

Insert photograph of child

(Parental consent required)

SEN Support Plan

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| --- | --- |
| **Name of Setting:** | Please complete all sections |
|  | |
| **Name of child / young person:** |  |
| **Date SEN Support Plan agreed:** |  |
| **Signature of plan coordinator:** | Name of setting SENCo |
| **SEN Support Plan review date:** |  |
| **SEN Support Plan number:** |  |

*SEN Support Plans should reflect the 3 stage cycle of Assess – Plan – Do – Review and involve parents and the child/young person as the earliest stage. The graduated approach should ensure that earlier decisions and actions are revisited, refined and revised with a growing understanding of the young person’s needs and of what supports the young person in making good progress and securing outcomes. It draws on more detailed approaches, more frequent reviews and more specialist expertise in successive cycles in order to match the interventions to the SEN of children and young people.*

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| --- | --- | --- | --- |
| **My Personal Details:** | | | |
| Surname: |  | First Name |  |
| Home Address: |  | Date of Birth: |  |
| Gender: |  |
| Home Language: |  |
| Ethnicity: |  |
| UPN No: |  | Religion: |  |
| NHS No. |  |  |  |
| **Parent / Carer Information:** | | | |
| Surname: |  | Name: |  |
| Home Address: |  | | |
| Tel No: |  | Relationship to Child: |  |
| **Any other person with Parental Responsibility** | | | |
| Surname |  | Name: |  |
| Home Address: |  | | |
| Tel No: |  | Relationship to Child: |  |

**Section A**

*If this child has an up to date one page profile, this can be inserted here or the information from this can be used to inform this section of the plan.*

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| **My Views, Interests, Hopes and Dreams** |
| **What people like and admire about me:** |
| You do not need to complete this if you have completed a One Page Profile for the child.  MUST be completed if no One Page Profile available |
| **What is important to me:** |
| please see one page profile |
| **How best to support me:** |
| Please see One Page Profile |
| **My Parent / Carer Views:**  *This might include education, play, health, friendships, further education, preparation for adulthood, university and employment* | |
| Please ensure you gain the views of parents about their hopes, dreams, concerns and aspirations for their child . | |

**Assess**

*(Please state which agencies are involved or who the young person has been referred to)*

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| **My Strengths and Special Educational Needs** | |
| **Cognition and Learning** | Please explain your setting concerns about the child’s needs in this area of development:-  Does the child access play and activities independently? Need hand on hand support?  When the child learns a new skill do they need lots of repetition? Do they retain new learning? Do staff need to re visit prior learning? Every day? Or after a period of absence?  How does the child’s key worker support the child? What support do they provide which is different to their peers?  What advice and support from professionals are you implementing? What are the child’s responses? |
| **Social, Emotional and Mental Health Difficulties** | Please explain how the child interacts with staff/peers/family members.  If you feel a child needs support with managing emotions – how is this support provided by staff at your setting?  Does the child need space to calm when cross? Do they need an adult to support them to calm? Do you understand causes for upset? How have you identified them? How are you working to identify them? How are you supporting the child to manage their own feelings and to develop their understanding of their own emotions?  What advice and support from professionals are you implementing? What are the child’s responses? |
| **Sensory and / or Physical** | If a child has sensory difficulties, please explain them here.  Does the child have a sensory sensitivity assessment completed? How do you implement strategies form this?  Does they child have gross motor difficulties (large body movements-things the child does with their whole body)?  Do they have or need specialist equipment such as seating/standing frame?  Does the child have fine motor difficulties (small body movements –things the child does with their hands)?  Does the child have physiotherapy advice and support? How do you implement this? |
| **Communication and Interaction** | Explain the child’s understanding and expressive communication skills.  Does the child have speech and language therapy advice? How do you implement this? |
| **Independence and Self Help** | It is usual for children under 5 years of age to need support with self -help skills and support to develop independence.  What do you need to do for the child different or additional to his/her peers?  To support independence and self-help, do you need to reinforce instructions/requests with gestures/photos/objects? Is this speech therapy advice? |

**Plan**

What is Not Working

What Works

All information included in Jeffrey’s Corner Integrated AYou do not need to complete this section if you include ALL previous 4+1 reviews/Person Centred reviews

“Please see 4+1 reviews and person centred reviews” included in Jeffrey’s Corner Integrated Assessment report, Fatima’s One Page profile, Person centred reviews and professional reports.

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What is Important For Me

(What support do I need? What strategies have other professionals advised)

**Do**

**My Support Plan:** *(How to support my needs / include interventions have been advised by professionals working with the young person).*

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| **Date support began:** | | **When did you begin to provide additional and different support for the child?** | | | | | | |
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| **Outcome** | **Intervention / solution** | | **Staff / pupil ratio** | **Staff** | **Weekly duration** | **Weekly cost** | **Annual cost** | **Achieved / not achieved** |
| ***Example:*** *develop gross motor skills* | *Opportunities to lie on the floor – reaching and stretching* | | *4.1* | *Key worker* | *2x 4 mins every session* | *(add your previous funding allocation weekly amount)* | *X the weekly amount by 36* | explain the child’s progress and if ‘ongoing’ or ‘completed’ |
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| **Total:** |  | | | | | | |  |

**Review**

*(Evaluate all strategies as advised by other professionals working with the young person)*

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| **Review of Support Plan and agreed Next Steps** | | | | | |
| 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. Appendices should also updated as part of the review progress | | | | | |
| **Date of meeting** | **Agreed Outcome** | **Progress made** | | **Action**  *(e.g. refine the Outcome or support)* | **Person responsible** |
| **Please add review date** | **You need to record reviews of the support plan here – some settings review every six months- some every term** | **Highlight successes and achievements e.g. appropriate seating now in place/now sitting independently/now responding to objects of reference etc.** | | **Update outcome for those achieved- responding to objects of reference – update to “ respond to photo of snack” etc.** | **Highlight whether professional/key worker or SENCo responsible for each outcome** |
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| Signed | **Please ask parents to sign** | | Parent / Carer / Young person | | |
| Signed | **Please sign** | | SENCO / Headteacher | | |