

**My Support Plan**

Type here

Name: …………………………………………………………

Type here

School: ……………………………………………………….

Type here

Plan Start Date: …………………………………………….

Type here

Plan Review Date: ………………………………………….

Type here

Version number: …………

My Team

People in my Family

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Gender | Relationship | Address | Contributed to My Plan | Parental responsibility  Y/N |
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Professionals supporting me and my family

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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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Details of student’s attainment

|  |  |  |
| --- | --- | --- |
| Area of Learning | Attainment prior to beginning My Support Plan | Attainment at review of plan |
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| --- |
| My Physical and Sensory Needs |
| Please provide details of the young person’s needs. |

|  |  |  |  |
| --- | --- | --- | --- |
| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
|  |  |  |  |
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| My Communication and Language Needs |
| Please provide details of the young person’s needs. |

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| --- | --- | --- | --- |
| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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| My Education and Learning Needs |
| Please provide details of the young person’s needs. |

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| --- | --- | --- | --- |
| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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| My Social and Emotional Needs |
| Please provide details of the young person’s needs. |

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| --- | --- | --- | --- |
| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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Health and Social Care Details (if appropriate)

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| --- | --- | --- | --- |
| 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? |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Other health issues |  |
| Current medical treatment: |  |
| Family health history:  (Give details of family history that may have a direct impact on the family) |  |

|  |  |
| --- | --- |
| 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