

MY SEN SUPPORT PLAN

Photo or picture (learner
preference)

Name:

Date of Birth:

Class:

School:

Section 1 - ALL ABOUT ME

People like and admire me because...	I enjoy...
These things are important to me ...	These things are not working well ...
It would be better if ...	<p>In the future I would like:</p> <p>Short term ...</p> <p>Long term ...</p>

Section 2 - PEOPLE WHO SUPPORT ME

Include everyone who has helped the learner up to and including, where necessary, the past three years.

Name	Relationship/Role	Timescale of involvement (current & historic with dates)	Contact Details	Context of Involvement

Section 3 - PLANNING TO MEET MY NEEDS

My strengths and skills

Who is concerned?	Outline of concerns
My concerns	
Concerns that my parents/carers have:	
Concerns that others have (e.g. my teachers, health professionals, social worker, other professionals etc):	

Section 4 - MY SPECIAL EDUCATIONAL NEEDS

Everyone involved
with the learner,
including the
learner themselves
should contribute
to this.

Summary of needs (include any relevant information on the areas of need):

Health needs relating to SEND (if applicable):

Social Care needs relating to SEND (if applicable):

Section 5 - MY OUTCOMES – CYCLE 1

Everyone involved with the learner, including the learner themselves should contribute to this.

As discussed and agreed with me, my parents/carers and supporting professionals on: (*date*)

Long Term Outcome:				
Short Term Outcome (smaller steps)	What needs to happen to help me to achieve this?	Who will do it? / Who will advise us about it?	How often? (duration and frequency)	What resources will be required? (including costs)
Long Term Outcome:				
Long Term Outcome:				
Long Term Outcome:				

Section 6 - MY REVIEW – CYCLE 1

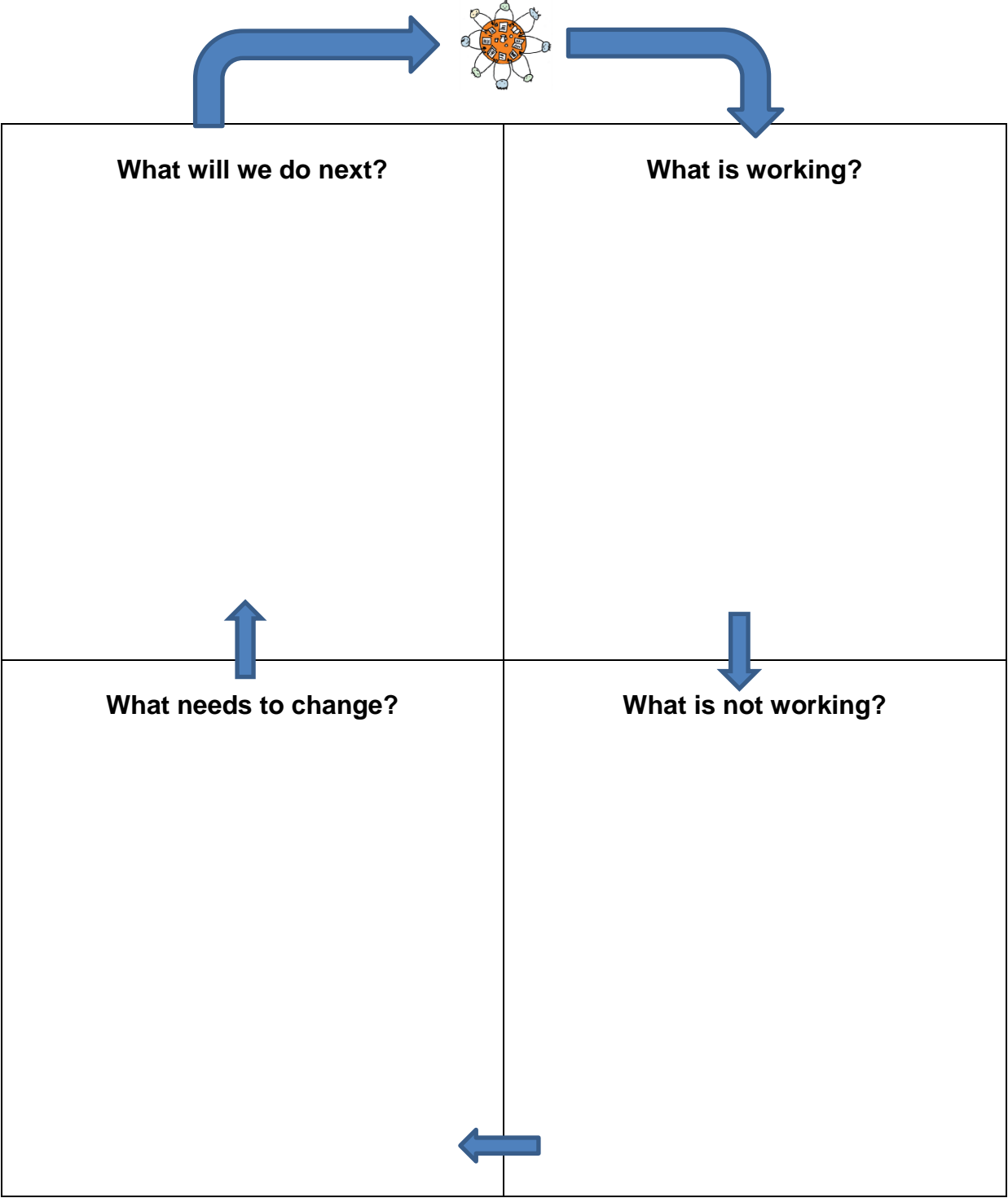
Everyone involved
with the learner,
including the
learner themselves
should contribute
to this.

This may have some slight differences to the original outcomes plan if interventions, resources and provision have been amended to meet evolving need.

Long Term Outcome:					
Short Term Outcome (smaller steps) <small>Add additional rows as required</small>	What needs to happen to help me to achieve this?	Who will do it? / Who will advise us about it?	How often? (duration and frequency)	What resources will be required? (including costs)	Evaluation of Impact – has the outcome been fully met? Has what we have done worked? <small>Please highlight the boxes as follows: Green = outcome fully met Amber = making progress towards outcome Red = no progress towards outcome</small>
Long Term Outcome:					
Long Term Outcome:					
Long Term Outcome:					

RECORD OF MY REVIEW – CYCLE 1

Date:
Present:



MY VIEWS ABOUT SCHOOL – CYCLE 1

This form is for the learner to complete prior to the review meeting. They can complete it independently or with support if required.



Choose the bubbles with words that explain what you think about school:

happy

tricky

safe

caring

busy

calm

hard






scary

Why did you pick those words?

Can you think of more of your own?



Please circle the emoji that best describes your feelings about school:

				
5	4	3	2	1

Why did you circle that one?

OUR STORY – CYCLE 1

This form is for
parents to complete
prior to the review
meeting.

Please tell us how things are for your child now. This information will be very helpful for us to be able to think about how best to support your child and move things forward for them. Please continue this on additional sheets if you need to.

It would be useful if you could include:

- Things that are going well at home and at school
- What the challenges are at home and at school
- Updates on health and well-being if relevant
- Any other information you think is important for your child

REVIEWING MY OUTCOMES – CYCLE 1

Recommendations from my review held on: (date)

In line with the SEND Code of Practice (2015) and the NCC graduated approach guidance, the child or young person:	Please indicate (mark one box only)	Dates
1. Requires no additional support but will continue to be monitored.	<input type="checkbox"/>	Closure date:
2. Has needs that can currently be met at SEN Support Profile/Passport Stage and a new Profile/Passport will be drawn up and reviewed regularly.	<input type="checkbox"/>	Date of next review:
3. Has needs that can currently be met with a SEN Support Plan and a new plan with new outcomes will be drawn up	<input type="checkbox"/>	Date of next review:
4. Has needs that require additional advice or support (if so, from whom?) which will be specified in a new plan with new outcomes	<input type="checkbox"/>	Date referral discussed: Date referral made: Date external involvement began: Date of next review:
5. Requires a Consideration of Statutory Assessment (COSA) as evidenced through at least 2 cycles of assess-plan-do-review.	<input type="checkbox"/>	Date request submitted:

NEXT STEPS

Using the information from the review, go back to **page 6**, change to **Cycle 2** and discuss and agree outcomes for the next cycle of assess, plan, do, review. Please ensure that each new cycle is numbered and dated accordingly.

Remember the 'Golden Thread'



Section 7 - SIGNATURES & AGREEMENTS

	Child or young person		Parent/Carer of child or young person	
I understand why the SEN Support Plan is being completed and my role within it.	Yes	No	Yes	No
I understand that the school/setting will store and retain copies of the plan in line with their own policies and practices which will be GDPR compliant.	Yes	No	Yes	No
I have had the reasons for information sharing and information storage explained to me and I agree to the sharing of information with Children's Services practitioners and the services discussed.	Yes	No	Yes	No

Young Person

Signature:

Date:

Name:

Parent/Carer

Signature:

Date:

Name:

Person co-ordinating the plan

Signature:

Date:

Name: