**SEN Support Plan for [child/young person’s name]**

***Insert Picture of child/young person (parental consent)***

*Insert School Logo here*



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| **Name and signature of plan coordinator / Setting SENCo** |  |
|  |
| **Name and signature of parents/carers** |  |
|  |
| **Signature of child/young person (where applicable)** |  |

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|  | **Date** | **People present** |
| **Plan created and agreed:** |  |  |
| **Review meeting 1** |  |  |
| **Review meeting 2** |  |  |
| **Review meeting 3** |  |  |

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| **My Personal Details:** | | | |
| **Surname:** |  | **First Name:**  **Preferred name if different:** |  |
| **Home Address:** |  | **Date of Birth:** |  |
| **Gender:** |  |
| **Home Language:** |  |
| **NHS No.:** |  |
| **Identified primary area of need:** |  |  | |
| **Parent / Carer Information:** | | | |
| **Surname:** |  | **First Name:** |  |
| **Home Address:** |  | | |
| **Contact No and email address:** |  | **Relationship to Child:** |  |
|  | | | |
| **Surname:** |  | **First Name:** |  |
| **Home Address:** |  | | |
| **Contact No and email address:** |  | **Relationship to Child:** |  |

**External Professionals involvement / chronology**

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| **Supporting Professionals (Name and role)** | **Email Address** | **Type of involvement**  **(E.g., consultation, assessments, reports)** | **Date of involvement** |
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**Related plans or assessments (add to list as needed)**

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|  | **Yes / No** | **Date initiated** | **Date completed or state ongoing** |
| Early Help |  |  |  |
| CIN |  |  |  |
| CP |  |  |  |
| Pastoral Support Plan |  |  |  |
| Health Plan |  |  |  |

**All About Me**

*If the Child/ Young Person has an up to date one page profile, or alternative document i.e., pupil voice, this information can be inserted or attached as an alternative. ‘I’ statements should only be used where there is confidence this reflects the authentic voice of the child and is not an adult’s interpretation. If the latter, they should be stated as an*

*adult’s interpretation of the child’s voice.*

*You also do not need to complete this section if you have included this information within 4+1 reviews/Person Centred reviews. Please state “Please see 4+1 reviews and person-centred reviews” attached”.*

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| **What makes me happy? What do I like?** | **Things that are going well** | **Things I have found hard this year**  **Is there anything that isn’t going well?** |
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| **Who is important to me?**  **What is important to me?** | **What helps? / How best to support me:** | **What is important for me:**   * **Now?** * **In my future?** * **What are my aspirations?** |
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**Parent / Carers Views**

*Please ensure you gain the views of parents about their hopes, dreams, concerns, and aspirations for their child, along with what they feel is working / not working. This might include information about education, play, health, friendships, further education, preparation for adulthood, university, and employment. (If this information is included elsewhere reference it here)*

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| **What do they like and what makes them happy?** | **What’s working well?** | **Things your child has found hard this year. Is there anything that isn’t going well?** |
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| **What and who is important to them?** | **What might help / How best to support:** | **What is important for them:**   * **Now?** * **In the future?** * **What are their aspirations?** |
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*See guidance documents for prompts. Please ensure detailed information is included including during structured and unstructured times.*

*Please do not just state ‘see EP/ VI/ QEST report’.*

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| **Child’s/Young Person’s Main Area(s) of Need (select appropriate box[es]):** | |
| **Communication and Interaction** | **Cognition and Learning** |
| **Social, Emotional and Mental Health** | **Sensory, Physical or Medical** |

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| **Strengths and Special Educational Needs** | |
| **Communication and Interaction**  Prompts to consider:   * What are the child or young person’s strengths related to learning in this area? * What are the child or young person’s special educational needs related to learning in this area? * What has the current education setting already put in place to support these needs? * What has been the effect of any support or strategies already put into place by the education setting? |  |
| **Cognition and Learning**  Prompts to consider:   * What are the child or young person’s strengths related to learning in this area? * What are the child or young person’s special educational needs related to learning in this area? * What has the current education setting already put in place to support these needs? * What has been the effect of any support or strategies already put into place by the education setting? |  |
| **Social, Emotional and Mental Health**  Prompts to consider:   * What are the child or young person’s strengths related to learning in this area? * What are the child or young person’s special educational needs related to learning in this area? * What has the current education setting already put in place to support these needs? * What has been the effect of any support or strategies already put into place by the education setting? |  |
| **Sensory and / or Physical**  **Prompts to consider:**   * What are the child or young person’s strengths related to learning in this area? * What are the child or young person’s special educational needs related to learning in this area? * What has the current education setting already put in place to support these needs? * What has been the effect of any support or strategies already put into place by the education setting? |  |
| **Independence and Self Help**  **Preparation for Adulthood**  **Prompts to consider**   * What are the child or young person’s strengths related to learning in this area? * What are the child or young person’s special educational needs related to learning in this area? * What has the current education setting already put in place to support these needs? * What has been the effect of any support or strategies already put into place by the education setting? |  |

**Attainment, Assessment and Tracking Data – Please attach / insert information here**

**Provision Map**

Complete as required or upload completed school version

*How to support needs - include interventions that have been advised by professionals working with the young person.*

***Only include costings if required / relevant. A pupil timetable could be included as an alternative.***

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| **Date support began:** | **When did you begin to provide additional and different support for the child? If support has been provided since transition discussion meetings, include that information here.** |

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| **Outcomes** | **Interventions/ strategies**  **What, who, when how often** | **Advised by …**  ***e.g., EP, QEST, HI, VI SALT, (where applicable)*** | **Staff / pupil ratio** | **Staff** | **Weekly duration** | **Weekly cost** | **Annual cost** |
| Example: develop gross motor skills | Intervention / Programme ………. |  | 4.1 | Key worker | 15 mins per session x2 weekly | (Add your previous funding allocation weekly amount) | X the weekly amount by 36 |
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| Total: |  | | | | | | |

**Review meetings -** Record of meetings held to review this Support Plan to evaluate the impact of targeted teaching, support and interventions and progress towards achieving the agreed outcomes. Any appendices should also be updated as part of the review progress

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| **Plan Do Review meeting 1 *Please ensure sections above are also reviewed and updated as part of this review meeting*** | | | |
| **Date of meeting** | **Review Date** | | |
| **Outcomes** |  | | |
| **Area of Need**  ***(e.g., Cognition and Learning)*** | **SMART Targets to achieve outcomes** | **Progress made/ impact of provision** | **Further actions**  **(e.g., refine the outcome or provision)** |
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| **Plan Do Review meeting 2 *Please ensure sections above are also reviewed and updated as part of this review meeting*** | | | |
| **Date of meeting** | **Review Date** | | |
| **Outcomes** |  | | |
| **Area of Need**  ***(e.g., Cognition and Learning)*** | **SMART Targets to achieve outcomes** | **Progress made/ impact of provision** | **Further actions**  **(e.g., refine the outcome or provision)** |
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| **Plan Do Review meeting 3 *Please ensure sections above are also reviewed and updated as part of this review meeting*** | | | |
| **Date of meeting** | **Review Date** | | |
| **Outcomes** |  | | |
| **Area of Need**  ***(e.g., Cognition and Learning)*** | **SMART Targets to achieve outcome** | **Progress made/ impact of provision** | **Further actions**  **(e.g., refine the outcome or provision)** |
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