

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Setting |  |
| Plan Number |  |
| Plan Start Date |  |
| Plan Review Date |  |

My Views

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My Family’s Views

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My Team

People in my family

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Contributed to My Plan? | Contributed to My Review?  (if appropriate) | Parental responsibility  Y/N |
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Professionals supporting me and my family

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| --- | --- | --- | --- | --- |
| Name | Role | Agency | Contributed to My Plan? | Contributed to My Review?  (if appropriate) |
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Health and Social Care Details (if appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My Health Needs (including confirmed diagnoses) | | | | |
| Diagnosis / Disability | Diagnosed By | | Is medication taken for disability/diagnosis?  Y/N | Is this medication taken during school hours? |
|  |  | |  |  |
|  |  | |  |  |
| Other health issues |  | | | |
| My Social Care Needs | | | | |
| **Social Care Processes in operation:** | |  | | |
| **Local authority responsible:** | |  | | |
| **Other plans:** | |  | | |

My Progress

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| --- | --- | --- |
| Area of Learning | Attainment prior to beginning  My Support Plan | Attainment at review of plan |
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My Strengths and Needs

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| --- |
| Personal, Social and Emotional Development |
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| Communication and Language |
|  |
| Physical and Sensory Development |
|  |
| Cognition and Learning |
|  |

## My Outcomes and Provision

| To be completed at the plan writing meeting | | To be completed at the Review Meeting | |
| --- | --- | --- | --- |
| Outcomes Sought | Educational provision to meet my outcomes | Was the agreed support fully implemented? | Has the outcome been achieved? |
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