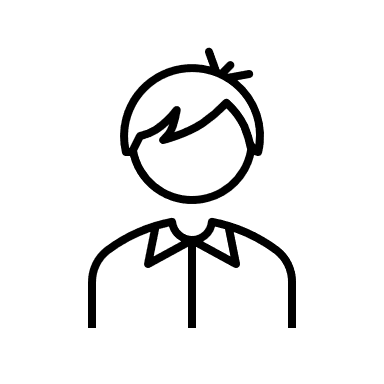
**Exemplar 1 SEN Support Plan Primary (editable)**



**My SEN Support Plan**

**Name:**

**SEN Stage:** SEN Support  EHCP

**Date support started:**

**Plan number:**

**Date of birth:**

**Year group:**

**In correct year group for chronological age:** Yes  NoDetails:

**Other key information:**

EAL Yes  No  Home language(s):

Pupil Premium Yes  No  Child in care? Yes  No

Individual Health Care Plan: Yes  No  Positive Behaviour Support Plan: Yes  No  PEP: Yes  No

Access Arrangements Yes  No  Details: reader, scribe, prompt, extra time, rest breaks, adapted paper, use of technology, other (as part of normal classroom practice)

|  |
| --- |
| **External agencies involved:**  Include dates of any specialist reports or support |

|  |
| --- |
| **All about me / my story / personal profile** 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:** |

**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 |
|  |  |  |  |  |  |  |

|  |
| --- |
| 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 (SLCN, SCI)**  **Cognition and Learning**  **Social, emotional, mental health**  **Sensory/physical (deafness, VI, PD)** |
| **Health Needs** |
|  |
| **Social care needs** |
|  |

|  |
| --- |
| **How to support me** |
| **Reasonable adjustments in the classroom – What should teachers do to help me?**  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 |
| **Communication and interaction (SLCN, SCI)**  **Cognition and Learning**  **Social, emotional, mental health**  **Sensory/physical (deafness, VI, PD)** |

**Targeted support/provision ‘additional to and different from’ Term/Year: Start date: Review date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Long/medium term outcomes**  Link to aspirations | **Area of need** | **Short term outcomes**  Towards long term outcomes | **Provision/support**  Strategy or intervention | **Delivery and monitoring**  Who, when, frequency | **Review**  What difference did it make/what are the next steps? Was the outcome achieved? |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |

Review guide: 0 – no progress, 1 - partially achieved, 2 - achieved, 3 - exceeded, 4 - outcome not implemented, with a comment.

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.

|  |  |  |
| --- | --- | --- |
| CYP:  Date: | Parent/carer:  Date: | Key professional:  Date: |

**Targeted support/provision ‘additional to and different from’ Term/Year Start date: Review date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Long term outcomes**  Links to longer term aspirations | **Area of need** | **Short term outcomes**  Towards long term outcomes | **Provision/support**  Strategy or intervention | **Delivery and monitoring**  Who, when, frequency | **Review**  What difference did it make/what are the next steps? Was the outcome achieved? |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |

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|  |  |  |
| --- | --- | --- |
| CYP:  Date: | Parent/carer:  Date: | Key professional:  Date: |

**Targeted support/provision ‘additional to and different from’ Term/Year** **Start date:**  **Review date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Long term outcomes**  Links to longer term aspirations | **Area of need** | **Short term outcomes**  Towards long term outcomes | **Provision/support**  Strategy or intervention | **Delivery and monitoring**  Who, when, frequency | **Review**  What difference did it make/what are the next steps? Was the outcome achieved? |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |
|  |  |  | School:  Home: |  |  |

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|  |  |  |
| --- | --- | --- |
| CYP:  Date: | Parent/carer:  Date: | Key professional:  Date: |