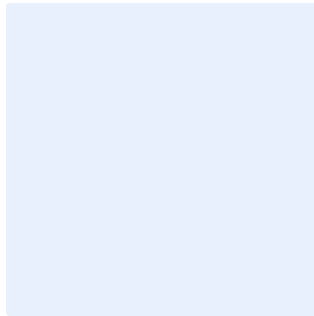




Northumberland County Council

AP SUPPORT PLAN

Photo or picture (learner preference)



Please complete this plan within the first six weeks / half term of the learner joining your setting.

Name	Click or tap here to enter text.
Date of birth	Click or tap here to enter text.
Setting	Click or tap here to enter text.

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	In the future I would like: Short term ... Long term ...

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 – My development

This section asks about specific areas of development. There are four sections which cover the Code of Practice main areas of need and preparation for adulthood categories. The statements were developed by NCC Education and NHS Health professionals. Please rate where you feel the child / young person is using the following guide:

Unknown	Not enough information available to rate this area.
Green	Relative area of strength, no or minimal issues identified. If there are needs in this area the young person is fully aware of them and has successful strategies in place to bypass the difficulties they may cause (eg they may have sensory needs but make use of ear defenders and chewellery as required, or have handwriting difficulties and so use a word processor). Adjustments are in place ensure the needs do not impact on their access to teaching and learning as well as direct intervention if appropriate.
Amber	Some issues but strategies in place to bypass and plans in place to develop skill areas. Area is a concern as it is impacting on access to teaching and learning and progress being made.
Red	Significant area of need having a major impact. The area currently presents a major barrier to the young person's successful engagement in learning. There is no plan in place to mitigate or address this area of need.

Underneath each section are links to further information on interventions, more in depth screens and services who can become involved after 'in house' interventions have been put in place and evaluated.

Section 4 will ask you to make a plan. Based on your ratings, identify the three areas of most concern (whatever colour rating) and with the child/young person and their family identify short term targets in that area. Follow the links to suggested strategies and targeted screens. What areas of strength could be used to support these targets?

Cognition and Learning / Employment and Independent Living							
I can read well enough to access information from different types of text e.g. My school books, game instructions, emails.							
I can express myself and my views and give information about myself in writing that others can understand e.g., Application forms, school work, text messages.							
I can spell words I want to use. I don't have to change what I want to write because I am worried about the spellings.							
I can understand numbers and I can use maths in everyday life e.g., Shopping, telling the time, reading timetables.							
I can plan and prioritise the things I need to do, and I know the things I need for different events, I can use tools and strategies to help me do this.							
I can avoid distractions and maintain my attention; I am able to switch my focus when needed.							
I can remember information I receive and can recall it to help me process information, I can use different strategies to help me with this and support my own learning.							
I get easily and quickly frustrated when I find something challenging							
Notes:							

Finding ways to reduce impact of difficulties , QFT approaches and interventions:

[Ordinarily available provision](#), See Page 22 and Page 44

[Education Endowment Foundation Literacy Interventions](#)

[Education Endowment Foundation Numeracy Interventions](#)

[Education Endowment Foundation Learning Behaviours](#)

[NCC HINT Literacy Difficulties Padlet](#)

[NCC HINT Numeracy Difficulties Padlet](#)

Potential Next Steps to gather further information:

[NCC HINT SpLD team Literacy Screen](#)

[NCC HINT SpLD team Numeracy Screen](#)

If major concerns identified and no/ limited progress made following targetted intervention considered making request for support to:

[NCC HINT Specific Learning Difficulties team](#) Difficulties with literacy and / or numeracy

Communication and Interaction / Community Inclusion							
I am able to listen, understand and remember things I hear.							
I can tell the people around me the things I want/need.							
I can speak clearly so others can understand me.							
I have the confidence to communicate and interact with adults, friends, and others I may come into contact with.							
Notes:							

Finding ways to reduce impact of difficulties , QFT approaches and interventions:

[Ordinarily available provision](#), See Page 19 (communication and interaction) and Page 36 (social communication)

[I CAN Ages and Stages](#) A guide to development of speech and language at different ages written for parents

[NCC HINT Speech Language and Communication Team Padlet](#) Advice information and resources

[NCC HINT Autism Team Padlet](#) Information and resources on social communication

Potential Next Steps to gather further information:

[NCC NIES Identifying Speech, Language and Communication Needs Checklist](#)

[NCC HINT Social Relationships Checklist](#)

If major concerns identified and no/ limited progress made following targetted intervention considered making request for support to:

[NCC HINT Speech Language and Communication team](#)

[NCC HINT Autism team \(social communication difficulties\)](#)

[NHS Speech and Language Therapy](#)

Social Emotional and Mental Health / Health / Community Inclusion							
I am able to form and maintain friendships / relationships with peers and adults.							
I have a network of people (adults and peers) available to me if I would like to talk/spend time with them/seek help from them.							
I can adapt to new situations, and I can accept changes (Flexibility and Adaptability).							
I can understand my own feelings and responses to situations.							
I can use strategies known to me to help me manage and regulate strong emotions (Emotional understanding and Regulation).							
I can make safe choices, understand consequences, and solve problems.							
I can identify positive things about myself and other people and be confident and open to trying new things that may be challenging.							
Notes:							

Finding ways to reduce impact of difficulties , QFT approaches and interventions:

[Ordinarily available provision](#), See Page 26 social emotional and mental health

[NCC HINT Emotional Wellbeing and Behaviour team padlet](#) Resources and information

Potential Next Steps to gather further information:

[NCC HINT social Imagination and Flexibility of Thought](#) screening tool

If major concerns identified and no/ limited progress made following targetted intervention considered making request for support to:

[NCC HINT Emotional Wellbeing and Behaviour Team](#) - if concerns are around challenging behaviour

[NCC HINT Autism Team](#) - if concerns are about flexibility or social communication.

[Primary Mental Health Work Consultation](#) - mental health concerns present at home and school Telephone [01661 864588](tel:01661864588) to arrange a consultation / referral

Sensory and/or Physical / Health							
I can see and hear without any concerns							
I can walk around obstacles without bumping into them							
I can hop, jump and skip							
I can run							
I can kick a ball							
I can catch a ball with 1 hand.							
I can climb up and down the stairs by myself.							
I can write all the letters of the alphabet and numbers 1 to 10							
I can write a sentence and others can read what I have written							
I have a preferred hand (for writing / picking things up etc) that I mainly use (RIGHT or LEFT hand dominance)							
I can open a bottle / jar and packet myself							
I can cut using scissors							
I can use a spoon and fork to eat							
I can cut food using a knife and fork							
I can do fasteners myself – zips, buttons , shoe laces							
I can change for PE							
I can go to the toilet and clean myself independently							
I find some smells so unpleasant they stop me focussing on what I am doing							
I find the feel of clothes uncomfortable on my skin							
I get upset if my hands and/or face are dirty							
I have a limited number of foods that I feel comfortable eating							
I find it difficult to concentrate in a noisy / busy classroom							
I find loud, unexpected noises distressing							
I need to move my body to help me to concentrate							
Notes:							

Finding ways to reduce impact of difficulties , QFT approaches and interventions:

[Ordinarily available provision](#), See Page 31 sensory and / or physical needs

[NHS Occupational Therapy Patient Information Leaflets](#) (suggested interventions for fine motor skills, movement matters, ready to engage and learn, ready to write, self care skills).

Potential Next Steps to gather further information:

Ask family to arrange sight / hearing test

[NCC HINT Sensory Processing Chcklist](#)

If major concerns identified and no/ limited progress made following targeted intervention considered making request for support to:

[Children's occupational therapy](#) Referral must be made by a health care professional or social worker.

[Children's Physiotherapy](#) Referral must be made by a health care professional or social worker

<u>Outside of School</u>							
I feel safe in the area I live							
I feel safe at home							
I have enough to eat at home							
My family has enough money for the things we need							
My parents or carers have the support they need							
I have people outside of school I can talk to if I am upset or worried							
I have the things I need to be able to meet my ambitions for my life							
Notes							

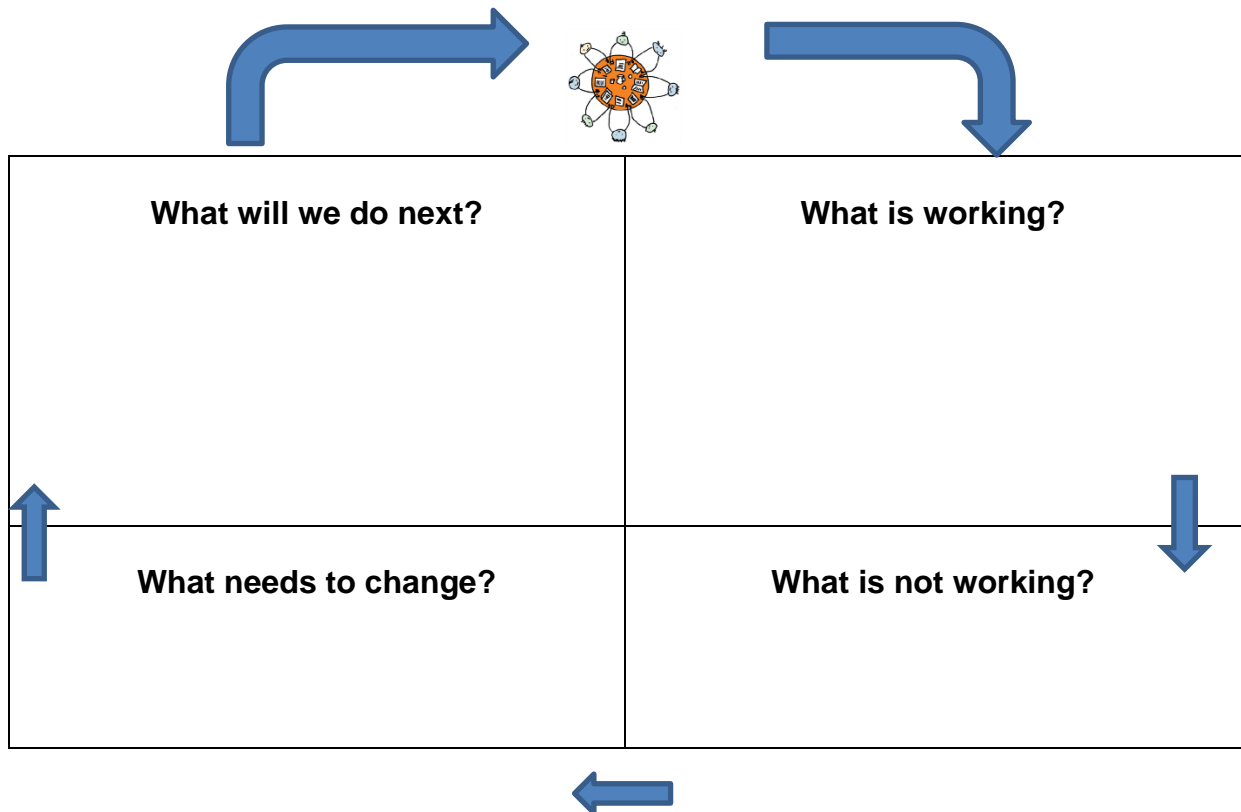
If there are amber or red ticks then consider completing an Early Help Support Request via the MARF or if you feel you need to understand the needs further consider an Early Help Assessment - [Northumberland County Council - Supporting families](#)

Section 4 – Planning to meet my needs Cycle 1

Date of Plan				Date of Review	
Short Term Outcome (smaller steps) Add additional rows as required	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? Please highlight the boxes as follows: Green = outcome fully met Amber = making progress towards outcome Red = no progress towards outcome
Area of Need/Long Term Outcome:					
Area of Need / Long Term Outcome:					
Area of Need / Long Term Outcome:					

RECORD OF MY REVIEW – CYCLE 1

Date		This cycle has run for weeks
Present		



How I feel about this placement



On a scale of 0 to 10 how do you feel this placement is going?

0	1	2	3	4	5	6	7	8	9	10

Identify three reasons you chose that rating?

- 1.
- 2.
- 3.

What would need to be different to rate one point higher on the scale?

Choose three words to describe how you feel while you are in the setting:

- 1.
- 2.
- 3.

Is there anything else everybody needs to know about how things are going for you?

What do you want to achieve next?

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.		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.		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		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		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.		Date request submitted:

Section 7 - SIGNATURES & AGREEMENTS

	Child or young person		Parent/Carer of child or young person	
I understand why the AP Plan has been completed and my role within it.	Yes	No	Yes	No
I understand that the setting and inclusion team? 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 in Setting

Signature:

Date:

Name:

Section 5 - MY OUTCOMES – CYCLE 2

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) This cycle will be reviewed 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 2

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.

Date of review:

Long Term Outcome:

Short Term Outcome (smaller steps) Add additional rows as required	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? Please highlight the boxes as follows: Green = outcome fully met Amber = making progress towards outcome Red = no progress towards outcome

Long Term Outcome:


Long Term Outcome:

Long Term Outcome:

RECORD OF MY REVIEW – CYCLE 2

Date:
Present:

This cycle has run for ____ weeks



The diagram illustrates a cyclical review process. It consists of a large rectangle divided into four quadrants by a horizontal and a vertical line. The quadrants are labeled as follows:

- Top-left: **What will we do next?**
- Top-right: **What is working?**
- Bottom-left: **What needs to change?**
- Bottom-right: **What is not working?**

Four blue arrows indicate the flow of the cycle:

- A large blue arrow curves from the top-left quadrant to the top-right quadrant.
- A large blue arrow curves from the top-right quadrant to the bottom-right quadrant.
- A large blue arrow points from the bottom-right quadrant to the bottom-left quadrant.
- A large blue arrow points from the bottom-left quadrant to the top-left quadrant.

MY VIEWS ABOUT SCHOOL – CYCLE 2

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




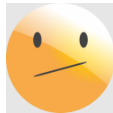



Why did you pick those words?

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 2

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 2

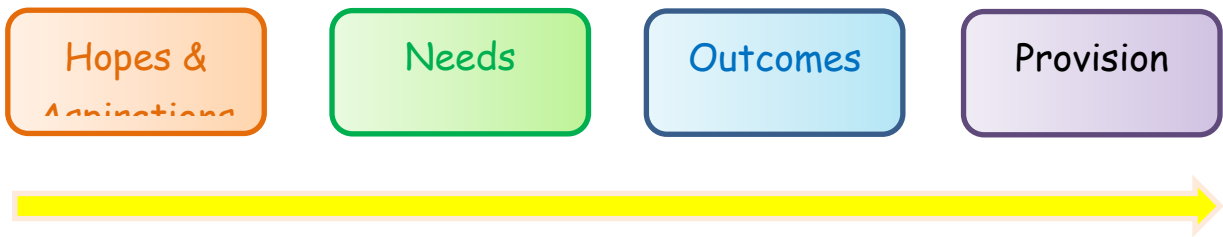
Recommendations from my review held on: (date)

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.		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.		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		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		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.		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:

Section 5 - MY OUTCOMES – CYCLE 3

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)*

This cycle will be reviewed 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 3

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.


Date of review:

Long Term Outcome:					
Short Term Outcome (smaller steps) Add additional rows as required	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? Please highlight the boxes as follows: Green = outcome fully met Amber = making progress towards outcome Red = no progress towards outcome
Long Term Outcome:					
Long Term Outcome:					
Long Term Outcome:					

RECORD OF MY REVIEW – CYCLE 3

Date:
Present:

This cycle has run for ____ weeks



What will we do next?	What is working?
What needs to change?	What is not working?

MY VIEWS ABOUT SCHOOL – CYCLE 3

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


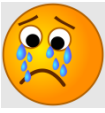
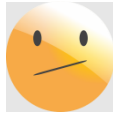

scary

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 3

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 3

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
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NEXT STEPS

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Remember the 'Golden Thread'



Section 7 - SIGNATURES & AGREEMENTS

	Child or young person		Parent/Carer of child or young person	
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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: