

# Guidance to write a My Support Plan

Type here  
**Name:** .....

Type here  
**School:** ..... **This must be done**

**Plan Start Date:** .....

**Plan Review Date:** ..... **This date must be set and stuck too**

**Version number:** Type here .....

# 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

Name	Gender	Relationship	Address	Contributed to My Plan	Parental responsibility Y/N

Professionals supporting me and my family – list people who are supporting, don't forget the Key person for the child.

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

# My Progress

## Details of the curriculum that is being used to measure progress

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
	<u>Don't use very wide descriptors such as 0-3 year SEND assessments need to be more detailed to show progress</u>	

## 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.

To be completed at the plan writing meeting		To be completed at the Review Meeting	
<p><b>Outcomes Sought</b></p> <p style="text-align: center; font-size: 1.2em; color: #0070c0;">Plan</p> <p>In this box describe what the target is going to be for the <b>child</b> please see example below</p> <p>Remember to use SMART Targets</p>	<p><b>Educational provision to meet my outcomes</b></p> <p style="text-align: center; font-size: 1.2em; color: #0070c0;">Do</p> <p>In this box tell me how are <b>you</b> going to do to teach the target – Please see example below</p> <p>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</p>	<p><b>Was the agreed support fully implemented ?</b></p> <p>In this box describe how often this strategy was carried out – please see example below</p>	<p><b>Has the outcome been achieved?</b></p> <p style="text-align: center; font-size: 1.2em; color: #0070c0;">Review</p> <p>In this box tell me what happened, how did they respond – Please see example below</p>
<p>Suggested by the Early Years Team</p> <p>For X to chew safe items with an adult prompt 3 of 5 times</p>	<p>Following the risk assessment in place. Small objects have been removed from the activity areas.</p> <p>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.</p>	<p>X attends morning sessions 4 days out of 5. This strategy was implemented throughout x's morning sessions.</p>	<p>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.</p> <p>The target will be developed to x using the chewelry without a prompt</p>

--	--	--	--

<b>My Communication and Language Needs</b>
Please repeat from previous box
Assess

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?
Plan	Do	Review	Review

--	--	--	--

## My Education and Learning Needs

Please repeat from previous box

Assess

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?
Plan	Do		Review

## My Social and Emotional Needs

Please repeat from previous box

Assess

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?
Plan	Do		Review

# 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?

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