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| **SEN Support Plan** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of child:** |  | | **Date of birth:** |  | **Year group:**  **Age in months:** |  |
| **Date this plan started:** | |  | | **Date this plan to be reviewed:** |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agreement of Support Plan** | | | | | | | | | |
| **Child/YP signature:** |  | | **Date:** |  | **Parent/carer signature:** | |  | **Date:** |  |
| **Teacher/ SENCO signature:** | |  | | | **Date:** |  | | | |

|  |  |  |
| --- | --- | --- |
| Aspirations/strengths/interests: | **Termly Preparing for Adulthood Outcomes:** | **Achieved Yes/No** |
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| **Overview of needs:** |

**Education:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specific needs** | **What?**  **(including provision & resources)** | **Stage of provision** | **When?**  **(frequency, duration, group size)** | **By Whom?**  **(staffing requirements)** |
|  | 1a. |  | 1a. |  |
|  | 2a. |  | 2a. |  |
|  | 3a. |  | 3a. |  |
|  | 4a. |  | 4a |  |

**Health and or Social Care (delete if not appropriate):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specific needs** | **What?**  **(including provision & resources)** | **Stage of provision** | **When?**  **(frequency, duration, group size)** | **By Whom?**  **(staffing requirements)** |
|  |  |  |  |  |

**Review**

|  |  |  |
| --- | --- | --- |
| **Summary of discussion:** (To include pupil and parent/carer voice) | **Recommendations of review meeting:** |  |
| **% Attendance:** | **a) Support Plan to continue – new outcomes set** | **Y/N** |
| **b) SEN Support Plan to continue with Top Up request**  **c) EHC Assessment to be requested** | **Y/N**  **Y/N** |
| **d) SEN Support ceases – remove from SEN register** | **Y/N** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child/young person signature:** |  | **Date:** |  | **Parent/Carer signature:** |  | **Date:** |  |
| **Teacher/SENCO signature:** |  | **Date:** |  | **Does the child/young person have an Individual Health Care Plan? yes/no**    **Does the child/young person have a Care Plan/PEP? yes/no** | | | |