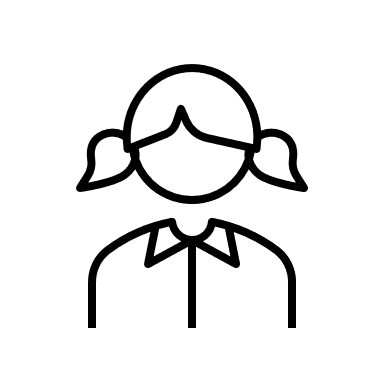
Exemplar 2 SEN Support Plan Primary (editable)

**My SEN Support Plan**

**Name:** first name and surname



I like to be known as…

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| **Key information** | | |
| **Year group:** | **DOB:** | **Taught in correct year group for age?**  Yes  No |
| **Class:** | **Teacher:** | **SEN Stage:**  EHCP  SEN Support |
| **Plan number:** | **Date started:** | Review date: |
| **Pupil premium**  Yes  No | **EAL**  Yes  No  If yes, state home language(s) | **Child in care?** Yes  No |
| **Linked support plans:**  Positive behaviour support plan  Individual health care plan  Intimate care plan  PEP  Early Help  Other: | | |
| **Access Arrangements**: Yes  No  Details: reader, scribe, prompt, extra time, rest breaks, adapted paper, use of technology, other (as part of normal classroom practice) | | |
| xternal agency involvement:Include dates of any specialist reports or support | | |

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| **All about me**  Including views from school, family and child or young person (CYP)  Link to the wider [Flourish ambitions](https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/children-and-young-people-partnerships/children-and-young-people-strategic-alliance/flourish) for children and young people in Norfolk. |
| **What is important to me:**  **People who are important to me:**  **What I like / am good at:**  **What I find hard:**  **In the future I want to be / be able to:**  **Things I would like to learn to do for myself:**  **How you can help me best:** |

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| **My needs** |
| **Identified Education Needs**  Provide a short description of needs in each area. Include key attainment data e.g. reading, spelling, SaLT screening or other where this has been assessed and information from professional reports. |
| **Communication and Interaction** |
| **Cognition and learning** |
| **SEMH** |
| **Sensory/and or physical** |
| **INDES (1 is low level of need and 7 is high level of need)** |

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| 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 |
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| **Health needs** |
| **Social care needs** |

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| **How to support me** |
| **How to support me in the classroom**  List the high-quality adaptive teaching strategies, reasonable adjustments, equipment/resources to be used.  Refer to the [Provision Expected at SEN Support](https://www.schools.norfolk.gov.uk/pupil-needs/special-educational-needs-and-disabilities/provision-expected-at-sen-support) (PEaSS) guidance |
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| **Short term targets – provision that is ‘additional to and different from’** | | | | |
| **Area of need** | **What do we want to see? My target/outcome:** | **What will we do?** | **Who’s going to help me and when?** | **Review**  **How did I do?** |
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| **Agreement to this plan** |
| We agree that….  ✓ People listened to everyone’s views and aspirations when writing this plan.  ✓ We are happy with what is written in this plan and support identified.  ✓ We are happy for this plan to be shared with other professionals. |

|  |  |
| --- | --- |
| **My signature** CYP | Date |
| **My parent/carer signature** | Date |
| **Key professional** (on behalf of all the people who helped write this plan) | Date |