**My SEN Support Plan**

**Pupil name:**

|  |  |
| --- | --- |
| **SEN Stage:** SEN Support/EHCP  **Year group:** **Class: Teacher:**  **D.O.B:**  **Date created:**  **Review date:**   **Plan number:**  **PP: LAC: Home language(s):**  **Other plans:**  Individual Health Care Plan: Yes ☐ No ☐ Positive Behaviour Support Plan: Yes ☐ No ☐ PEP: Yes ☐ No ☐ Other: | **Photo**    **School girl outline** |

|  |
| --- |
| **Current attainment** |
| **External agencies involved** |

**About me**

|  |  |
| --- | --- |
| **What I am good at** | **What I find difficult** |
|  |  |

|  |
| --- |
| **What I want to achieve** |
| **What will I need to do?** |
| **How will I know when I have achieved my targets?** |

**My support/provision**

|  |
| --- |
| **Summary of needs** |
| **High quality teaching and reasonable adjustments in the classroom**  What will I need in class to help me learn? |

|  |  |  |
| --- | --- | --- |
| **I learn best when:**  (Strategies) | **My environment has:** | **I have these resources:** |
|  |  |  |

|  |
| --- |
| **Targeted support – additional to and different from** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Target (SMART)** | **What** | **Who** | **When/how often** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

**Review**

**What I think**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Target** | **Date** | **My targets – where I began** | **Date** | **Progress – where I am now** |
| **1** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **0 1 2 3 4 5 6 7 8 9 10** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **0 1 2 3 4 5 6 7 8 9 10** |
| **2** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **0 1 2 3 4 5 6 7 8 9 10** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **0 1 2 3 4 5 6 7 8 9 10** |
| **3** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **0 1 2 3 4 5 6 7 8 9 10** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **0 1 2 3 4 5 6 7 8 9 10** |

|  |  |
| --- | --- |
| **What my teachers think** | **What my parents think** |
|  |  |
| **Who/what has helped me to make progress?** | **Next steps** |
|  |  |

|  |  |
| --- | --- |
| **Signed by pupil:** | **Date:** |
| **Signed by parent:** | **Date:** |
| **Signed by class teacher:** | **Date:** |