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| --- | --- |
| 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

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| --- | --- | --- | --- | --- |
| Name | Gender | Relationship | Contributed to My Plan | 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 |
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My Progress

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| --- | --- | --- |
| Area of Learning | Attainment prior to beginning  My Support Plan Age in months | Attainment at review of plan Age in months |
| Personal, Social and Emotional Development  Making Relationships/ Self Confidence & Self Awareness / Managing Feelings & Behaviour | MR -  SCSA -  MFB - |  |
| Communication and Language  Listening & Attention / Understanding / Speaking | LA –  U –  S - |  |
| Physical Development  Moving & Handling / Health & Self Care | MH –  HSC - |  |
| Literacy  Reading / Writing | R –  W – |  |
| Mathematics  Numbers / Shape, Space & Measures | N –  SSM - |  |
| Expressive Arts and Design  Exploring & Using Media & Materials / Being Imaginative | EUMM –  BI - |  |
| Understanding the World  People & Communities / The World / Technology | PC –  TW -  T - |  |

My Strengths and Needs

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| --- |
| 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)

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| --- | --- | --- | --- | --- |
| 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:** | |  | | |