**My SEN Support Plan**

**Pupil name:**

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| **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** |

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

**About me**

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| **What I am good at** | **What I find difficult** |
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| **What I want to achieve** |
| **What will I need to do?** |
| **How will I know when I have achieved my targets?**  |

**My support/provision**

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

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| **I learn best when:**(Strategies) | **My environment has:** | **I have these resources:** |
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| **Targeted support – additional to and different from** |

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

**Review**

**What I think**

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| **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** |

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| **What my teachers think** | **What my parents think** |
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| **Who/what has helped me to make progress?** | **Next steps** |
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| **Signed by pupil:** | **Date:** |
| **Signed by parent:** | **Date:** |
| **Signed by class teacher:** | **Date:** |