** 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/ documentsPositive 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 ViewParent/Carer ViewSchool View |
| **Review****Date** |
| CYP ViewParent/Carer ViewSchool View |
| **Review****Date** |
| CYP ViewParent/Carer ViewSchool View |