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| **SEN Support Plan** |
| **Name:** | **Plan Number:** | **Plan Date:** |
| **SEN Stage:** SEN Support | Statement | EHCP | **EYFS/NC****Levels:** |
| **People involved in setting the plan:** |
| **Agreed Outcome 1:** |
| **What can I do now?** | **What do I want to** | **How will I achieve it?** | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | **DO** | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | *(Strategies and Resources)* | *(Success and/or exit criteria)* |
|  |  |  | *Tick as appropriate and comment on progress towards target.**Not Met Partially Met**Fully Met Exceeded* |
| **Agreed Outcome 2:** |
| **What can I do now?** | **What do I want to** | **How will I achieve it?** | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | **DO** | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | *(Strategies and Resources)* | *(Success and/or exit criteria)* |
|  |  |  | *Tick as appropriate and comment on progress towards target.**Not Met Partially Met**Fully Met Exceeded* |

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| **Agreed Outcome 3:** |
| **What can I do now?** | **What do I want to** | **How will I achieve it?** | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | **DO** | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | *(Strategies and Resources)* | *(Success and/or exit criteria)* |
|  |  |  | *Tick as appropriate and comment on progress towards target.**Not Met Partially Met**Fully Met Exceeded* |
| **Agreed Outcome 4:** |
| **What can I do now?** | **What do I want to** | **How will I achieve it?** | **How well have I done?** |
| **ASSESS** | **be able to do? PLAN** | **DO** | **REVIEW** |
| *Refer to previous Plan unless this is a first Plan or new target.* | *SMART (Specific, Measurable, Achievable, Realistic and Timed)* | *(Strategies and Resources)* | *(Success and/or exit criteria)* |
|  |  |  | *Tick as appropriate and comment on progress towards target.**Not Met Partially Met**Fully Met Exceeded* |
| **Plan Meeting** |
| **Parent/Carer Sign:** | **Setting Sign:** | **Prop’d Review Date:** |
| **Review Meeting** |
| **Parent/Carer Sign:** | **Setting Sign:** | **Prop’d Review Date:** |

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| **Who Supports The Child & How Often** |
| Child’s Name: |
| Plan Number: | Plan Date: |
| **Day** | **Type of Intervention/activity** | **Comment** | **Total Hours/Day** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |