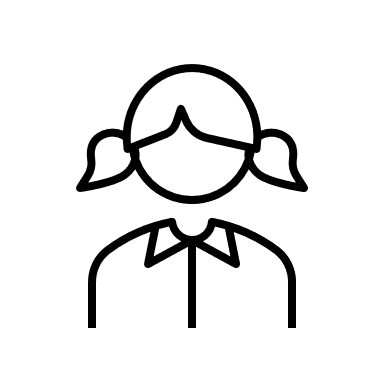
** Setting logo and name can be inserted here** 

**SEN Support Plan:** Name

**Key Data**

|  |  |
| --- | --- |
| D.O.B: | Form: |
| SSP start date: | Area(s) of need: |
| Exam Access Arrangements: | External agencies working with me: |
| My strengths and interests | Other important information/ documents  Positive behaviour support plan Individual health care plan  Intimate care plan  PEP  Early Help  Other: |

**Assess**

|  |
| --- |
| My barriers to learning:  Impact on me: |

**INDES (1 is low level of need and 7 is high level of need)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Speech and language | Social communication and interaction | Cognition and learning | Social, emotional and mental health | Deafness | Visual Impairment | Physical disability, physical and neurological impairment, medical, independence and sensory |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Plan** |
| Smart Targets: |
| **Do** |
| High Quality Teaching: Strategies and Differentiation |
| Interventions Additional to and Different from: |
| **Review**  **Date** |
| CYP View  Parent/Carer View  School View |
| **Review**  **Date** |
| CYP View  Parent/Carer View  School View |
| **Review**  **Date** |
| CYP View  Parent/Carer View  School View |