**Special Educational Needs and Disability Support Plan**

Attach Photo

|  |  |  |  |
| --- | --- | --- | --- |
| Child / Young Person's Name: |       | Date of birth: |       |
| Date of SEN Support Plan |       | Plan Number: |       |

|  |
| --- |
| Details of Child/Young Person |
| First Name (s) |       | Surname |       |
| Date of Birth |       | Gender |       |
| Home address |       | Postcode |       |
| Setting |       |
| Ethnicity |       | Religion |       |
| Category of need |       |

|  |
| --- |
| Details of Parent(s) or Person Responsible |
| Name(s) |       |       |       |
| Relationship |       |       |       |
| Home Address |       |       |       |
| Contact Number(s) |       |       |       |
| Email address |       |       |       |
| Preferred method of contact |       |       |       |

|  |
| --- |
| People who support the Child/Young Person |
| Name | Role that they play (name of organisation where appropriate) | Email address | Telephone |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Section A: Views, Interests and Aspirations**

Attach Photo

**My One-Page Profile**

|  |  |
| --- | --- |
| Name |       |

|  |
| --- |
| What people like about me and what I like about myself |
|       |

|  |
| --- |
| How I communicate: |
|       |

|  |
| --- |
| What is important to me: |
|       |

|  |
| --- |
| How best to support me: |
|       |

|  |
| --- |
| Aspirations: What I would like to do in the future: |
|       |

|  |
| --- |
| How these views were gathered: Date:       |
|       |

**MY HISTORY**

|  |
| --- |
| Child or Young Person's Relevant History |
|       |

**Section B: The child or young person's special Educational Needs (SEN)**

In this section all of the child/young person's special educational needs must be specified.

|  |
| --- |
| Cognition and Learning  |
| Strengths:     Needs:       |

|  |
| --- |
| Communication and Interaction  |
| Strengths:     Needs:      |

|  |
| --- |
| Social, Emotional and Mental Health  |
| Strengths:     Needs:      |

|  |
| --- |
| Physical, Sensory  |
| Strengths:     Needs:      |

|  |
| --- |
| Independence and Self Help  |
| Strengths:     Needs:      |

|  |
| --- |
| Summary of Needs  |
|       |

**Section C: The child or young person's health needs which relate to their SEN**

This section sets out the health care needs that have been identified for the child/young person.

|  |
| --- |
| My Health Care Needs |
| Strengths:     Needs:      |

**Section D: The child or young person's social needs which relate to their SEN**

This section sets out the social care needs that have been identified for the child/young person in relation to their SEN.

|  |
| --- |
| My Social Care Needs |
| Strengths:     Needs:      |

**Section E: Outcomes**

Set out here a list of the outcomes sought for the child/young person

|  |  |
| --- | --- |
| (E) Outcomes Sought | Timescale to achieve Outcome |
|       |       |
|       |       |
|       |       |

**Section F: Provision Map**

**Please include your SEND Provision Map here or as an attached document**.

This should set out how the school/college/setting meets the additional and different needs of the child/young person daily/ weekly/ termly/ annually (as appropriate) and sets out how delegated resources are used to meet those needs against the outcomes identified.

**Section G: Health Provision**

This section sets out health provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.

|  |
| --- |
| Outcomes Sought and timescales to achieve |
|       |
| What health support do I need to achieve my outcome? | Who is going to provide the support? | How often is it going to be provided? |
|       |       |       |

**Section H1: Social Care Provision**

This section sets out any social care provision which must be made resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.

|  |  |  |
| --- | --- | --- |
| What is the identified Social Care need? | What is the desired outcome? | What support is required to meet need and how often is it going to be provided? |
|       |       |       |
| Review      |

**Section H2: Social Care Provision**

This section sets out any other social care provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.

|  |  |  |
| --- | --- | --- |
| What is the identified Social Care need? | What is the desired outcome? | What support is required to meet need and how often is it going to be provided? |
|       |       |       |
| Review      |