**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 | | |