****Add setting logo here

Child’s Photo here

**………’s Support Plan**

**Child/young person’s name:**

**Preferred first name:**

**School/setting name:**

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| --- |
| **Personal Information** |
| Date of birth: | Gender: |
| Home address: |
| Year: | Group/Class/Tutor/Sessions/Days: |
| Key person/adult support/ratio: |
| Child Looked After/SGO: Y/NChild in Need/Child Protection: Y/NMilitary Family: Y/N | Pupil premium: Y/NOther targeted funding: |
| Home Language/s: | Ethnic Origin: |

|  |  |
| --- | --- |
| Parent/carer name(s): | Parent/carer name(s): |
| Address(es) (if different): | Address(es) (if different): |
| Phone number(s): | Phone number(s): |
| Email address(es): | Email address(es): |
| Other people who are important to me and why: |

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| **One Page Profile (Child/Young Person’s views)** |

Please replace this text by inserting the child or young person’s one page profile here. Alternatively, schools and settings can use their own approach for gaining and sharing the child/young person’s views.

**The learner’s contribution could cover the following areas:**

* How they think they are getting on in school or setting
* Likes and dislikes
* Strengths and interests
* Comments on relationships with both adults and peers, and who is important to them
* What they find helpful in school or the setting and what they might find more helpful
* How they feel and how they learn in different situations and environments
* What they enjoy at the weekend and after school or setting
* Future goals – what the learner would like to achieve.

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| **SEND area/s of need:** |
| [ ] Communication & Interaction [ ] Social, Emotional & Mental Health[ ] Cognition and learning [ ] Sensory and/or Physical |

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| --- |
| **Summary of SEND: (**including any formal diagnoses with name, organisation, and date) |
|  |

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| **Teaching and Learning Approaches** |
| How I learn best: |
| **Specialist/Modified Equipment** |
| Tools, resources, equipment that supports me: |
| **Communication and Language** |
| How I communicate and how to communicate with me: |
| **Personal, Social and Emotional Development**  |
| Social issues I may have, including mixing with others, social communication and understanding, sharing, humour, empathy, social boundaries: |
| **Self-Care, Independence, Physical Skills, Medical Needs** |
| Taking care of and doing things for myself, keeping safe: |
| **Sensory Processing** |
| Any issues linked to sounds / smells / tastes or touch that can affect my learning or behaviour: |

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| **Parent/Carer Voice** |
| Please describe in a few words your child’s key strengths and difficulties: |
| How these impact at home and school or setting: |
| What they like and what makes them happy: |
| Hopes for my/our child now and hopes on what they can achieve next: |

**Assess, Plan, Do and Review Cycle 1**

Date started:

Review date:

|  |
| --- |
| Summary of long-term outcomes:(Based on what I find difficult) |

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| **Assess** |
| Needs (Barriers to learning) | Assessment data (attainment/levels of development) |
|  |  |
| **Plan** |
| Outcomes for this term (These should be SMART: Specific, Measurable, Achievable, Relevant and Timebound with a review date) |
|  |
| **Do** |
| Provision delivered | Specific Activity (What, when with whom, group size, how often) |
|  |  |
| **Review** |
| Exit data/progress made/date | Reflection and review |
|  |  |
| **Everyone’s views on what’s working well or not working** |
|  | What is working | What is not working |
| Child/young person’s views |  |  |
| Parent views |  |  |
| Setting views |  |  |
| Professional views - including name, service, date and type of involvement (visit and report, remote individual consultation, surgery discussion) |

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| **Next steps** |
| Feedback from child or young person at review: | Feedback from parents/carers at review: |
| Next step agreed following one cycle of review: |

**Assess, Plan, Do and Review Cycle 2**

Date started:

Review date:

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| Summary of long-term outcomes:(Based on what I find difficult) |

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| **Assess** |
| Needs (Barriers to learning) | Assessment data (attainment/levels of development) |
|  |  |
| **Plan** |
| Outcomes for this term (These should be SMART: Specific, Measurable, Achievable, Relevant and Timebound with a review date) |
|  |
| **Do** |
| Provision delivered | Specific Activity (What, when with whom, group size, how often) |
|  |  |
| **Review** |
| Exit data/progress made/date | Reflection and review |
|  |  |

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| **Everyone’s views on what is working well or not working** |
|  | What is working | What is not working |
| Child/young person’s views |  |  |
| Parent views |  |  |
| Setting views |  |  |
| Professional views - including name, service, date and type of involvement (visit and report, remote individual consultation, surgery discussion) |

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| **Next steps** |
| Feedback from child or young person at review: | Feedback from parents/carers at review: |
| Next step agreed following two cycles of review: |

**Please add further ‘Assess, Plan, Do, Review’ cycles to this form as appropriate.**

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| **Names of everyone involved in this plan/supporting this child or young person** |
| Name: | Role: |
| Name: | Role |
| Name: | Role: |
| Name: | Role: |
| Name: | Role: |
| Name: | Role: |
| Name: | Role: |

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| **Consent to share this information with other agencies (if required)** |

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| We need consent to be able to work with other professionals to offer the best help possible. Please read and sign below if you are happy for us to share the information in this Support Plan with other professionals to coordinate support.   |
| **Data Protection** |
| Wiltshire Council is a data controller under the Data Protection Act 1998 and will always comply with the requirements of the Act. We will ensure that your information is treated in confidence and used only for the purpose of supporting you or your child through the Support Plan process. |
| **Consent statement** |
| I have read the contents of this Support Plan and understand information may be shared between different professionals working with my family in connection with this early help process. Such professionals may include, amongst others, teachers, nurses, therapists, psychologists, youth workers, social workers, education support services, integrated youth services, community health services, early years services, voluntary sector, police, army welfare, bordering local authorities and lead professionals in other counties as appropriate (you can note any exceptions below).

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| **Giving your consent**I have read and understood the consent statement above.I am aware of and understand the reasons for this Support Plan.I/we have given consent to this Support Plan and for it to be shared (including with lead professionals in other local authority areas as appropriate).Parent/Carer/s: Signature/s: Date:Child or young person:Signature: Date:  |
| **Exceptions**Please state any services or agencies you **do not** wish to share information with and give supporting reasons: |

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| **For the professional completing this form:** |
| I confirm that copy of this Support Plan has been given to the child young person **and/or** the parent(s)/carer(s). |
| Name: | Signature: | Date: |