

**Guidance to write a  
My Support Plan**

Type here

Name: …………………………………………………………

Type here

School: ……………………………………………………….

This must be done

Plan Start Date: …………………………………………….

This date must be set and stuck too

Plan Review Date: ………………………………………….

Type here

Version number: …………

My Views

In this section please tell me what the child likes to do.

What are their dislikes?

This is pupils voice but don’t think if a child can’t talk they cant give views watch them and they will “tell” you what they like and dislike.

My Family’s views

In this section please ask parents’ or carers’ views on their child’s development, struggles, strengths and aspirations. This is important to show you plan jointly with parents.

My Team

People in my Family – People who are involved with the family could be Grandparents/Aunties/Uncles if they look after the child when not attending setting

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| --- | --- | --- | --- | --- | --- |
| Name | Gender | Relationship | Address | Contributed to My Plan | Parental responsibility  Y/N |
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Professionals supporting me and my family – list people who are supporting, don’t forget the Key person for the child.

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| --- | --- | --- | --- | --- | --- |
| Name | Role | Supporting | Contributed to My Plan | Agency | address/contact details |
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My Progress

Details of the curriculum that is being used to measure progress

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| Tell me what you are using to assess the child. Remember you need to use assessment for children with SEND This can be more than one assessment tool – please refer to the Early Years referral guidance sheet to help with cross referencing |

Details of student’s attainment

|  |  |  |
| --- | --- | --- |
| Area of Learning | Attainment prior to beginning My Support Plan | Attainment at review of plan |
|  | **Don’t use very wide descriptors such as 0-3 year SEND assessments need to be more detailed to show progress** |  |
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| My Physical and Sensory Needs |
| Assess In this box please indicate the child’s struggles, difficulties, and challenges,  (Unable to…)  Please remember to give examples.  Not everyone will see this child so you need to be able to describe as best as you can. |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought  Plan  In this box describe what the target is going to be for the child please see example below  Remember to use SMART Targets | Educational provision to meet my outcomes  Do In this box tell me how are you going to do to teach the target – Please see example below  Please make sure you include all the support you put in place even if it seems obvious this is your record of how you support the child and can be used to apply for funding | Was the agreed support fully implemented?  In this box describe how often this strategy was carried out – please see example below | Has the outcome been achieved?  Review  In this box tell me what happened, how did they respond – Please see example below |
| Suggested by the Early Years Team  For X to chew safe items with an adult prompt 3 of 5 times | Following the risk assessment in place. Small objects have been removed from the activity areas.  Adult to use the stop and replace method alongside Makaton to help with X’s understanding when unsafe items are mouthed – “stop” hand signal (Makaton), visual of stop sign and single word used before replacing with the safe object – Chewelry. | X attends morning sessions 4 days out of 5. This strategy was implemented throughout x’s morning sessions. | X engaged well when using the stop and replace method. When unsafe objects were removed X cooperated well and was happy to have the replacement.  The target will be developed to x using the chewelry without a prompt |

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| My Communication and Language Needs |
| Please repeat from previous box  Assess |

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| --- | --- | --- | --- |
| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought  Plan | Educational provision to meet my outcomes  Do | Was the agreed support fully implemented? | Has the outcome been achieved?  Review |
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| My Education and Learning Needs |
| Please repeat from previous box  Assess |

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| --- | --- | --- | --- |
| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought  Plan | Educational provision to meet my outcomes  Do | Was the agreed support fully implemented? | Has the outcome been achieved?  Review |
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| My Social and Emotional Needs |
| Please repeat from previous box  Assess |

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| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought  Plan | Educational provision to meet my outcomes  Do | Was the agreed support fully implemented? | Has the outcome been achieved?  Review |
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**Remember:**

* This is a working document - please add more boxes in each area if needed.
* Date new targets – you do not need to wait until the review date to add new targets. If a target is needed add it on, then when reviewed explain in the **Review** box why the target has not been achieved at the time of the review.
* Use SMART targets to help with the child to achieve the target set in **Plan**.
* Parents need to contribute to the plan in place for their child. When reviewing, remember parents will need to sign to say they agree with the targets in the My Support Plan.
* Please give parents a copy of the My Support Plan and The Early Years Team so records can be kept.

Health and Social Care Details (if appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| My Health Needs (including confirmed diagnoses) | | | |
| Diagnosis / Disability | Diagnosed By | Is medication taken for disability/diagnosis?  Y/N | Is this medication taken during school hours? |
|  |  |  |  |
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| --- | --- |
| Other health issues |  |
| Current medical treatment: |  |
| Family health history:  (Give details of family history that may have a direct impact on the family) |  |

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| --- | --- |
| My Social Care Needs | |
| **Statutory/Legal measures in place:** |  |
| **Local authority responsible:** |  |
| **Other plans:** |  |

Personal Details and Consent

|  |  |  |
| --- | --- | --- |
| Name of Pupil  UPN  NHS Number  Health Authority | Sex | School Year |
| Date of Birth | |
| Is the pupil a Looked After Child/Young Person?  Yes No  Is the young person in receipt of Pupil Premium?  Yes No | Attendance for current term  Actual/Possible | |
| First Language  Parent Carer First Language | Ethnicity  Religion | |
| Address  Telephone Number  Email Address | | |

**Please sign below to indicate that you:**

* Have contributed to the development of this plan.
* Understand the support that will be provided through the plan.
* Agree to a photo of the young person being used on the cover of their plan
* Agree to a copy of the plan being stored in the School’s and Local Authority’s SEN files.
* Consent to a copy of the plan being shared with the people listed in the ‘My Team’ section of this plan and with a Local Authority SEN Officer, if necessary.

……………………………………………………………………Young Person (if appropriate)

……………………………………………………………………Parent/Carer

……………………………………………………………………School representative / Plan author

……………………………………………………………………Date