

|  |  |
| --- | --- |
| Name |  |
| Setting |  |
| 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 | Gender  | Relationship  | Contributed to My Plan  | Parental responsibilityY/N |
|  |  |  |  |  |
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|  |  |  |  |  |

Professionals supporting me and my family

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Agency | Contributed to My Plan  |
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My Progress

|  |  |  |
| --- | --- | --- |
| Area of Learning  | Attainment prior to beginning My Support PlanAge in months | Attainment at review of planAge in months |
| Personal, Social and Emotional DevelopmentMaking Relationships/ Self Confidence & Self Awareness / Managing Feelings & Behaviour  | MR - SCSA - MFB -  |  |
| Communication and LanguageListening & Attention / Understanding / Speaking | LA – U – S -  |  |
| Physical DevelopmentMoving & Handling / Health & Self Care | MH – HSC -  |  |
| LiteracyReading / Writing | R – W –  |  |
| MathematicsNumbers / Shape, Space & Measures | N – SSM -  |  |
| Expressive Arts and DesignExploring & Using Media & Materials / Being Imaginative  | EUMM – BI -  |  |
| Understanding the World People & Communities / The World / Technology | PC – TW -T -  |  |

My Strengths and Needs

|  |
| --- |
|  Personal, Social and Emotional Development |
|   |
|  Communication and Language |
|   |
|  Physical and Sensory Development and Self Help Skills |
|   |
|  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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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:** |  |