

Action/Development Plan

School: _____

Completed by: _____ Date: _____ Date for review: _____

Context/Position Statement

Key Priority	Success Criteria
	•
	•
	•

Age Related Expectations	2016-2017		2017-2018	
	% ARE	% above ARE	% ARE	% above ARE
Nursery				
Reception				

Phonics Screening Year Group	2016-2017 % children passing screening	2017-2018 % children passing screening
Y1		
Y2		

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Priority 1:		Success Criteria:		
Objective	Actions (Led by)	Frequency (dates)	Outcomes	Resources
	•			
Impact:				
Impact				
	•			
Impact				

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Priority 2:		Success Criteria:		
Objective	Actions (Led by)	Frequency (dates)	Outcomes	Resources
	•			
Impact:				
Impact				
	•			
Impact				

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Priority 3:		Success Criteria:		
Objective	Actions (Led by)	Frequency (dates)	Outcomes	Resources
	•			
Impact:				
Impact				
	•			
Impact				

Priority 4:	Success Criteria:

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Objective	Actions (Led by)	Frequency (dates)	Outcomes	Resources
	•			
Impact:				
Impact				
	•			
Impact				

Notes:

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