

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

My Views

|  |
| --- |
|  |

My Family’s Views

|  |
| --- |
|  |

My Team

People in my family

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship  | Contributed to My Plan?  | Contributed to My Review?(if appropriate) | Parental responsibilityY/N |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Professionals supporting me and my family

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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

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

My Strengths and Needs

|  |
| --- |
|  Personal, Social and Emotional Development |
|   |
|  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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