



SEN Support Plan

Name of child:		Date of birth:		Year group:	
				Age in months:	
Date this plan started:				Date this plan to be reviewed:	

Agreement of Support Plan					
Child/YP signature:		Date:		Parent/carer signature:	
Teacher/ SENCO signature:		Date:			

Aspirations/strengths/interests:	Termly Preparing for Adulthood Outcomes:	Achieved Yes/No
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Overview of needs:

Education:

Specific needs	What? (including provision & resources)	Stage of provision	When? (frequency, duration, group size)	By Whom? (staffing requirements)
1.	1a.		1a.	
2.	2a.		2a.	
3.	3a.		3a.	
4.	4a.		4a.	

Health and or Social Care (delete if not appropriate):

Specific needs	What? (including provision & resources)	Stage of provision	When? (frequency, duration, group size)	By Whom? (staffing requirements)

Review

Summary of discussion: (To include pupil and parent/carer voice)	Recommendations of review meeting:	
% Attendance:	a) Support Plan to continue – new outcomes set	Y/N
	b) SEN Support Plan to continue with Top Up request	Y/N
	c) EHC Assessment to be requested	Y/N
	d) SEN Support ceases – remove from SEN register	Y/N

Child/young person signature:		Date:		Parent/Carer signature:		Date:	
Teacher/SENCO signature:		Date:		Does the child/young person have an Individual Health Care Plan? yes/no			
				Does the child/young person have a Care Plan/PEP? yes/no			

