



## Northumberland County Council

### **SEN Support Plan Guidance**

This document should be completed for learners whose needs are presenting as more complex and who are not making progress with appropriate intervention at the early stages of SEN Support.

This plan should clearly support the Assess – Plan – Do – Review process in cycles as well as the continuous involvement of professionals, parents/carers and the learner at each stage as required by the Code of Practice 2015.

Include as much detail as possible from schools, professionals and parents/carers. Learners should be encouraged to contribute as much as they are able to, or feel comfortable in doing. If the learner is too young, or not able to complete their sections, an adult could support them by asking/explaining the questions for them or complete it on their behalf, as long as it is clearly stated that this has been the case.

At the earlier stages of SEN Support, a pupil profile/passport should be used to keep records of needs and interventions and prior to being placed on the SEN register the school should have clear records of early concerns.

This use of this plan will enable a school/setting to clearly articulate the graduated approach used and therefore provide supporting evidence for any request for statutory assessment at a later stage if required.

# 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 ...	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
Margaret Shahin	Specialist teacher for literacy	Nov 17 to Feb 18	<a href="mailto:margaret.shahin01@northumberland.gov.uk">margaret.shahin01@northumberland.gov.uk</a> 01670 623345 SEND Communication Services, Aesca House, South View, ASHINGTON, Northumberland, NE63 0SF	Completed assessments, advised on strategies and recommended interventions, attended review and supported with further recommendations/advice, provided written report.

## Section 3 - PLANNING TO MEET MY NEEDS

### My strengths and skills

Parents and professionals may support the learner in identifying the things they are able to do well and consider as strengths.

Who is concerned?	Outline of concerns
My concerns	Allow the learner to identify what they are worried about in relation to their learning and progress, if they are unable to complete this section, use the 'what is not working well' part of Section 1 to support.
Concerns that my parents/carers have:	Parents/carers to identify the things they are most concerned about in relation to the child/young person's learning, progress and development.
Concerns that others have (e.g. my teachers, health professionals, social worker, other professionals etc):	Any professionals involved with the child/young person should be asked to contribute their main concerns.

# 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):

Give brief details about factors impacting on cognition and learning, communication and interaction, social, emotional and mental health and any sensory or physical difficulties.

Explain how the learner's needs impact on their learning and progress.

## Health needs relating to SEND (if applicable):

Provide details of any relevant health needs and how these impact on the child/young person's ability to learn and make good progress.

## Social Care needs relating to SEND (if applicable):

Provide details of any relevant social care needs and how these impact on the child/young person's ability to learn and make good progress.

# 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*)

<b>Long Term Outcome:</b>				
Eg. X will show a more developed use of a range of KS2 literacy techniques.				
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)
Eg. X will be able to identify and use rhyme involving CVC words with the same spelling patterns (eg log - dog, fan - can)	Short intensive 1:1 sessions building up skills and knowledge with time to practice and embed.  Teaching staff to be encouraged to build into class based work where possible	Delivered by a Teaching Assistant as advised by a Literacy Support Specialist.	Twice each week for 20 minutes.	IPad app as advised by Literacy Support - cost to buy £11.99 (from notional) TA - 2 x 20 mins at £9.97 per hour (pro rata)
<b>Long Term Outcome:</b>				
<b>Long Term Outcome:</b>				

<b>Long Term Outcome:</b>				



# 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.

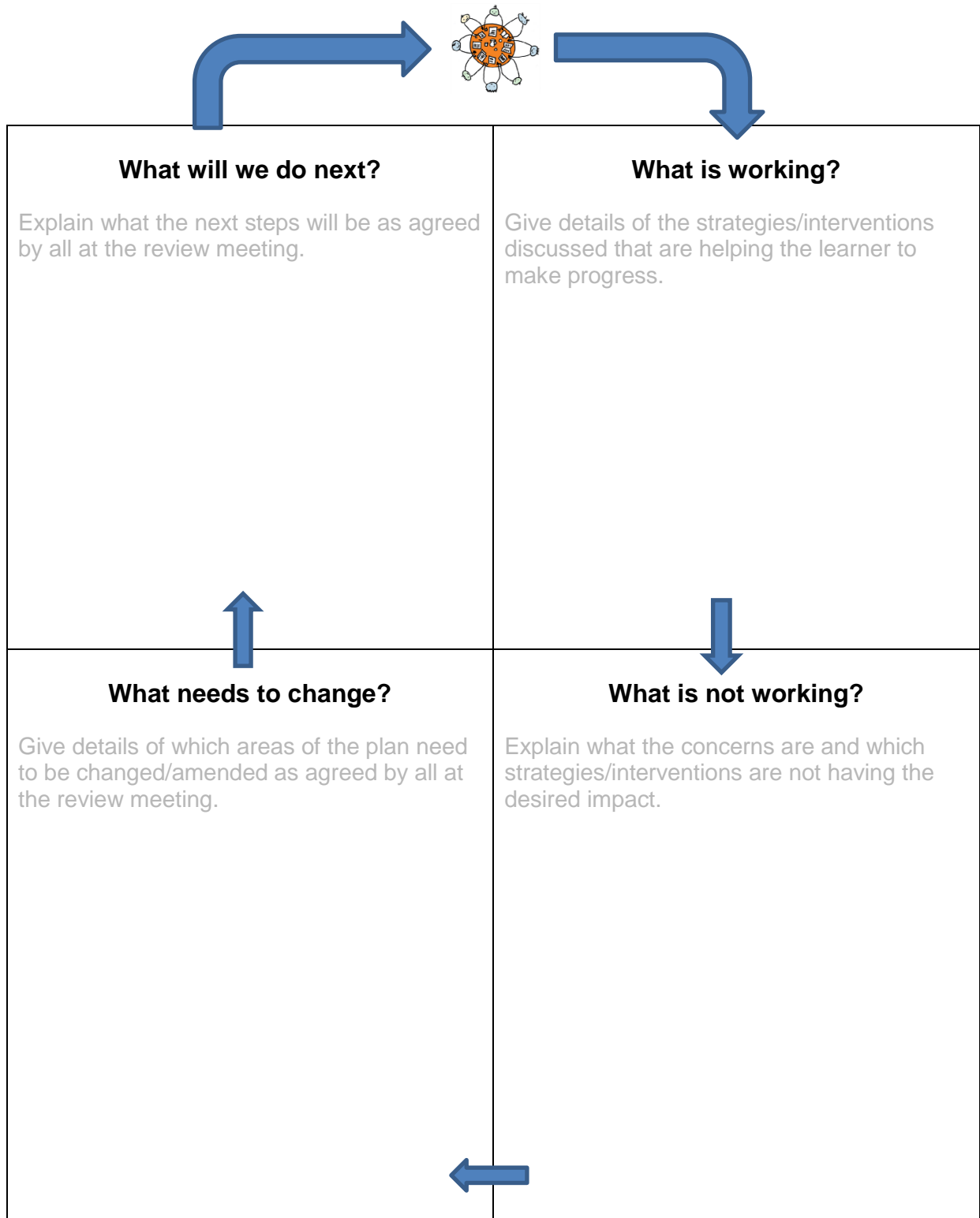
<b>Long Term Outcome:</b>					
Eg. X will show a more developed use of a range of KS2 literacy techniques.					
Short Term Outcome (smaller steps)  Add additional rows as required	What needs to happen to help me to achieve this?	Who will do it? / Who will advise us about it?	How often? (duration and 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
Eg. X will be able to identify and use rhyme involving CVC words with the same spelling patterns (eg log - dog, fan - can)	Short intensive 1:1 sessions building up skills and knowledge with time to practice and embed.  Teaching staff to be encouraged to build into class based work where possible	Delivered by a Teaching Assistant as advised by a Literacy Support Specialist.	Twice each week for 20 minutes.	IPad app as advised by Literacy Support - cost to buy £11.99 (from notional) TA - 2 x 20 mins at £9.97 per hour (pro rata)	X can now reliably rhyme CVC words with the same spelling patterns the majority of the time and is now showing further development of this through everyday use and practice.  Intervention to continue moving on to rhyming longer words with different spelling patterns.
<b>Long Term Outcome:</b>					

<b>Long Term Outcome:</b>					
<b>Long Term Outcome:</b>					

# RECORD OF MY REVIEW – CYCLE 1

This page should reflect the discussion held in the review meeting.

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)

<b>In line with the SEND Code of Practice (2015) and the NCC graduated approach guidance, the child or young person:</b>	<b>Please indicate</b> (mark one box only)	<b>Dates</b>
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'



# 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: