# Early years provision map

**Use the table below to map the needs of groups of children/individuals including inclusion supplement information**

**Setting/ room name: Term / year:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area of need** | **Early ID** | **Early ID** | **GR1** | **GR1** | **GR1** | **GR2,3,4 & Exceptional** | **GR2,3,4 & Exceptional** | **GR2,3,4 & Exceptional** |  |
|  | Childsname | StrategyResourceActivity | Child name | NEF hours claimed/EYPP | StrategyResourceActivityTimeframe | Childs name | NEF hours claimed/EYPP | StrategyResourceActivityTimeframe | CoP level |
| Communication |  |  |  |  |  |  |  |  |  |
| Social, emotionaland mental health |  |  |  |  |  |  |  |  |  |
| Sensory andphysicaldevelopment |  |  |  |  |  |  |  |  |  |
| EAL |  |  |  |  |  |  |  |  |  |