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

|  |  |  |  |
| --- | --- | --- | --- |
| **Student name** |  | **Form/ Year group** |  |
| **Responsible staff member** |  | **Plan number** |  |
| **SEN Code** |  | **Broad area(s) of need (s)** |  |
| **Other Key SEND Details** |  | **Start date**  **Review date** |  |
| **Other Key Documents** | Individual Health Care Plan: Yes  No  Positive Behaviour Support Plan: Yes  No  PEP: Yes  No | **EAL**  **LAC**  **PP** |  |

**All about me**

|  |  |  |
| --- | --- | --- |
| **My strengths and interests** | **Support outside school (this could include Social Care/Health/ Short Breaks)** | **Formal assessments/diagnosis** |
|  |  |  |

**Needs and Support**

|  |
| --- |
| **Identified Needs** |
| **Education Needs**  **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 |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Description of Need | Classroom Strategies |
| **Communication and Interaction** | **Communication and Interaction** |
| **Cognition and Learning** | **Cognition and Learning** |
| **SEMH** | **SEMH** |
| **Sensory and/or Physical** | **Sensory and/or Physical** |

|  |
| --- |
| Reasonable adjustments/Access Arrangements |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assess - What are we worried about?** | **Plan - What do we want to achieve?** | **Do - What will we do to make it happen?** | **Key staff/ Provisions** | **Review** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Child/Young person’s views** |  |
| **Parent/Carer’s views** |  |

**Provisions**

|  |  |  |
| --- | --- | --- |
| **Provision** | **Notes/ Frequency** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |