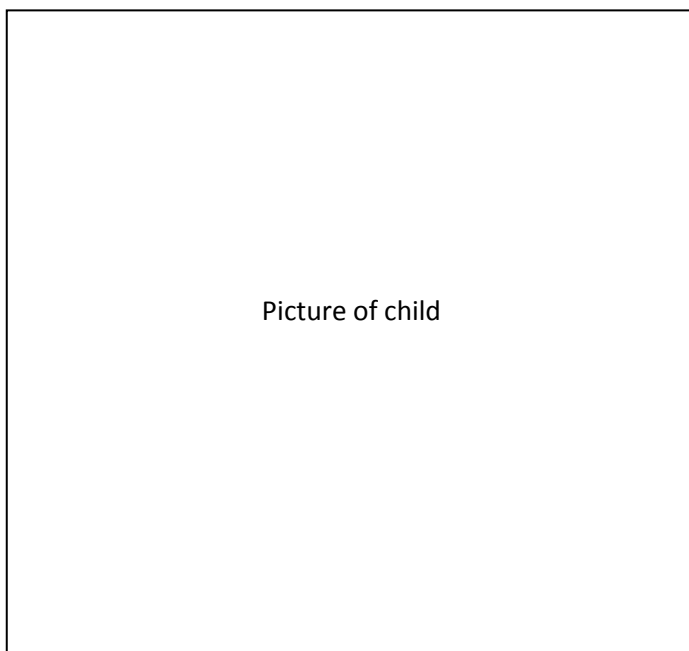


INSERT SCHOOL LOGO



Additional Support Plan For (Name of Child)



Picture of child

Plan Ref No:

Date of Issue:

Plan Start Date:

Contents

- A Views, Interests, Aspirations
- B Educational Needs and Outcomes
- C Health Needs and Outcomes
- D Social Care Needs and Outcomes
- E Educational Provision

Preparing for additional support: To bring together information to help plan support to make a difference.

Child or Young Person's Name			
Date of birth		Gender	
Unique pupil number			
Parent/Carer Name			
Child or Young Person's School			
Key School Contact			
Home address			
Post Code			

Health			
GP			
Telephone number		Email address	
Address			
Health professional (other) Name & title			
Telephone number		Email address	
Health professional (other) Name & title			
Telephone number		Email address	
Health professional (other) Name & title			
Telephone number		Email address	
Social Care LAC <input type="checkbox"/> Section 20 <input type="checkbox"/> TAF <input type="checkbox"/> TAC <input type="checkbox"/> CIN <input type="checkbox"/> CP <input type="checkbox"/>			
Name			
Title			
Telephone number		Email address	

Parents / Carers: Do you consider yourself to have a disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please state any access requirements	

Section A

All about me, this is my profile - please insert your school's One Page Profile

What people like and admire about me

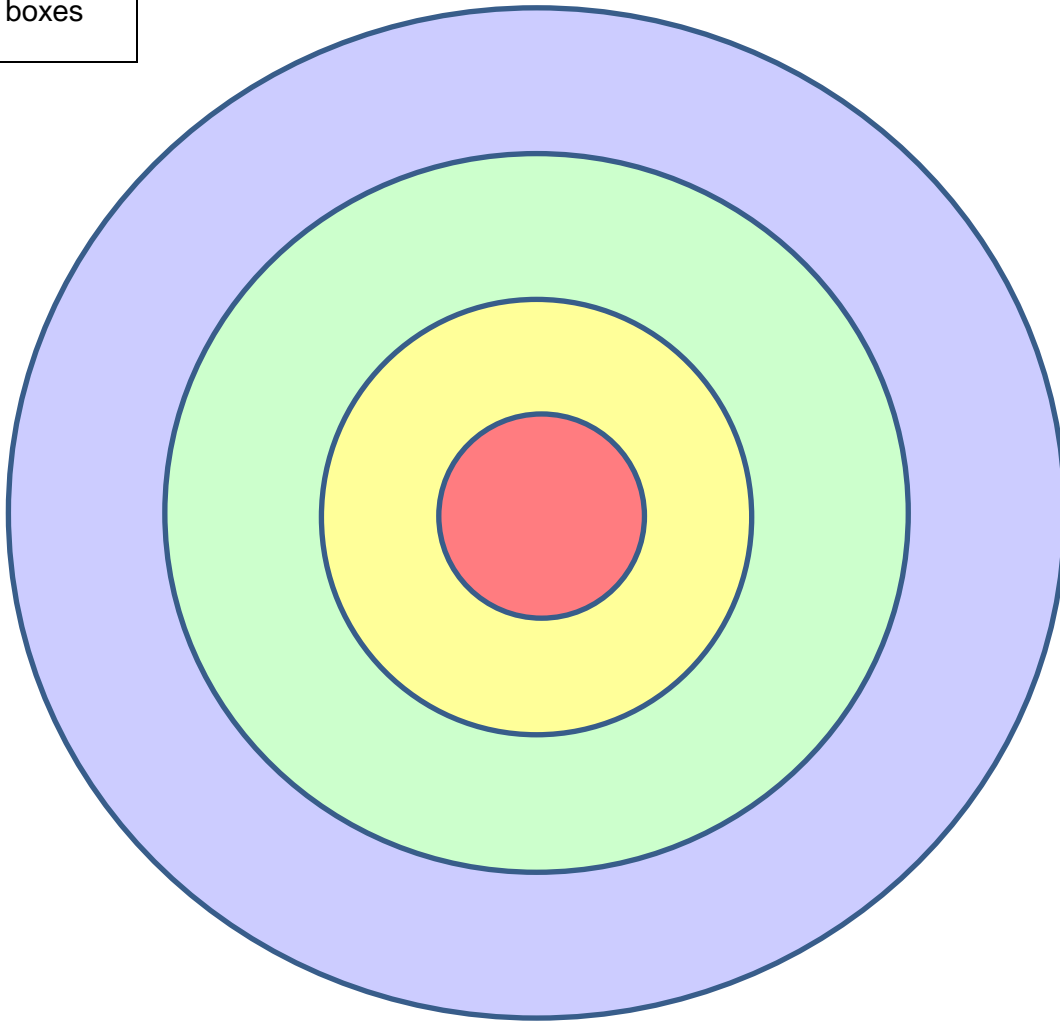
What is important to me

How best to support me

Section A

Circle of Support

Copy & Paste
this box to create
more boxes



Section A

Who is important to me and why?

Name	Why Important

Section A

Aspirations

The information you provide below will help us to plan the next steps for your child's support to help them progress. Your information will be helpful when planning for support.

Child's or Young Person's Views and Aspirations	
Short Term	Long Term

Parent/Carer's Views and Aspirations	
Short Term	Long Term

Section A

Aspirations to Action

•
•
•
•
•

Assessments and Progress Information

Identified Skills and Strengths	
Skills	Strengths
Identified SEN's-What do you consider the Childs/young persons difficulties to be	
Communication and Interaction	
Cognition and Learning	
Social Emotional and Mental Health	
Sensory /physical	
Current School Based Interventions / Costed Provision Maps	

Are there any additional Significant factors Health Attendance Home Circumstances Social Relationships
--

Section B – Costed Provision Map

Details of **CURRENT** targeted support. Please complete the table or provide similar details on a sheet labelled Costed Provision Map

SUPPORT	No of hours / cost	Who	Rationale / purpose	Success Criteria
In class				
Small Group				
Individual				
Other				

Details of any specialist equipment or assistive technology:

Which external professionals are currently involved and on what basis, i.e. what is the contact/review arrangement?

Other

Basic Skills Achievements

Early Years Foundation Stage Profile Data (Good Level of Development)

P/National Curriculum Levels

	2 years ago		1 year ago		Current	
	Yr Group	P/NC Level	Yr Group	P/NC Level	Yr Group	P/NC Level
Reading						
Writing						
Number						
Science						

Standardised test results. *It is your results that we are interested in here and they only need to be included if this type of testing is part of your usual practice and the scores are not evidenced elsewhere in external agency reports. Please use the last two scores available, it is not necessary to retest for the purpose of this submission*

Skill tested	Test Used	Date Tested	St Sc	Date tested	St SC
Reading accuracy					
Reading comprehension					
Reading fluency					
Spelling					
Number					
Handwriting speed					
Other					

St Sc – Standardised Score

Evidence of intervention in line with the SEN Code of Practice Graduated Approach:

Supporting Documents: Submission Supported by (please tick)	
A	Early Years/previous schools where appropriate
B	Action Plans: Current Plan and Last Two Evaluated Plans Eg Person Centred Profile(PCP), Individual Education Plan (IEP), Individual Behaviour Plan (IBP), Pastoral Support Plan (PSP), Provision Map, Health Care Plan, Sensory Plan, Common Assessment Form (CAF), Team Around the Child (TAC), Social Communication Intervention Plan (SCIP) etc
C	Behaviour Assessment Reports eg Boxall Profile, SDQ, Connors, ELS, etc
D	Personal Education Plan (PEP) Looked After Child
E	Risk Assessment (physical/medical needs).
F	External Advice. Your submission must be supported by external advice and always include the Educational Psychologist's intervention.
G	Specialist Advice <ul style="list-style-type: none"> • Educational Psychology • Physical and Medical Needs • Sensory • Autism Social Communication Team • Early Years/School Readiness • Specialist Outreach Teachers eg Gilbrook, SENATT, Orrets, Kilgarth, other
H	Medical Information
I	Other (eg Speech and Language Service, Social Care, Physiotherapy etc)

Section C

Health Needs

Primary Need	Impact of health needs on education	Aims / Outcomes	Services / facilities to meet need

List of Key People

<p>Please attach/embed any relevant docs here</p>

Section D

Social Care Needs

Are there any Social Care concerns? _____

Is the child known to Social Care? _____

If so at what stage? _____

Who is lead professional? _____

Impact of social care needs on education	Outcomes	Services / facilities to meet need

List of Key People

<p>Please embed</p> <p>LAC</p> <p>TAF</p>

Section E

Educational Provision

Allocated Resources

Agreed outcomes	What will we do? Include allocated resources	Who will do it?	By when?	How will we know the outcome has been achieved? (Can the difference made be recorded?)	Review Meeting – Has it been achieved?	Family / community support

Additional Training Needs / Details**Child's Signature:****Parent /Carer's agreed contribution of support and other comments:** *see guidance***Parent / Carer signature:****School Staff:****Date Signed:****Date of Next Meeting:**

Section E

To be informed by SENCo Liaison

Allocated Resources

Agreed outcomes	What will we do? Include allocated resources INCLUDE COST	Who will do it?	By when?	How will we know the outcome has been achieved? (Can the difference made be recorded?)	Review Meeting – Has it been achieved?	Family / community support

Section F

Review of Educational Provision 1

Agreed priorities and Outcomes			
Outcomes	By Whom	What Action	When
1			
2			
3			
4			
5			
6			

Review of Educational Provision 2

Agreed priorities and Outcomes			
Outcomes	By Whom	What Action	When
1			
2			
3			
4			
5			
6			

The following have agreed to work to the next steps and to provide the support outlined in this plan

<i>Name</i>	<i>Role and Contact Details</i>	<i>Signature</i>

The following people have been sent this plan at the request of parent / carers and young person

<i>Name</i>	<i>Role</i>	<i>Contact details</i>