

Laurel Avenue
Community
Primary School



Photo Optional

















SEN Support Plan

Name of child:

Likes to be known as:

Date plan started:

Date plan will be reviewed

	Name:				
	Date of Birth:			Gender:	
	Home address:				
	First Language:			Religion:	
My Parent /Carer's details:					
	Mother or carer's name:			Father or carer's name:	
	Mother's address if different from above:			Father's address if different from above:	
	Telephone number:				
	E-mail address:				
	Home background (e.g. siblings):				
	Is this address protected?				
	Unique number (UPN/FE):				
	Emergency contact for child:				

Aspirations of child/young person

Strengths of child/young person:- (include child/parent/carers views)

Reasons for this level of support:
(e.g. chronology of IDENTIFICATION: assessment information and pattern of progress)
What is/are the primary area/s of need?

Attainment /Progress Data

English:
Maths:

OUTCOME AND TARGET SETTING

Date of meeting:

Review date for these **outcomes**:

Education: Consider needs: Cognition and learning, Communication, Social, Emotional and Mental Health, Sensory /Physical

Long term Outcome: (ie End of key stage)	How will we know we have achieved it	What needs to be done to achieve outcome:	When will it start?	How often will this happen?	Who will be responsible for ensuring this is done?	Resources and costs:	Has outcome been achieved? (Yes; No; Partially)
Over next 6 months	How will we know we have achieved it	What needs to be done to achieve outcome:	When will it start?	How often will this happen?	Who will be responsible for ensuring this is done?	Resources and costs:	Has outcome been achieved? (Yes; No; Partially)

Health:

Outcome:	How will we know we have achieved it	What needs to be done to achieve outcome:	When will it start?	How often will this happen?	Who will be responsible for ensuring this is done?	Resources and costs:	Has outcome been achieved? (Yes; No; Partially)
Over next 6 months	How will we know we have achieved it	What needs to be done to achieve outcome:	When will it start?	How often will this happen?	Who will be responsible for ensuring this is done?	Resources and costs:	Has outcome been achieved? (Yes; No; Partially)

Social Care:

Outcome:	How will we know we have achieved it	What needs to be done to achieve outcome:	When will it start?	How often will this happen?	Who will be responsible for ensuring this is done?	Resources and costs:	Has outcome been achieved? (Yes; No; Partially)

AGREEMENT

Child/young person	Signature:
Parents/carers	Signature:
SENCO	Signature:
Other	Role: Signature:
Other	Role: Signature:

REVIEWING OUTCOMES

Date:

People attending:

Apologies:

Reports attached:

Parent /carers views

Child views

Please state whether outcomes have been met and any new outcomes are required

Has there been agreement to discontinue support plan

YES

NO

If yes briefly highlight reasons