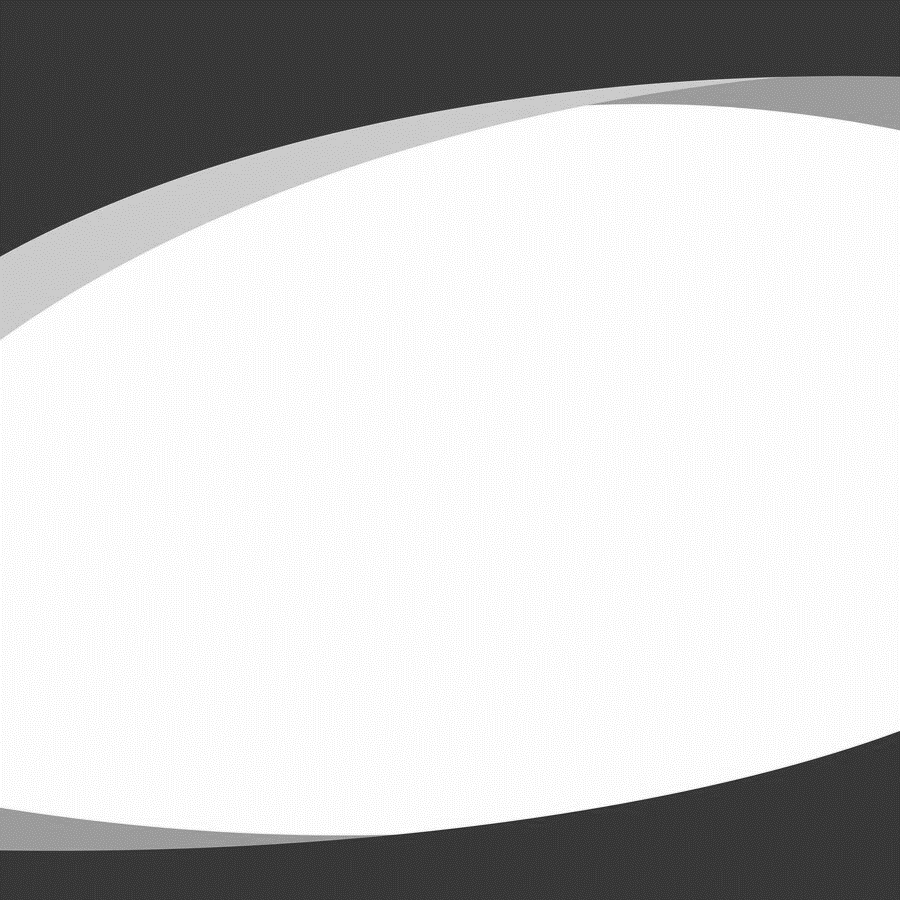


Solihull Early Years

SEND Support Plan (SSP)

Name: [ Click or tap here to enter text. ]

Date of Birth: [ Click or tap here to enter text. ]



Assess Plan Do Review

Setting: [ Click or tap here to enter text. ]

Plan Co-ordinator: [ Click or tap here to enter text. ]

Start Date: [ Click or tap here to enter text. ]

Planned Review Date: [ Click or tap here to enter text. ]

Plan Number: [ Click or tap here to enter text. ]

|  |  |
| --- | --- |
| Child’s Voice | Family Views |
|  |  |

|  |
| --- |
| Description of Child’s Needs |
|  |

Assessment tool used to assess: Click or tap here to enter text.

Attainment levels at start of this plan

## Progress Check - Chronological Age (example, 36 months): Click or tap here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Areas of Development** | **Personal Social Emotional Development** | **Communication and Language** | **Physical Development** | **Play** | **Independence** |
| **Date:**  Click or tap here to enter text. |  |  |  |  |  |

Attainment levels at date of review

## Progress Check - Chronological Age: Click or tap here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Areas of Development** | **Personal Social Emotional Development** | **Communication and Language** | **Physical Development** | **Play** | **Independence** |
| **Date:**  Click or tap here to enter text. |  |  |  |  |  |

SEND Support Plan (SSP)

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESS**  ***What are the child’s struggles and difficulties?*** | **PLAN**  ***What does the child need to do next? (SMART target)*** | **DO**  ***What will be done, by who and how often?*** | **REVIEW**  ***What progress has the child made towards the target?*** |
| Area of Need:  Click or tap here to enter text.  Difficulty:  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Achieved  Partially Achieved  Not achieved.  Reasons/ comments:  Click or tap here to enter text. |
| Area of Need:  Click or tap here to enter text.  Difficulty:  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Achieved  Partially Achieved  Not achieved.  Reasons/ comments:  Click or tap here to enter text. |
| Area of Need:  Click or tap here to enter text.  Difficulty:  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Achieved  Partially Achieved  Not achieved.  Reasons/ comments:  Click or tap here to enter text. |
| Area of Need:  Click or tap here to enter text.  Difficulty:  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Achieved  Partially Achieved  Not achieved.  Reasons/ comments:  Click or tap here to enter text. |

Additional Information. E.g. referrals made, medical information etc…

|  |
| --- |
|  |

Actions and Next Steps agreed at review date or interim:

|  |
| --- |
|  |

Professionals Involved

|  |  |  |
| --- | --- | --- |
| Name and Role of Professional | Organisation | Contact Details |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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