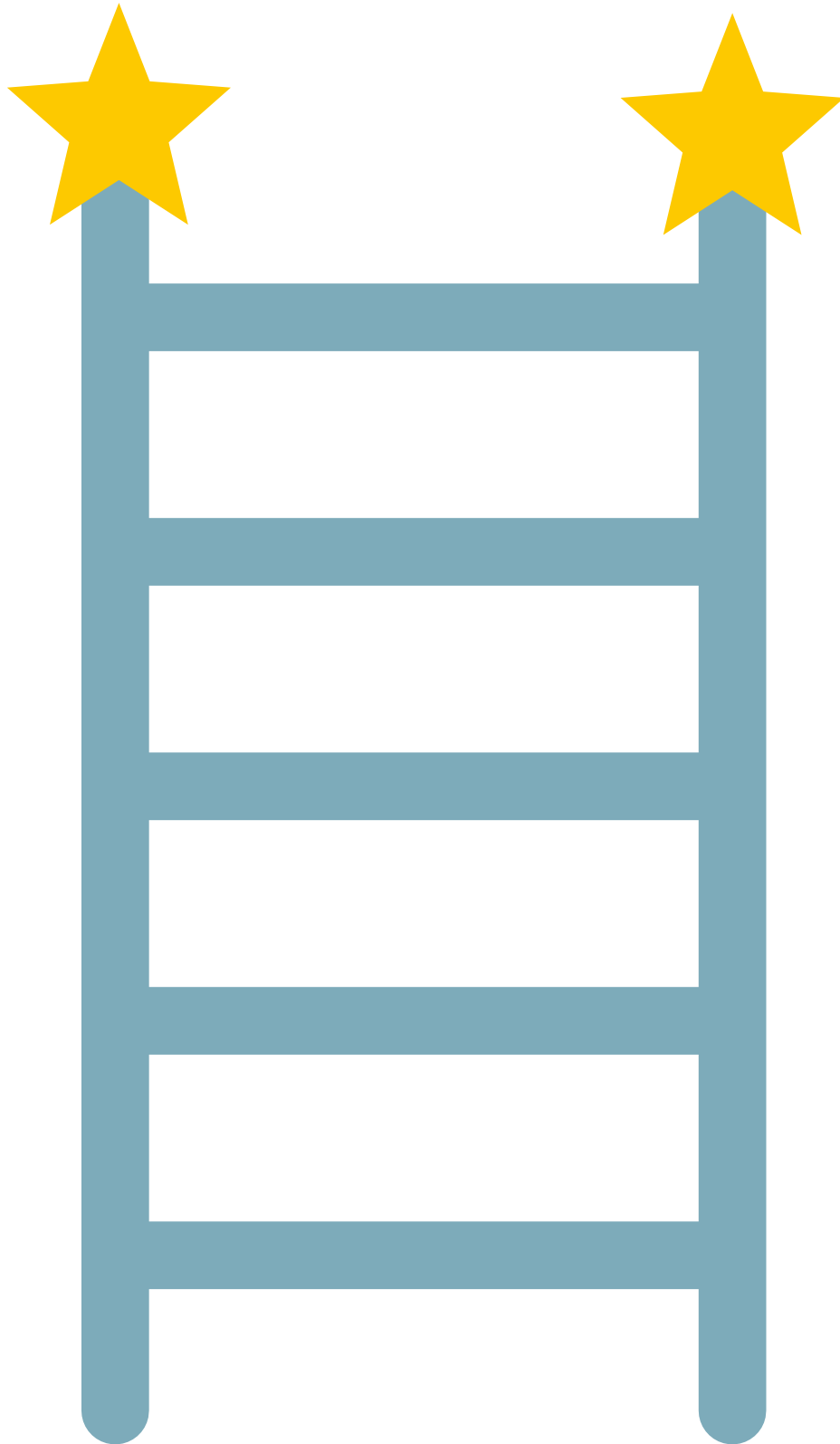
What are the worries I
have for my child?



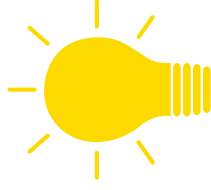
This is what I would
change by waving my
magic wand



How can we make things better?



Action Plan



Name

What is going to help you?	How is it going to help you?	Who is going to help you?	When would you like it to start?
What else might help?			

Review



Name

How much has it helped you?

A lot

A little

Not at all

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