

**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.

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| --- | --- | --- | --- | --- |
| Name | Relationship/Role | Timescale of involvement (current & historic with dates) | Contact Details | Context of Involvement |
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**Section 3 - PLANNING TO MEET MY NEEDS**

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| My strengths and skills |

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| 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): |  |

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

**Section 4 - MY SPECIAL EDUCATIONAL NEEDS**

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| --- |
| 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): |

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**Section 5 - MY OUTCOMES – CYCLE 1**

As discussed and agreed with me, my parents/carers and supporting professionals on: (*date*) This cycle will be reviewed on: *(date)*

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| **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) |
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| **Long Term Outcome:** |
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**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.

Date of review:

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| 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 metAmber = making progress towards outcomeRed = no progress towards outcome |
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**RECORD OF MY REVIEW – CYCLE 1**

Date: This cycle has run for \_\_\_\_ weeks

Present:

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

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**MY VIEWS ABOUT SCHOOL – CYCLE 1**



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

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tricky

happy

scary

hard

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busy

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:

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Why did you circle that one?

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**OUR STORY – CYCLE 1**

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

|  |
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**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/PassportStage and a new Profile/Passportwill 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’

Outcomes

Needs

Provision

Hopes & Aspirations

**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 |

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| --- |
| **Young Person**  Signature: Date: Name:  |

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| --- |
| **Parent/Carer** Signature: Date: Name:  |

|  |
| --- |
| **Person co-ordinating the plan** Signature: Date: Name:  |

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

**Section 5 - MY OUTCOMES – CYCLE 2**

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) |
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**Section 6 - MY REVIEW – CYCLE 2**

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Date of review:

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| **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 metAmber = making progress towards outcomeRed = no progress towards outcome |
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| **Long Term Outcome:** |
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**RECORD OF MY REVIEW – CYCLE 2**

Date: This cycle has run for \_\_\_\_ weeks

Present:

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|  |  |
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| **What will we do next?** | **What is working?** |
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**RECORD OF MY REVIEW – CYCLE 3**

Date: This cycle has run for \_\_\_\_ weeks

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