**My SEN Support Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary area of need: |  | SEN Support (K) | | EHCP (E) **☐** | Attendance % |
| Other plans: | Child has a Personal Education Plan (PEP) | | Child has an Individual Health Care Plan (IHCP) | | |
| Social Care Status: | Universal | | Early Help Assessment | | |
| Child In Need | | Child Protection | | |
| Plan start date: |  | | Plan no. |  | |
| Planned review date: |  | | Actual review date: |  | |

**My Name:**

**Class/Form:**

***Insert picture of special interest(s)***

**One Page Profile / Child/Young Person Voice** Insert your setting’s One Page Profile or complete the LA template provided – for further guidance see Link to OPP Guidance Doc

Child’s ***current*** name/photo/ favourite character etc to be added

**My aspirations**

**What’s important to CYP** This section should have enough detail that someone who does not know the CYP could understand what matters to them from their perspective. It is detailed and specific If their name was taken away from the OPP the CYP would still be easily identified.

|  |  |
| --- | --- |
| **Instead of this** | **Try this** |
| Loves break time | Playing games, usually involving running, with their close friends at break time |
| Being organised | Having all items packed and ready the night before in CYPs schoolbag and making sure the tray in my classroom is organised. It is important that people do not take things from my pencil case. |
| Having friends | Sitting with the same friends in each lesson and lining up and sitting with AB&C at lunchtimes |

**How to support CYP when at school, what is important for the CYP** This section includes how to support the CYP in school, and what is helpful and what is not. It can include any specific ‘buttons’ that get pushed and how to avoid or handle them. The information in this section includes what people need to know and what people need to do.

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| --- | --- |
| **Instead of this** | **Try this** |
| Be patient | X will chew their jumper if unsure of a task. Ask X if they have any questions about the activity (avoid asking if they understand what to do) – allow processing time of up to 1 minute |
| Needs help with friendships | Allow X opportunities to spend time sitting with different X at the beginning of a new term. X appreciates one-to-one time to discuss friendships, a circle of friends approach has supported in the past. |
| Has timeout card | X needs the opportunity for regular sensory breaks (e.g. walk around the classroom or the opportunity to attend the nurture space) to support regulation. |

**My strengths (including what people like and admire about me)**

**What’s important to me**

**How people who know me well best understand my needs at the moment**

**What people need to know about how best to support me at school**

**Parent/Carer Voice:**

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| **Journey so far**: (Include information around medical diagnoses, when concerns were first raised etc.) |
|  |
| **What are your hopes, dreams and aspirations for your child’s future**? (These have been divided into the four areas of Preparation for Adulthood – PfA) |
| Learning and Employment: |
|  |
| Living as independently as possible: |
|  |
| Health and wellbeing: |
|  |
| Friendships, relationships and community: |
|  |

My Targets:

**Target 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Rating: | 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | 9 | 10 |  |
|  |  |  |  |  | |  |  |  |  | |  |  |  |
| **T -** Target (Where would we realistically expect to be with this target by the next review?)  **B** - Baseline (Where is the CYP now with this target?):  **A -** Achieved (Review - How much progress have they made towards target?): | | | | | | | | | | | | | |
| Provision to support outcomes: (This should link with the current whole school/class provision map (or for some CYP their individual costed provision map) | | | | | | | | | | | | | |
| Support | | | | | How often | | | | | Delivered by | | | |
|  | | | | |  | | | | |  | | | |
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**Target 2**

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| Rating: | 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | 9 | 10 |  |
|  |  |  |  |  | |  |  |  |  | |  |  |  |
| **T -** Target (Where would we realistically expect to be with this target by the next review?)  **B** - Baseline (Where is the CYP now with this target?):  **A -** Achieved (Review - How much progress have they made towards target?): | | | | | | | | | | | | | |
| Provision to support outcomes: (This should link with the current whole school/class provision map (or for some CYP their individual costed provision map) | | | | | | | | | | | | | |
| Support | | | | | How often | | | | | Delivered by | | | |
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**Target 3**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rating: | 1 | 2 | 3 | 4 | | 5 | 6 | 7 | 8 | | 9 | 10 |  |
|  |  |  |  |  | |  |  |  |  | |  |  |  |
| **T -** Target (Where would we realistically expect to be with this target by the next review?)  **B** - Baseline (Where is the CYP now with this target?):  **A -** Achieved (Review - How much progress have they made towards target?): | | | | | | | | | | | | | |
| Provision to support outcomes: (This should link with the current whole school/class provision map (or for some CYP their individual costed provision map) | | | | | | | | | | | | | |
| Support | | | | | How often | | | | | Delivered by | | | |
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**Review:**

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| --- | --- | --- |
| Comments: (Consider, *what have we tried, what has worked well, what has not worked and what are the next steps?*) | | |
| Parent/carer | Child/Young person | Teacher |
|  |  |  |
| Signature: | Signature: | Signature: |
|  |  |  |

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| --- | --- | --- |
| **Details of any other specialist support professionals who are actively involved:** | | |
| Name/Role/Recommendations | | |
| **Actions agreed** *(this is to capture actions coming from any wider discussions about the child and family’s needs that are not captured in the previous sections and the agreed provision linked to the new targets)* | | |
| **Action** | **Who is responsible** | **By when** |
|  |  |  |
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